Study on the Practices and Quality of Village Health and Nutrition Day (VHSND) Sessions in Rohtas, Bihar

By

Kartik Goutam

Dissertation submitted for the partial fulfillment of the

MBA Rural Management

Academic year, 2018-2020

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COMPLETION OF DISSERTATION

This certificate is awarded to

KARTIK GOUTAM

In recognition of having successfully completed his dissertation in the department of

Bihar Technical Support Program

and has successfully completed her Project on

"Study on the Practices and Quality of Village Health and Nutrition Day (VHSND) Sessions in Rohtas District of Bihar"

5th Feb 2020 to 4th June 2020

CARE India, Bihar

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

We wish him all the best for future endeavours.

Deputy Director-Human Resources

ABSTRACT

Present study focuses to identify the loopholes in functioning of VHSND, along with that study is also contains analysis of root cause of those gaps and have identified alternative solutions. Study findings can be used for improving the quality of services at VHSND. The assessment was done 4 blocks in Rohtas district. Out of every PHC, 6 sub centers have been selected randomly, and from every sub center area, 4 session sites have been selected. Sample have been decided from the micro plan available for VHSND in the block.

Results suggested that services provided at VHSND are having worse conditions and there is a need of immediate solution. Almost 70% of the sites don't have enough space and construction for facilitate number of beneficiaries properly. Many of them also don't have adequate drinking water and toilet facility. Counselling of many important aspects are being neglected most of the sites. The main point of focus is immunization only, attention on other services is not paid hence resulting in the emergence of flaws in the VHSND site. 60-70% sites fall under poor category. And 30-40% sites fall under satisfactory performing category. Supply chain should be regularized through timely intending and distribution process, for this promotion of digital platforms should be encouraged like FPLMIS, E-Aushadhi etc. Motivating FLW to perform better by introducing Best VHSND site (Model VHSND) award. Strengthening of VHSNC, not only in documentation even Physically that can make a drastic change in community level health and sanitation.

ACKNOWLEDGEMENT

The success of any task would be incomplete without the expression of gratitude to the people who made it possible, here by take this opportunity to express my deep sense of gratitude to all those who have been who have been instrumental in successful completion of my dissertation in district Rohtas of state Bihar.

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I would like to thank to all staff of facility, health and ICDS department for their co-operation during data collection. Words are inadequate to thank the frontline workers (ASHAs, ANMs, AWWs) with whom I interacted during data collection and they gave me their precious time to answer my questions and help me in my study.

Last but not the least I would like to thank my parents, colleagues and friends for their motivation and encouragement in my all endeavors.

Kartik Goutam

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LIST OF ABBREVIATIONS

S. No.	Abbreviation	Full Form
1	VHSND	Village health, sanitation and Nutrition day
2	ASHA	Accredited Social Health Activist
3	ANM	Auxiliary nurse midwife
4	AWW	Anganwadi Worker
5	AWC	Anganwadi center
6	MNCHN	Mother neonatal child health and nutrition
7	NRHM	National rural health mission
8	THR	Take home ration
9	GOI	Government of India
10	BCC	Behavior change communication
11	IEC	Information education and communication
12	CBO	Community based organization
13	PRI	Panchayati raj institution
14	ICDS	Integrated child development services
15	TA	Technical assistance
16	OCP	Oral Contraceptive Pills
17	ECP	Emergency Contraceptive Pills
18	MPA	Medroxyprogesterone Acetate
19	HWC	Health and Wellness Center
20	PMSMA	Pradhan Mantri Surakshit Mtartiva Abhiyaan
21	SDG	Sustainable Development Goal
22	HBNC	Home based Newborn Care
23	AMB	Anemia Mukt Bharat
24	NCD	Non-Communicable Diseases
25	CHW	Community Health Worker
26	RI	Routine Immunization
27	JSY	Janani Suraksha Yojana
28	MI	Mission Indradhanush

29	ANC	Ante Natal Care
30	PNC	Post Natal Care
31	VHSC	Village and Sanitation Care
32	MUAC	Mid Upper Arm Circumference
33	TD	Tetanus Diphtheria
34	OPV	Oral Polio Vaccine
35	FIPV	Fractional Inactive Polio Vaccine
36	DPT	Diphtheria Pertussis Tetanus
37	BCG	Bacillus Calmette Guerin
38	MR	Measles Rubella
39	HBNC	Home Based Newborn Care
40	IFA	Iron and Folic Acid
41	MOHFW	Ministry of Health and Family Welfare
42	MOWCD	Ministry of Women and Child Development
43	IPC	Interpersonal Communication
44	HSC	Health Sub Center
45	PHC	Primary Health Center
46	DH	District Hospital
47	MCP	Mother and Child Protection
48	NFHS	National Family and Health Survey

INTRODUCTION

Village Health Sanitation and Nutrition Day (VHSND) was initiated by the National Health Mission (NHM). It is being implemented across the country since 2007 as a community platform, connecting the community and health systems and facilitating convergent actions. It attempts to bring health, early childhood development, nutrition and sanitation services to the doorstep and promote community engagement for improved health and wellbeing. POSHAN Abhiyaan has been launched by the government that aims to improve nutrition status of children and women with a strong focus on community level interventions and community participation; and the Swachh Bharat Mission aimed at universalizing safe sanitation .

VHSND is the critical platform for these policy initiatives. Furthermore, it complements community level, multi-sectoral components of several newer programs such as Homebased Newborn Care (HBNC) and Home-Based Care for the Young Child (HBYC), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) for strengthening antenatal care, and Anemia Mukt Bharat (AMB) to address anemia across all age groups, Mission Parivar Vikas for focused Family Planning interventions in identified high fertility districts.

Besides there are newer beneficiary entitlements including maternity cash benefit scheme Pradhan Mantri Matru Vandana Yojana, beneficiary cash incentives such as for Nutrition support to TB patients, family planning compensations, and incentives or subsidy to build low cost good quality toilet under Swachh Bharat Mission for sanitation. Besides this, there has been an increasing engagement of Panchayati Raj Institution in community-based programming for health, nutrition and sanitation

VHSND serves as a platform for provision of preventive services to all sections of the population especially to marginalized and vulnerable communities.

The specific objectives of VHSNDs are to:

• Improve the availability of health, nutrition, early childhood development and sanitation services at the community level

• Provide information and generate awareness about entitlements and government schemes related to health, early childhood development, nutrition and sanitation

• Act as a platform for counselling to bring improvement in health, nutrition and sanitation practices at individual, family and community level

• Identify cases requiring referrals or families requiring support and link them with appropriate service providers in the relevant sector.

Components of VHSND

The VHSND has four components namely Health, Nutrition, Sanitation, and Early Childhood Development (ECD). The health component includes basic health services and Counselling for maternal, child health, communicable diseases, and non-communicable diseases (NCD). The nutrition component includes services as well as Counselling related to growth monitoring, nutrition of infants and young children including breast feeding and complementary feeding, maternal nutrition, micronutrients, and dietary diversity. Early childhood development emphasizes age appropriate play and communication for children. The focus of sanitation is on promoting hygiene, hand washing, safe drinking water and use of toilets.

BACKGROUND

VHSNDs play a crucial role in the achievement of goals of achieving adequate health and nutrition in India. The type of facilities and services that beneficiaries can avail under the VHSND sessions are chosen on the basis of disease burden in India. Apart from providing health and nutrition services, these sessions also play an important role in helping the village people to learn about the important aspects of having proper health and to practice the health behaviors on a regular basis. The type of services provided at VHSND sites focus on the reproductive aspect as well as the health and nutrition of the mothers as well as children. Apart from this, there is a focus on communicable and non-communicable diseases also.

The services provided under VHSND sites differs from state to state in collaboration with the policy of India to combat health problems. For this purpose, main interventions that were launched include Janani Suraksha Yojana (JSY) and Mission Indradhanush for the purpose of full immunization coverage. Both the interventions included the payment of incentives to the frontline workers to encourage them for better work and to focus more on the areas where providing these services is important to achieve equity in the performance and outcomes.

In spite of the launch of various interventions launched in India, Bihar was still performing poor in terms of indicators. Under the umbrella of NRHM, VHSND has been launched to provide the health and nutrition services to the selected beneficiaries. The main objective was to focus on the services and maintain a regular contact with the beneficiaries. The VHSNDs are conducted on a particular selected day at the selected sites and are conducted by the anganwadi workers and ASHAs and the ANMs travel to the VHSND site to provide the required services.

The VHSND sessions are usually organised on the Wednesdays and Fridays at the anganwadi centres. If the anganwadi centres are not well maintained, then any other appropriate site is selected for conducting the session.

Guidelines for conducting the VHSND sessions have been released by the government. The type of health services provided at the VHSND sites include counselling for family planning,

routine immunisation to the beneficiaries, ante-natal care services, distribution of the family planning products by the AMNs.

The anganwadi workers help in monitoring the growth of children and provide the required nutrition education to mothers of these children and to improve the nutritional status of pregnant and lactating women. Apart from this, the anganwadi workers also ensure the distribution of take-home ration to the beneficiaries. In this whole process, ASHAs are also responsible for encouraging the community, to provide them reminders about the date, time and place of the VHSND and informing them about the services available.

At the VHSND sites the village people are also encouraged to interact and ask questions if they have any about the maintenance of health and nutrition. The frontline workers maintain a list of the beneficiaries such as pregnant women and children who receive the vaccination on the day of conduction of session.

LITERATURE REVIEW

Village health and nutrition day, a government run programme, specially designed in a way so that it will establish a significant platform for interfacing between the villagers and healthcare providers. It is a once in month held activities at the AWC in the presence of AWWs, ASHAs, ANM and Health professionals mostly known faces to the people so that it not only lowers the reluctancy but also foster good interaction between the both parties[1].

A study conducted in Odisha during 2009-10 explored the knowledge and awareness of the beneficiaries as well as service providers. It involved 111 beneficiaries and 45 service providers, and the following were the outcomes:

1. 52% of HWFs and 41% of AWWs were not properly aware about their roles and responsibilities.
2. 34% of beneficiaries were aware about the fix day approach on the conduction of VHSND and 24% were not having any knowledge about its purpose.

It is evident from this study that there is very significant difference between the awareness and practice in the actual ground. The frontline health workers need to be given proper orientation and training in order to reap the maximum benefits from the VHSND sessions. Some significant behaviour change techniques need to be implemented to enhance the awareness among beneficiaries. It was also observed among the community that this programme should be continued with better fund package and quality services.

Another study conducted on 2013, on the implementation of VHSND suggested that only 30.7% of the total beneficiaries had participated in the sessions. Apart from this, there was a lack of instruments at the session sites such as- MUAC measurement, Hb machine etc. Participants were not able to attend the VHSND sessions because of several reasons such as lack of awareness about the session site and its purpose, no knowledge of date of conduction of session, lack of medicines and proper counselling at the session sites.

No matter how wonderful a plan is, if it is not implemented well it will not yield the desired results. The conclusion that can be drawn from this study is that it is still a long way to achieve an effective implementation of the programme at the grass root level of the society.

One research study conducted extensively in Bihar including 38 districts and big sample size, on improving the coverage and quality of VHSND founds that a better review of the VHSND guidelines along with the monthly review meetings and dealing with the problems was found impressive in strengthening the system. A significant positive change was noted in the coverage of health indicators such as antenatal care, maternal and child health as well as the nutrition indicators along with the increased participation of women and children in the session sites. This achievement demonstrates that the situation can be significantly improved taking small steps and dedicated focus with relatively minimal increased cost and this will result in better access and better coverage of the indicators of women and child health in the community.

Overall, it can be concluded from the past studies on the topics related that there are major gaps in the effective programme implementation and awareness among the community. However significant improvements are noticed in places but the participation of women and children at maximum number in VHSNDs sessions is still a dream. The collective number of beneficiaries of the programme is not up to the that can be praised. There are lots of shortcomings from the health providers side is also observed that needs effective rectification. It can also not be neglected that government and frontline health workers are also making their best efforts to change the situation on the ground positively in favour of the community. Also, one point that can't be ignored that these studies were conducted around 5-6 years earlier and the scenario the nation and states is relatively changed now a days with better communication media, better connectivity and overall way of approach in dealing things. Hence with the present study the outcome can be assumed different.

RATIONALE

Bihar has one of the highest MMR of maternal deaths on per 100,000 live births. prevalence of under nutrition and anemia is very high. There was evidence that lack of awareness about health, nutrition, sanitation was responsible for such outcome. The health platforms such as VHSNDs where there is a large gathering of the community, can become better and effective platforms in providing the health as well as nutrition services on a regular and continuous basis. Therefore, there is need for VHSND assessment in the villages of to find the gaps in functioning as it has the platform to serve the community all the basic health, nutrition services to mother and child. Present study is focuses identify the loopholes in functioning of VHSND, along with that study is also contains analysis of root cause of those gaps and have identified alternative solutions. Study findings can be used for providing better and adequate services at VHSND.

RESEARCH QUESTION

- How is the quality of conducting Village health and nutrition days in Rohtas district?
- What is the effectiveness of VHSND in addressing health and nutritional needs of pregnant women, lactating mothers, children (0-5 yrs.) grass root level.

RESEARCH OBJECTIVES

The current study was undertaken to achieve the following objectives-

1. To Assess the quality of services in the process of implementation of VHSND

2. To Analyze the need, awareness and satisfaction related to the services provided with this program from beneficiaries' perspective,

3. To Identify any demand and supply gaps related to this program.

4. To assess the effectiveness of VHSND in addressing health and nutritional needs of pregnant women, lactating mothers, children (0-5 yrs.) grass root level.

RESEARCH METHODOLOGY

A set of common tools were used for data collection across 4 blocks. Initially 120 sites were sampled across 4 blocks for study, but only 78 Sites, were observed. The rest of the VHSNDs were not observed because the VHSNDs were not held as per the micro plan and unplanned stay by govt. on VHSND due to corona pandemic. A structured assessment tool was developed which consists of information on different quantitative and qualitative indicators on infrastructure, logistical arrangement, availability of medicines. /equipment's, participation of different stakeholders, service delivery, and Follow up.

Study was conducted from February to May 2020 using both qualitative and quantitative techniques for data collection. To obtain an in-depth understanding of process and perspective of beneficiaries and providers, a mixed method approach was therefore followed.

Methodology of VHSND Assessment includes the following-

- The observation of VHSND session sites.
- Review of records
- Interaction and communication with the beneficiaries
- Taking records of information

Sample Size for the Assessment-

The assessment was done 4 blocks in Rohtas district. Random sampling strategy was taken for choosing the sample size for this study, from every PHC area, 6 sub centers have been selected randomly, and 4 session sites from every sub center area. Sample have been decided from the micro plan available for VHSND in the block.

VHSND is being organized on Wednesday and Friday in Bihar, if 3 VHSND sites on Wednesday and 3 VHSND sites on Friday visited, then in a month, total 24 sites can be visited. 24 sites can be assessed in a month, and in the time period of 4 months, 96 sites can be observed, so it was taken as the sample size.

As mentioned earlier, out of 96, only 78 VHSND Sites were visited for observation as sample, rest 18 VHSND Site could not be observed because these sessions were not conducted for multiple reasons.

Indicator	**Number**	**Total**
Total Blocks selected for study	4	4
Total PHC	4	4
Total HSC (6 per PHC area)	6 × 4	24
Total sites as Sample (4 per HSC area)	24 × 4	96
Total VHSND Sites Observed	78	

Process of Assessment

1. Development of the questionnaire and guidelines for the assessment.
2. Schedule preparation for the sessions.
3. Observation of VHSND session site along with the collection of data.
4. Interview with beneficiaries and FLWs
5. Data Compilation, Analysis & Report Preparation at district level
6. Sharing of the observation reports with the higher supervisory such as Do H& FW and Do W& CD.

Study Respondents: The respondents selected for this study included the frontline workers present at the session sites as well as the beneficiaries.

Study Setting- The study was conducted in 4 blocks named as Chenari, Nokha, Karakat, Bikramganj of Rohtas district in Bihar, having a population of approximately 1.8 million.

Data collection and analysis-

The data was collected after the observation of multiple session sites and the documentation of the observations at the time of providing services as well as the interview of selected beneficiaries.

Out of all the VHSND sessions observed with the help of a prepared checklist on the performance of the services such as the infrastructure of facility, the basic requirements availability, service equipment and logistics, practices. This process was made to assess the quality of service delivery and identifying the lacking and good practices at VHSND sites. Further, the interaction process between beneficiaries and service providers were observed carefully.

The data got collected with the help of formation of questionnaires which were semi structured.

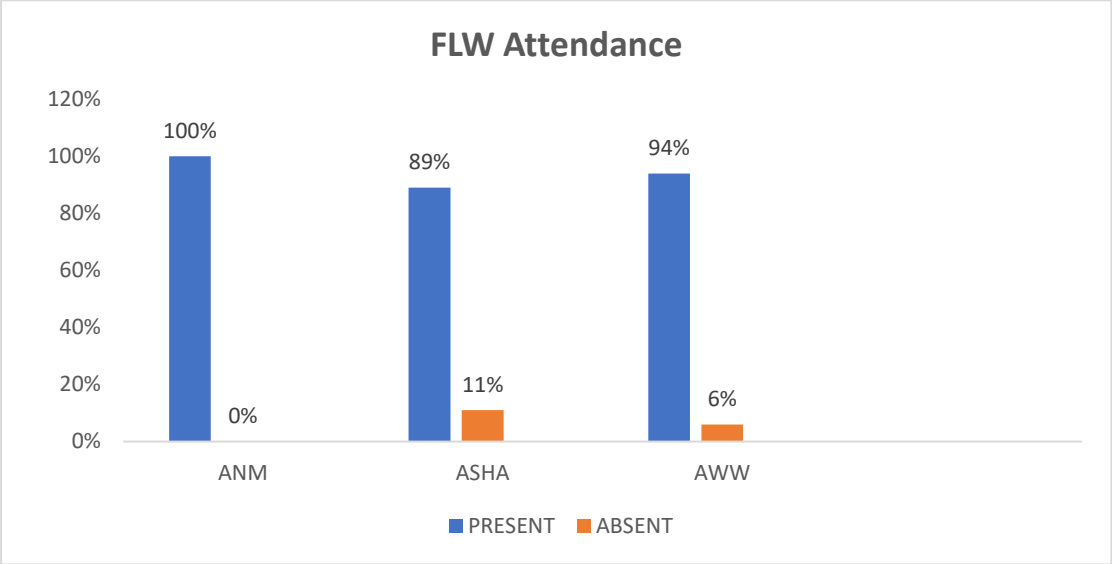
The questions were either asked in Hindi or their local language. Out of all the session sites observed, data got compiled in MS Excel and it was analyzed to get the outcomes.

Ethical Consideration:

- Data confidentiality was maintained throughout the study
- All information linked with personal identity of respondents is only accessible to the principal investigator and will be removed from data during all stages of analysis.
- The data must be collected without harnessing the current process flow.
- While collecting the data one's emotions will not get hurt.

RESULTS

Figure1.1: FLW Attendance



Here Figure1, is showing presence of frontline workers (ASHA,ANM,AWW) , within all 78 VHSND sites, in 94% AWW , and ASHA were present on almost 89% sites and in only 100% VHSND Sites ANM were present.

Figure1.2: Basic Facilities Availability at VHSND Site

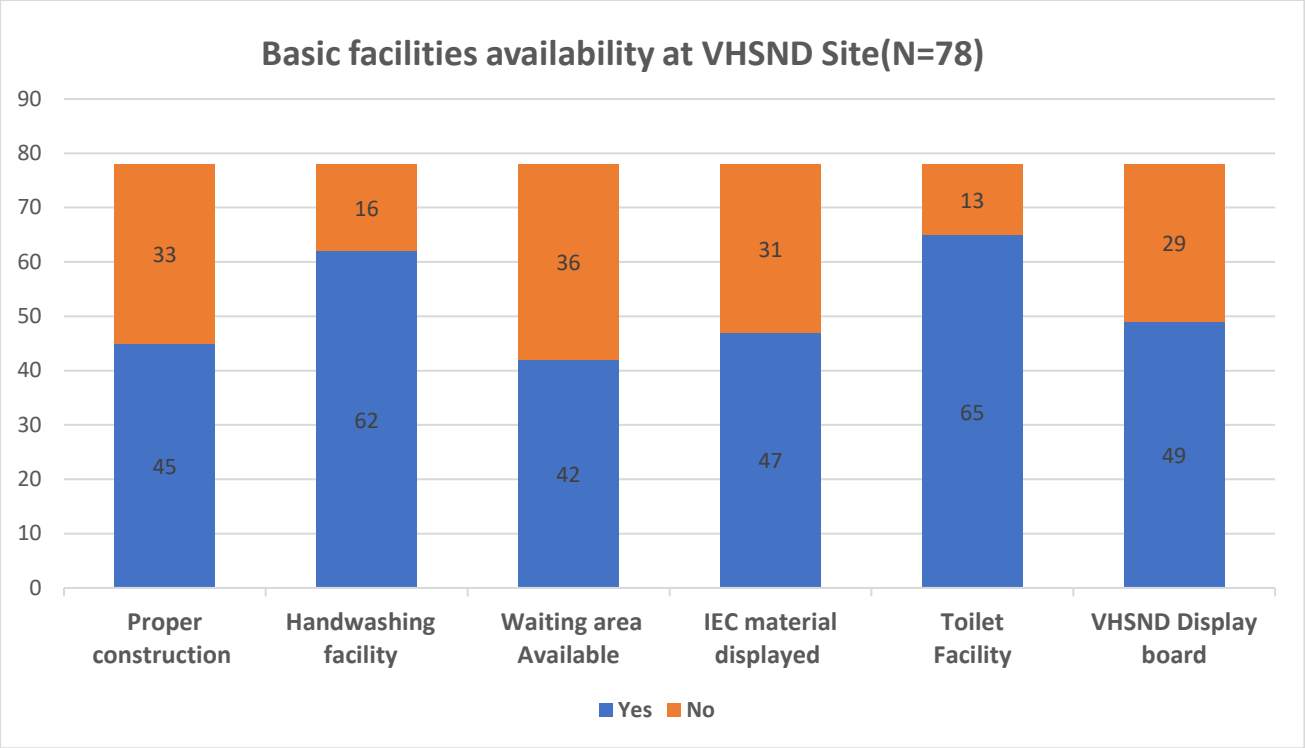


Figure 1.2 classifying all the sampled VHSND Site (78) in terms of basic facilities available- in which approx. 80% sites having toilet and handwashing facilities, whereas proper construction and waiting area is available only in 54-58% sites approximately. Usage if IEC and Display board is available in less than 65% VHSND Sites.

Figure1.3: Vaccines Availability

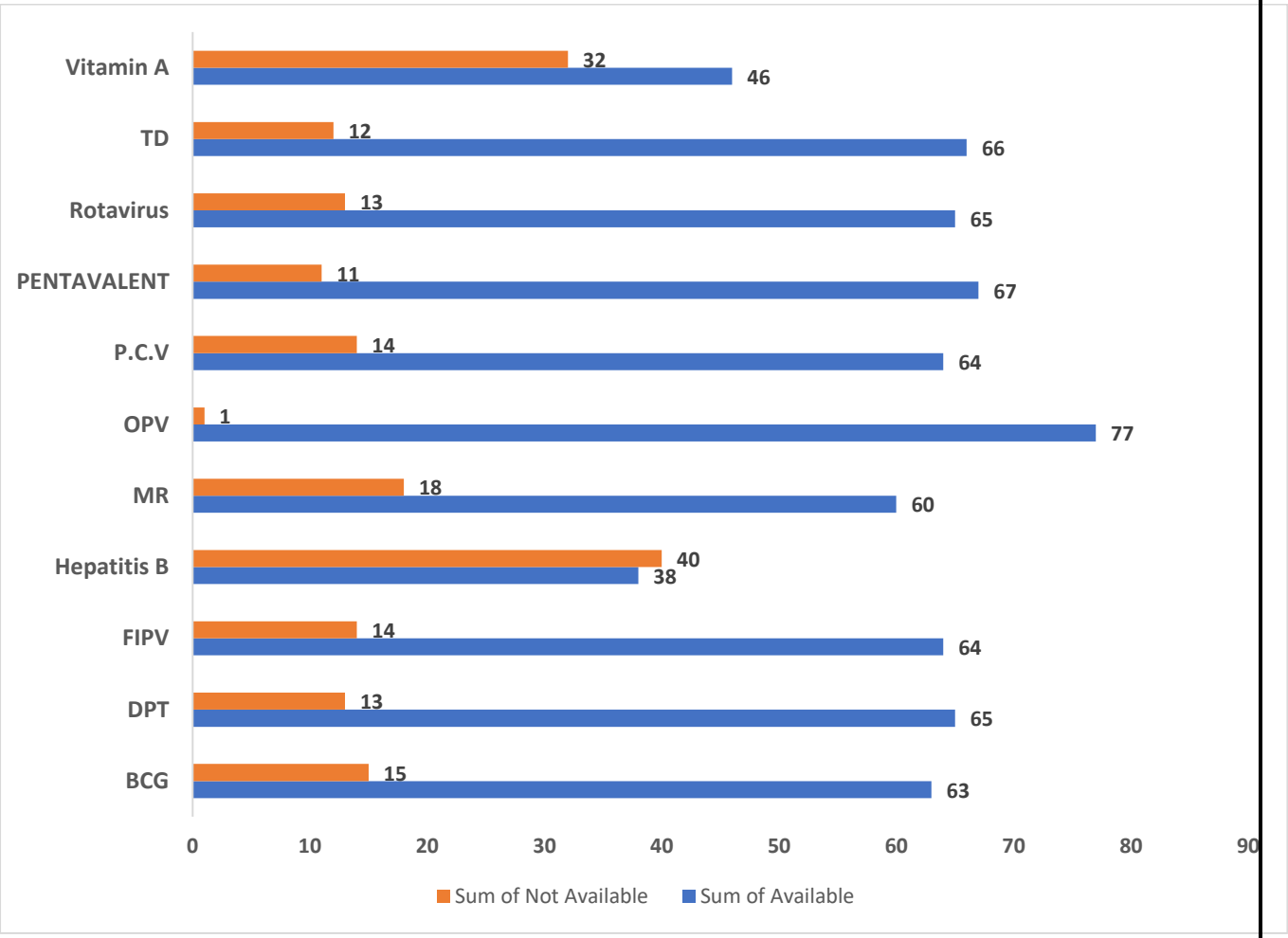


Figure 1.3 is explaining about vaccines availability at VHSND Sites, maximum sites having all the necessary vaccines except some. Only Hep B and vitamin A is not available at more than 34 sites. These vaccines cover full immunization of a mother and child and prevents from many diseases. Also at 80-90% sites have vaccines carriers available with maintained cold chain.

Figure1.4: Instruments Availability

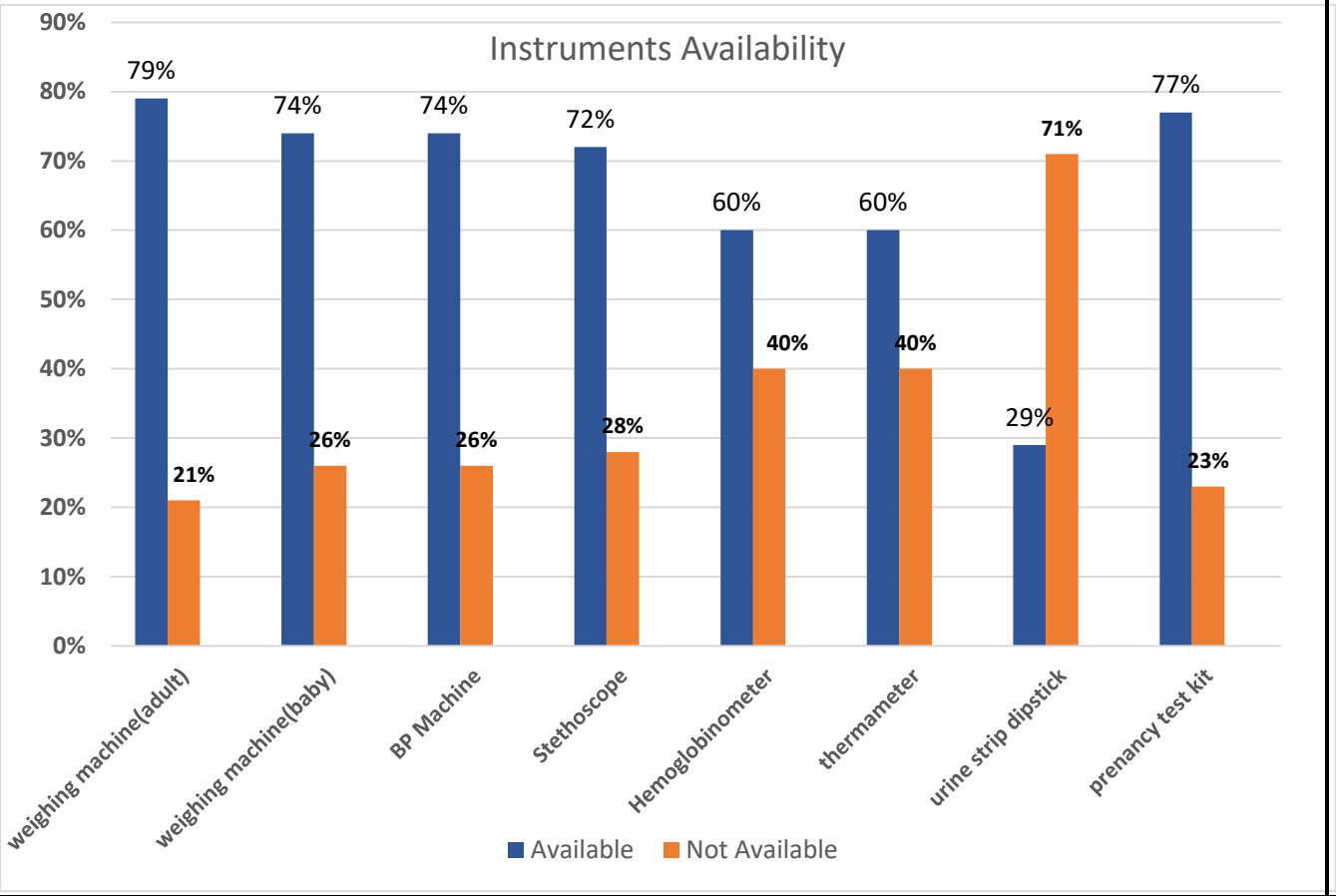


Figure 1.4 reveals information about necessary equipment's/instruments availability status on the sites, these are essential for growth monitoring and ANC/PNC checkups. More than 40% Sites don't equipped with instruments especially more required for ANC/PNC Checkups like urine strip dipstick, hemoglobinometer etc. more than 70% sites were having weighing machine, stethoscope, BP machine.

Figure1.5: Drugs Availability

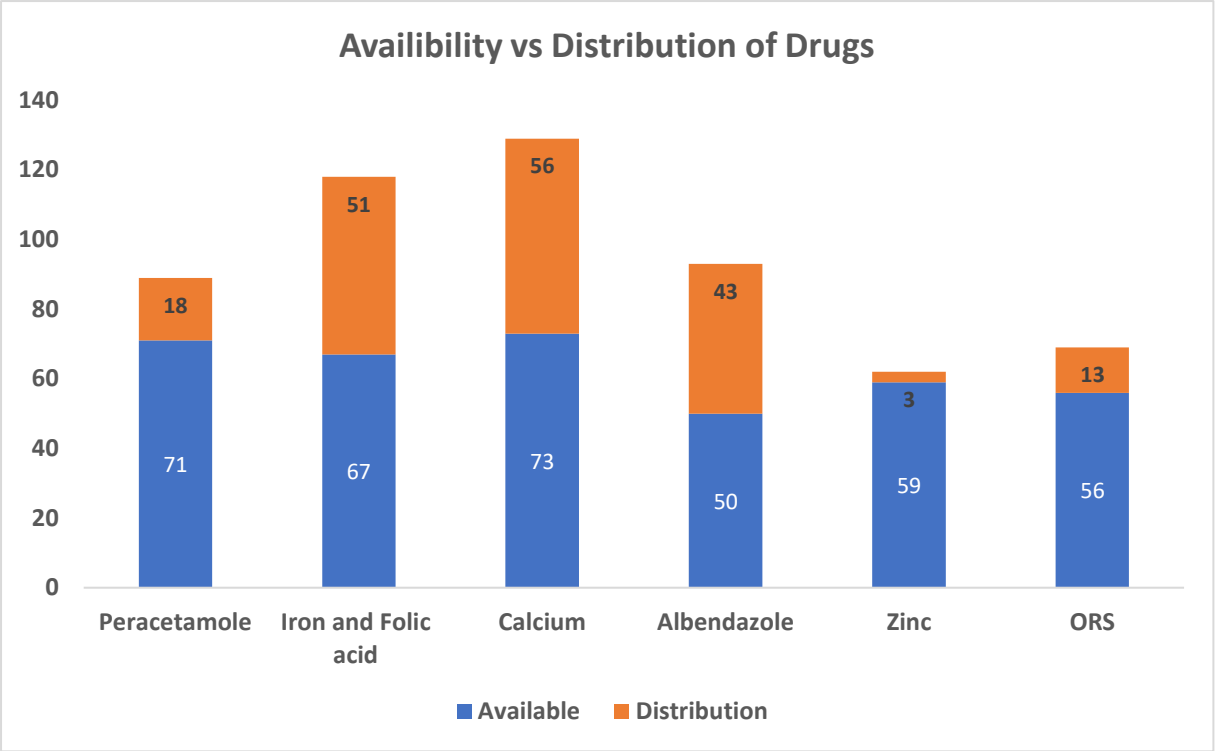
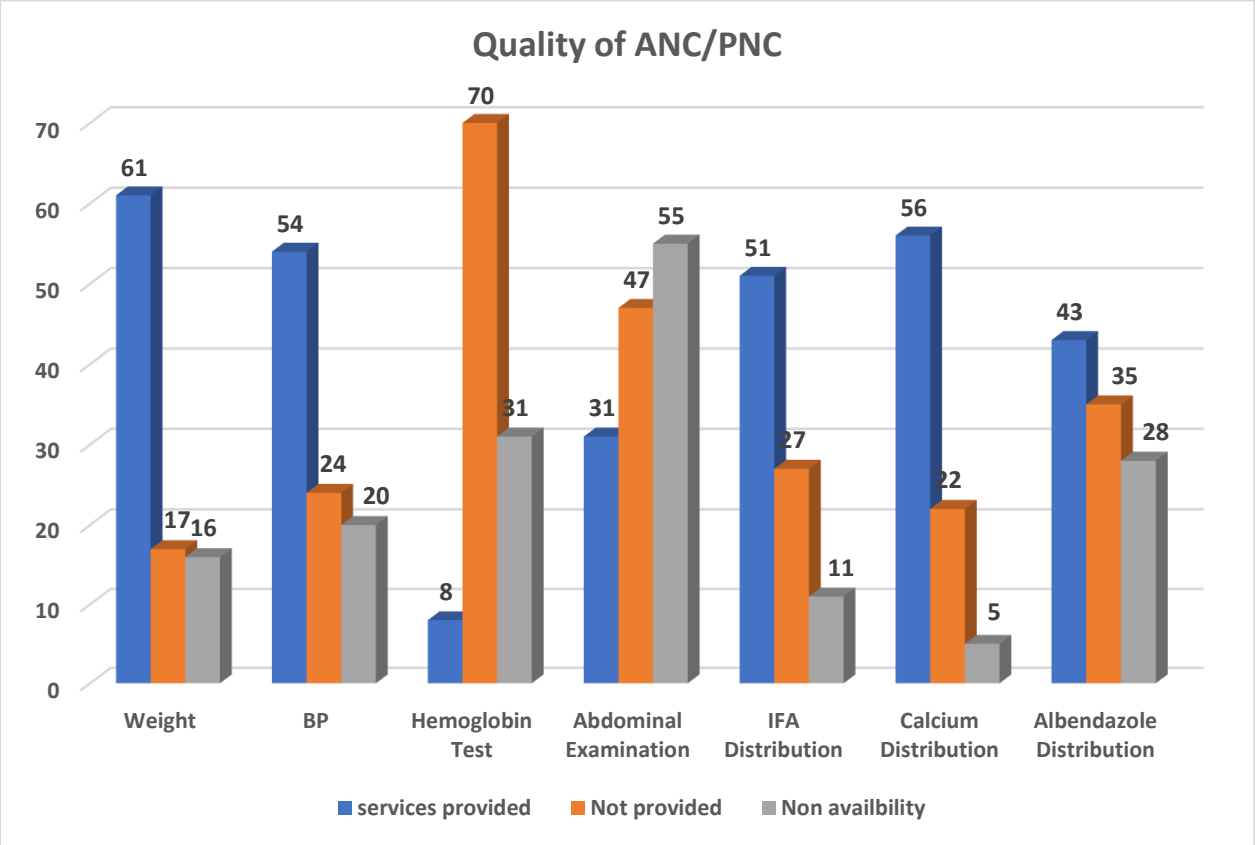


Figure 1.5 indicates analysis of availability and distribution of drugs on the sites, most important findings is about calcium and IFA tablets available on 67 and 73 sites respectively , but only distributed on 51 and 56 sites to beneficiaries. Other drugs consumption can be low as they should be given in specific necessities

Figure1.6: Quality of ANC/PNC



The above graphical presentation helps us to understand quality of ANC/PNC Checkups. At more than 40 sites hemoglobin test, abdominal checkup have not been provide. May be because of unavailability of essential equipment's. Whereas many sites also found with available instruments but due to unskilled FLW that services were not provided like hemoglobin test, Abdominal checkup. Drug distribution status is above 75% , which is important element of full ANC/PNC.

Figure1.7: Family planning commodities Availability and Distribution

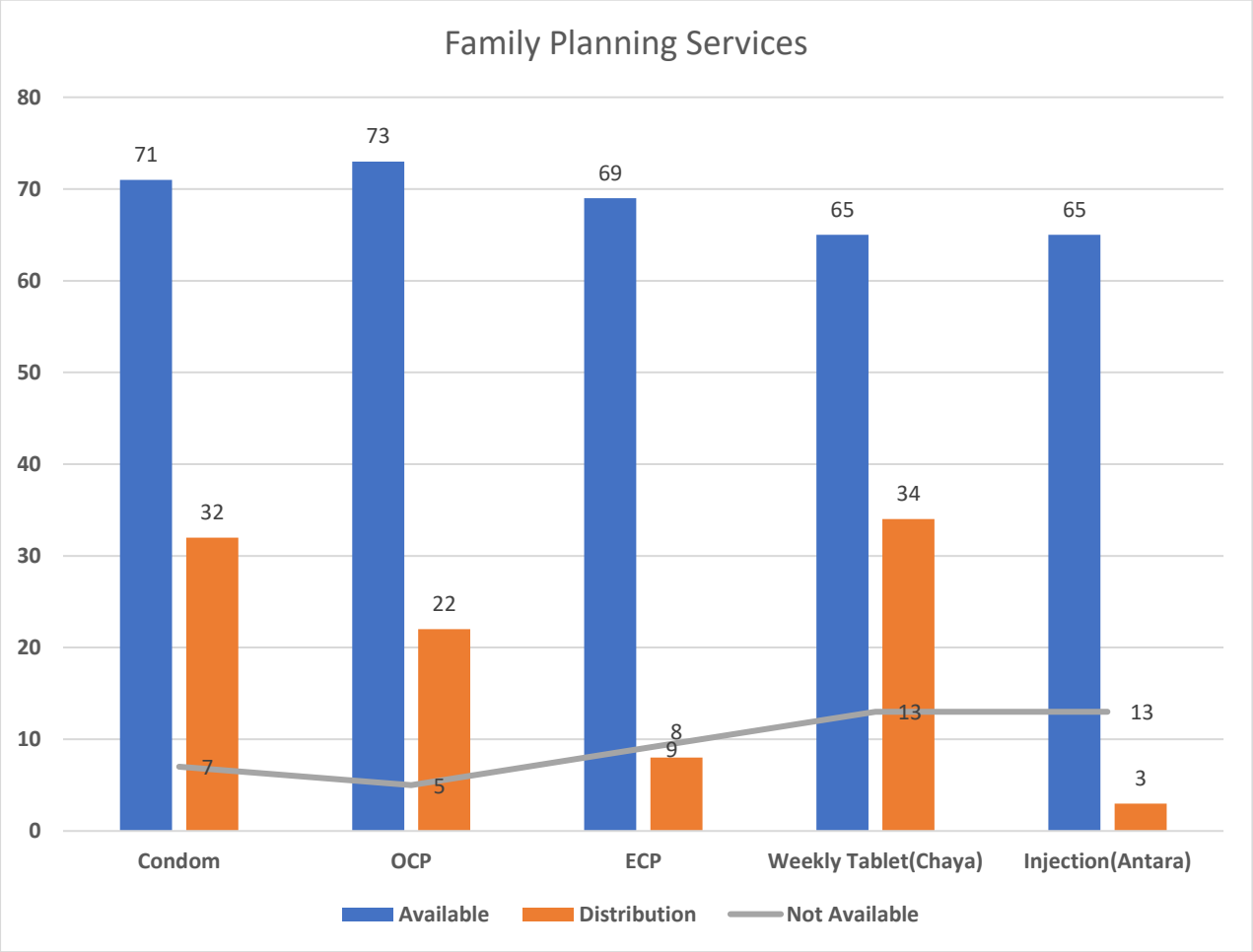


Figure represent overall family planning services status at VHSND Site, there were family counselling were given at around on 55 sites, but adoption of family planning methods found very low. Condom was distributed on only 32 sites yet supply was available on 71 sites, in the same way 73 sites having supply of OCP but, adoption of OCP was only at 22 sites.

Record Review:

Name of Record	No. of sites where available	No. of sites where not available	Total no. of sites where records updated
Survey Register	**78**	**0**	**61**
Due List	**75**	**3**	**67**
RCH Register	**52**	**26**	**37**

MCP Cards	**78**	**0**	**7**

Above table is providing information about availability of record and registers at sites. Survey register and due list was available on almost 100% sites, but on 10-15 sites that records were not updated. Most important innovation for growth monitoring and contains record of all types of care related to mother and child in MCP Card. But there was only 7 sites where MCP cards were fully updated.

Figure1.8: Specific Provisions implementation status during COVID-19 Pandemic Period

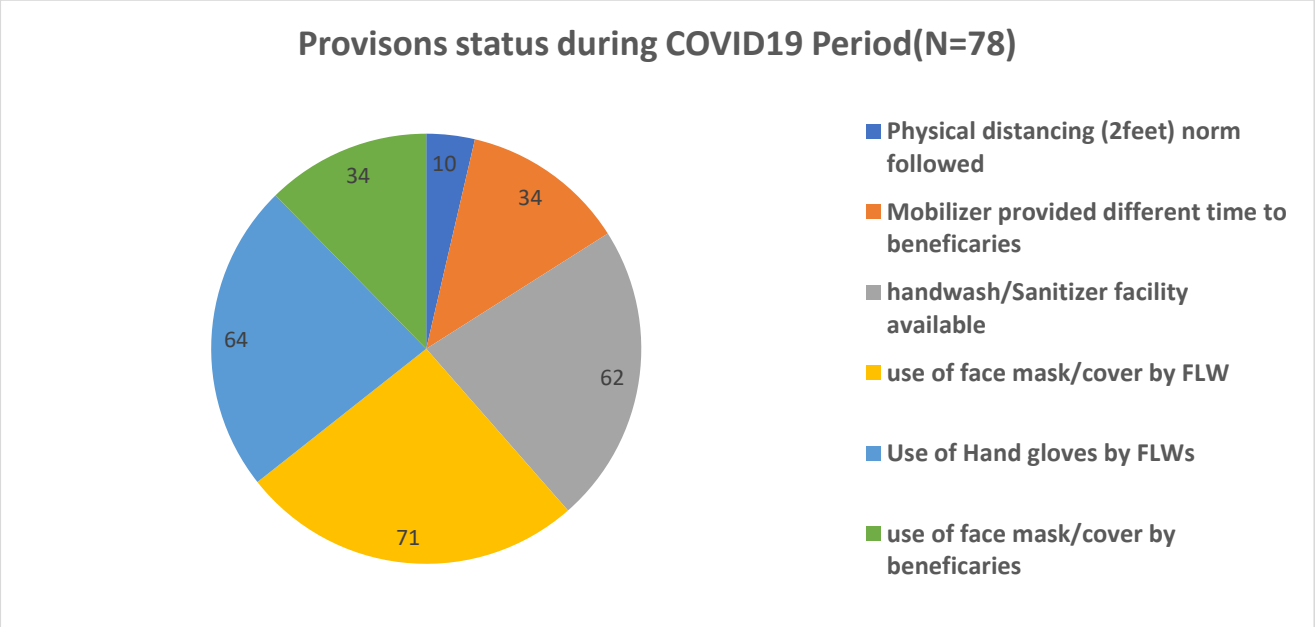
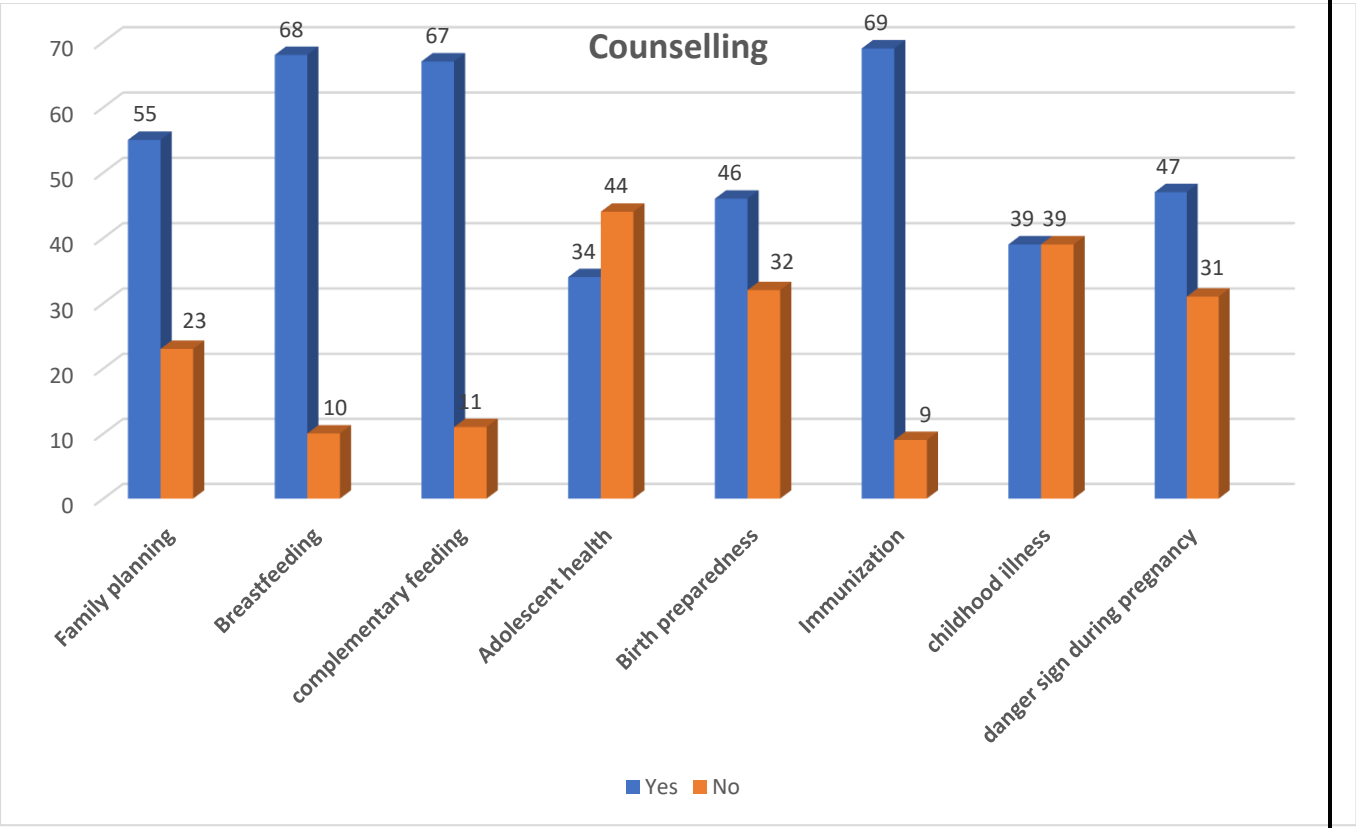


Figure reveals information about specific provisions that have been made during corona pandemic period, to secure FLWs and Community from infection. There were only 10 sites where physical distancing norms have been followed that may be due to insufficient space available at VHSND Site. Whereas at 71 sites FLWs were using face mask whereas beneficiaries were using face mask/cover at only 34 sites.

Figure1.9: Quality of Counselling Services



Counselling is major service which is being provided at VHSND sites, at above 80% of the sites family planning, breastfeeding, complementary feeding, immunization counselling were given. Whereas adolescent health, birth preparedness, childhood illness, danger signs counselling topics were discussed in less 40% of sites.

Figure1.10: Satisfaction level among Beneficiaries

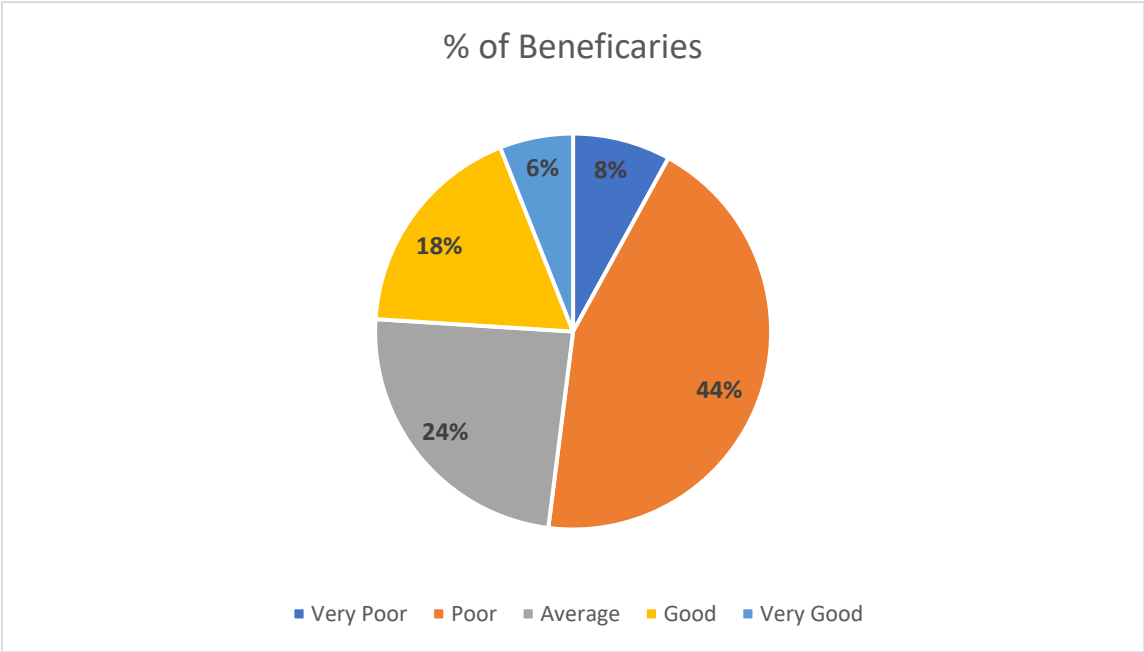


Figure 1.10 representing satisfaction level among beneficiaries from the services provided at VHSND Site sessions, almost 52% people consider quality of services poor or very poor. Whereas around 20% people said VHSND services quality good or very good.

DISCUSSION

Objective of the study was to observe and find out the gaps in service delivery at VHSND in 4 TSU Blocks of Rohtas District and compare some parameters with VHSND Guidelines. Study type is cross sectional study and 78 sites data was collected. The assessment was done 4 blocks in Rohtas district. Method followed for the study is simple random sampling from every PHC area, 6 sub centers have been selected randomly, and 4 session sites from every sub center area. Sample have been decided from the micro plan available for VHSND in the block.

Approx. 80% sites having toilet and handwashing facilities, whereas proper construction and waiting area is available only in 54-58% sites approximately. Usage if IEC and Display board is also low on the sites. More than 40% Sites don't equipped with instruments especially more required for ANC/PNC Checkups like urine strip dipstick, hemoglobinometer etc. more than 70% sites were having weighing machine, stethoscope, BP machine.

At more than 40 sites hemoglobin test, abdominal checkup has not been providing. May be because of unavailability of essential equipment's. Whereas many sites also found with available instruments but due to unskilled FLW that services were not provided like hemoglobin test, Abdominal checkup. Drug distribution status is above 75%, which is important element of full ANC/PNC. calcium and IFA tablets available on 67 and 73 sites respectively, but only distributed on 51 and 56 sites to beneficiaries.

Family counselling were given at around on 55 sites, but adoption of family planning methods found very low. Condom was distributed on only 32 sites, yet supply was available on 71 sites, in the same way 73 sites having supply of OCP but, adoption of OCP was only at 22 sites.

Survey register and due list was available on almost 100% sites, but on 10-15 sites that records were not updated. Most important innovation for growth monitoring and contains record of all types of care related to mother and child in MCP Card. But there were only 7 sites where MCP cards were fully updated.

There were only 10 sites where physical distancing norms have been followed that may be due to insufficient space available at VHSND Site. Whereas at 71 sites FLWs were using face mask whereas beneficiaries were using face mask/cover at only 34 sites.

Above 80% of the site's family planning, breastfeeding, complementary feeding, immunization counselling was given. Whereas adolescent health, birth preparedness, childhood illness, danger signs counselling topics were discussed in less 40% of sites.

By observing the abovementioned results, it can be depicted that there was also a shortage of supply of drugs and equipment at the session sites. There was a shortage of drugs at many sites and at many places, services were not provided in proper manner due to unavailability of instruments at HSC level, whenever that gap fulfilled, many pregnant and lactating women's will get services. Many ANMs also don't have skills of conducting full ANC/PNC Checkups, CARE India have started DMT Outreach trainings in the districts, that includes all necessary services skill building modules. After capacity building ANMs will be able to provide the services. ASHA, AWWs were also not proper skilled that were not providing counselling and other services in good manner, HSC/SECTOR meeting platforms can be used for their capacity building.

CONCLUSION AND RECOMMENDATIONS

By observing the results, it can be figured out that the services being provided at the session sites are not adequate and need proper and adequate actions to resolve such flaws. Almost 70% of the sites don't have enough space and construction for facilitate number of beneficiaries properly. Many of them also don't have adequate drinking water and toilet facility. Counselling of many important aspects are being neglected most of the sites. There is a lack of availability of drugs and equipment at the sites and if present, then their utilization is not up to the mark. Many of the frontline workers are not having adequate skills to deliver the services. The main focus of the conduction of session sites is to provide vaccination only, other services are not paid the same attention.

Subsequently, there was a gap in the delivery of service at the VHSND sites. Around 60-70% sites fall under poor category. And 30-40% sites were found to be performing satisfactorily.

Gaps should be filled and the following measures should be taken-

- Supportive supervision and on spot capacity building of FLWs
- Refresher training programs should be organized- for FLWs
- Supply chain should be regularized through timely intending and distribution process, for this promotion of digital platforms should be encouraged like FPLMIS, E-Aushadhi etc.
- Motivating FLW to perform better by introducing Best VHSND site (Model VHSND) award
- Cluster and Review meeting (ANM, ASHA, SECTOR, HSC) should be arranged regularly.
- Strengthening of VHSNC, not only in documentation even Physically that can make a drastic change in community level health and sanitation.
- Efforts to make intra departmental co-ordination for better service delivery and outcome
- HSC, VHSNC fund can be utilized timely with proper manner to fulfill the gaps

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ANNEXURE

Checklist For observing VHSND (Village Health and Sanitation Day):

101.District Name - 102. Block Name- 103. Village Name-

104. Sub Center Name- 105. AWC Code-

106- Day of VHSND-

107- Date of VHSND-

Basic Facilities:

109	Is VHSND site equipped with toilet facility?	Yes…..... 1	No..... 2
110	Is VHSND site equipped with water facility?	Yes… 1	No 2
111	Is the VHSND venue have any IEC material displayed on VHSND day, services offered etc.?	Yes……1	No……2
112	Display board present at the session site?	Yes……1	No……2
113	Electricity supply available?	Yes……1	No……2
114	Handwashing facility with soap/handwash	Yes……1	No……2

115. ANM(F) present at the session site: Yes……. No……

116 AWW present at the session site: Yes ……. No…….

117. ASHA present at the session site: Yes ……. No……

Supply Availability:

Q.No.	Supplies	Availability of vaccines		If no, Main reason of unavailability
		Yes	No	
118	BCG	1	2	
119	OPV	1	2	
120	FIPV	1	2	
121	P.C.V	1	2	
122	DPT	1	2	
123	PENTAVALENT	1	2	
124	MR	1	2	
125	Hepatitis B	1	2	
126	TD	1	2	
127	Rotavirus	1	2	

Drugs Availability:

	Supplies	Availability		If no, Main reason of Unavailability
		Yes	No	
128	Vit-A Solution	1	2	
129	Albendazole	1	2	
130	Calcium tablet	1	2	
131	Oral Pills	1	2	
132	Condoms	1	2	
133	ORS packet	1	2	
134	Paracetamol l Syp/Tabs	1	2	
135	IFA Tablets- Large	1	2	
136	IFA Small/Syrup	1	2	
137	Vaccine carrier with 04 ice pack	1	2	
138	Zinc Tablet	1	2	

Q.No	Instruments	Available	Not Available
139	BP apparatus	1	2
140	WM adult	1	2
141	WM baby	1	2
142	Fetoscope	1	2
143	Hub Cutter	1	2
144	Stethoscope	1	2
145	Hemoglobinometer	1	2
146	Thermometer	1	2
147	Urine Strip dip stick	1	2
148	Pregnancy test kit	1	2

Record Review:

	Name of Record	Available	Not available	records updated
149	Survey Register	1	2	Yes/no
150	Due List	1	2	Yes/no
151	RCH Register	1	2	Yes/no
152	MCP Cards	1	2	Yes/no

Antenatal Care:

[To be asked if any pregnant woman has received services on that VHSND day]

Q.No.	Antenatal care	Remarks
153	Does the ANM provided immunization to pregnant women?	Yes… ..... 1 No 2
154	Does the ANM / ASHA/AWWtake weight of pregnant women?	Yes… ..... 1 No 2
155	Does ANM/ASHA/AWW measure BP of pregnant /lactating women?	Yes… ..... 1 No 2

156	Does ANM/ASHA/AWW conduct abdominal examination of pregnant women?	Yes… ..... 1 No 2
157	For conducting hemoglobin test, is ANM taking blood sample o f pregnant women/lactating?	Yes… ..... 1 No 2
158	Does ANM/ASHA distribute IFA tablets to pregnant/lactating women?	Yes… ..... 1 No 2
159	Does ANM/ASHA distribute Calcium tablets to pregnant/lactating women?	Yes… ..... 1 No 2
160	Does ANM/ASHA distribute Albendazole tablets to pregnant women?	Yes… ..... 1 No 2

Individual and group counselling:

161. What was the topic for counselling? Observe and Circle

Q.No.	**Counseling Topic**	**Yes**	**No**	**Comment**
161.	Birth Preparedness and Delivery Practices	1	2	NA
162	Danger Sign of Pregnancy Complication	1	2	NA
163	Exclusive breast feeding	1	2	NA
164	Complementary Feeding	1	2	NA
165	Childhood Illness	1	2	NA
166	Family Planning	1	2	NA
167	Adolescent girls' health	1	2	NA
168	Any other counseling, please specify	1	2	NA

169. Distribution of family planning methods:

a) Condom:
YES…… NO…….
b) OCP:
YES…… NO…….
c) ECP:
YES…… NO…….
d) Weekly Tablet (Chaya):
YES…… NO…….
e) Injection (for spacing):
YES…… NO…….

170. Specific protocols status at VHSND activities during COVID-19 Period:

a) Mask/Face Cover use by FLWs?
Yes…… No……

b) Gloves Use by FLWs?
Yes……. No……

c) Mask/ Face Cover use by Beneficiaries?
Yes…… No……

d) Gloves Use by Beneficiaries?
Yes……. No……

e) Handwashing activity Practices followed by Beneficiaries before VHSND?
Yes……. No……

(f) Vaccine carrier Box have been cleaned/sanitized by hypo chloride solution?

Yes……. No…….

(g) Does physical distancing norms(2feet) has been followed at site?
Yes……. No……

(h) Does mobilizer provide different timings to the beneficiaries?
Yes……. No……