Report on Planning and Preparation of Village Health and Nutrition Day: District Kannauj

By

Kusum Sinku

Dissertation submitted for the partial fulfillment of the

MBA Rural Management

Academic year, 2018-2020

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INDIA HEALTH ACTION TRUST

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The certificate is awarded to

Kusum Sinku

In recognition of having successfully completed
her dissertation in the Department of

MNCH Programme

and has successfully completed her Project on

Planning and preparation of Village Health and Nutrition Day of Kannauj District
from

11th February to 30th May,2020

with

Indian Health Action Trust, Lucknow

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

We wish her all the best for future endeavors

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ABBREVIATION

VHND – Village Health and Nutrition Day

RMNCH+A – Reproductive, Maternal, New-born, child health and Adolescent

ANM – Auxiliary Nurse Midwifery

ASHA – Accredited Social Health Activist

AS – Asha Sangini

ASM –Asha Sangini Mentor

GoUP – Government of Uttar Pradesh

FLW – Front Line Workers

AWW – Anganwadi Worker

AWC- Anganwadi Centre

JSY – Janani Suraksha Yojana

HBNC- Home Based New Born Care

EC- Eligible Care

TB- Tuberculosis

ANC- Anti Natal Care

PNC- Post Natal Care

VHSNC- Village Health Sanitation Nutrition Committee

CHC- Community Health centre

Acknowledgment:

The Dissertation opportunity I had with **India Health Action Trust (IHAT)** was a great chance for learning and experience about the filed. Therefore, I consider a very lucky person to be a part of this organization. I am also very grateful for having such a chance to meet with many different people and who helped me to work in this summer training period.

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Contents

Organization brief:

In November 2013, IHAT established a Technical support unit(TSU) with the support of government of UP(GoUP) to increase the efficiency, effectiveness and equity of its execution vis-à-vis the three platforms identified in the foundations ICO (India country office) strategy for integrated delivery: the government, the private sector, and communities. The main project of this organization is RMNCH+A, the RMNCH+A project aim is support GoUP in improving the quality of frontline worker interactions at the community level and within households to drive the priority RMNCH+A behaviours. It also focuses on improving quality of RMNCH+A services at health facilities including supporting critical health systems level improvements.

Focus area:

RMNCH+A: The RMNCH+A project is supporting in strengthening integrated-service delivery platform called Village Health &Nutrition Day (VHND). Where women and their children could access key nutrition and RMNCH+A services from frontline workers.

Family planning: At the community level, the project focuses on generating demand for family planning acceptance. It supports in identifying families with unmet family planning need and their counselling by frontline workers subsequently linking them to appropriate family planning services. Counselling of women and eligible couple on family planning improves their knowledge and informs their decision-making with regards to the uptake of modern contraceptive methods.

Nutrition: The project implementation period is from November 2015- March 2019 with the overarching goal to provide high quality, well-coordinated techno-managerial support to the government's integrated Child Development Services (ICDS) to reduce under 5 morbidity and mortality due to childhood malnutrition in Uttar Pradesh.

Abstract

Background: Village Health and Nutrition Day is a unique platform or tool to coverage rural health, sanitation, hygiene and nutrition services at a community level. Nation Rural Health Mission has started the program for accessing all the services at village so that who cannot access the health facility they can get the services at a village level. The study has analysed the current situation of planning and preparation of VHND and highlights the gap at the site and convergence of services. The objective of this study is basically to analyse the preparation of ANM, AWW, AS, PRI members and ASM for VHND and communication

method for providing services at a community level.
Method: The study was conducted in Kannauj districts of the four blocks which is Kannauj, Umarda, Talgram and Chhibramau. With using pre-designed pretested Interview schedule and VHND observation checklists related to planning and preparedness.
Result: Study noted that 100 percent ANMs, 80 percent ASHAs and 30 percent AWW had prepared a micro-plan and 100 percent ASM filled the beneficiary checklist. Study has found that availability of privacy place (35%), Clean VHND site (80%) and all logistics availability (50%). Only 70 percent ANM, 50 percent ASHAs and 30 percent AWW had participated in any Village Health Nutrition and Sanitation Committee (VHNSC) meetings in last three months. And proper due list updation is only 60% and other 40% is ASHA were not updated due list properly.

Introduction

With a population of about 20 crore, Uttar Pradesh is the most populous state of India, in which 1/6 population of India resides. According to the Annual Health Survey from year 2012-13 the maternal mortality rate of the state was 258 per lakh live births. The IMR in UP was estimated at 50 infant death per thousand live birth by SRS 2013. Continuous decline in maternal and child mortality is being observed in the state. MMR has almost half from 517 per lakh birth in 2011 and 292 per lakh live birth in 2012. Similarly, the infant mortality rate was also decrease. A special campaign has been launched by the UP Government in high priority districts of the state to improve reproductive, maternal, new-born and adolescent (RMNCH+A) health service. The Uttar Pradesh Government has laid special emphasis on investment in the field of health and development under the RMNCH+A through the NRM.

A comprehensive campaign was launched in the state for institutional delivery, regular vaccination and quality of modern contraceptive methods and the quality of plan implementation and review was improved at the state , district and block level. One of the main objective of this campaign was to strengthen the Village Health and Nutrition Day, which is an important platform to serve the community.

Village Health and Nutrition Day is a fixed day held in every month, in which quality Health and Nutritional services are provided to the people of a certain area village. Presently, Health and Nutrition services such as antenatal care, identification of high risk pregnancy and institutional delivery, family planning and improvement in the quality and nutrition services are also undertaken. Village Health and Nutrition Day has been identified as a unique platform and the major role of VHND is to access Maternal, Newborn, Child health and Nutrition (MNCH) service at the village level. VHND occurs in every village once a month at the primary school, Anganwadi centre or other suitable location. Effectiveness of VHND depends on Planning and preparation of ASHA, AWW, ANM,AS and ASM.VHSNC has play a vital role for the VHND because through VHSNC budget all the items like chairs, met and many things can be fulfilled.

In Kannauj, with 752 villages, VHND is a special platform to access a Health Nutrition and Sanitation services. The study main objective is to planning and preparation of ANM, AWW, ASHA, AS, ASM and PRI members.

Literature review:

Barua Kabita1, Baruah Rupali2, Saikia Anku Moni3

VHNDs are required to provide a basket of health and nutrition services and counselling to the community on a pre-designated day (preferably on Wednesdays and for those villages that have been left out, on any other day of the same month) and place (usually at the Anganwadi centre). If regularly and effectively organized they can bring about the much needed behavioural changes in the community and induce health-seeking behaviour leading to better health outcomes.

Research Question:

1. What is the pre-preparation method is using by the FLW for the VHND?
2. What are the most effective communication strategies for increasing the presence of beneficiaries at VHND site?

Objective:

1. To understand the planning of Front line workers for VHND
2. To understand the method of communication for VHND

Methodology:

A Cross- sectional and descriptive study was planned for the Kannauj district of Uttar Pradesh. The District has 8 block and 752 villages. The study was conducted in selected four block which is Kannauj, Umarda, Talgram and Chhibramau in Kannauj district. The VHND was observed in these blocks for continuing three months. Random sampling method was used and observation and personal interview was conducted with ASHA, ANM, AS,AWW,ASM, PRI members beneficiaries(Eligible couple, Pregnant women, Lactating mother, Adolescents, Children under <5 years).

S.N.	Methods	Purpose
1.	Observation of VHND	To observe the location or site situation
2.	Interview with beneficiaries	To understand the satisfaction level of community

3.	Interview with FLW(ASHA, ANM, AWW)	To understand the proper preparation and mode of communication of VHND
4.	Interview with VHSNC members	To understand the actual use of VHSNC fund
5.	Home visit (at community level)	To understand the community response on VHND
6.	Recording of information	To documentation of all the information

Sample size for the assessment:

Total 20 VHND site was observed and total 20 ANM, AWW and ASHAs personal interview was done. The assessment was done across 4 blocks (Kannauj, Umrda, Talgram, and Chhibramau) of Kannauj district. Out of 4 blocks total 20 VHND data was entered in Excel sheet for assessment or analysing the data.

Coverage	**No**
District	1
Block	4
VHND site	20

Tool for Data collection:

The study was conducted over the period of three months from 11th February to 30th may 2020. A predesigned questionnaires was prepared for personal interview and VHND checklist was used for observation. Checklist included different types of variables like VHND schedule, VHND day, Beneficiaries details (Pregnant women, Children, lactating mother, eligible couple) location of VHND, timing of VHND etc. Interview Questions was related with the preparedness of Services of VHND like MCP card availability, Availability of hand washing corner, Vaccine availability, cleanliness of VHND site, availability of washroom and many more things prepared by FLW.

Data Analysis

Collected data were analysed by Microsoft excel sheet, Different type of chat were used for the proper understanding of the situation.

Purpose of the Study:

The topic of the research conducted by the researcher is role of VHND observation and to observe the preparation of VHND at community level. The children and women in the Kannauj district had poor health thus the need of Health and Nutrition improvement. The VHND has helped the children and women to improve their health status in society and has also led their health status.

Result

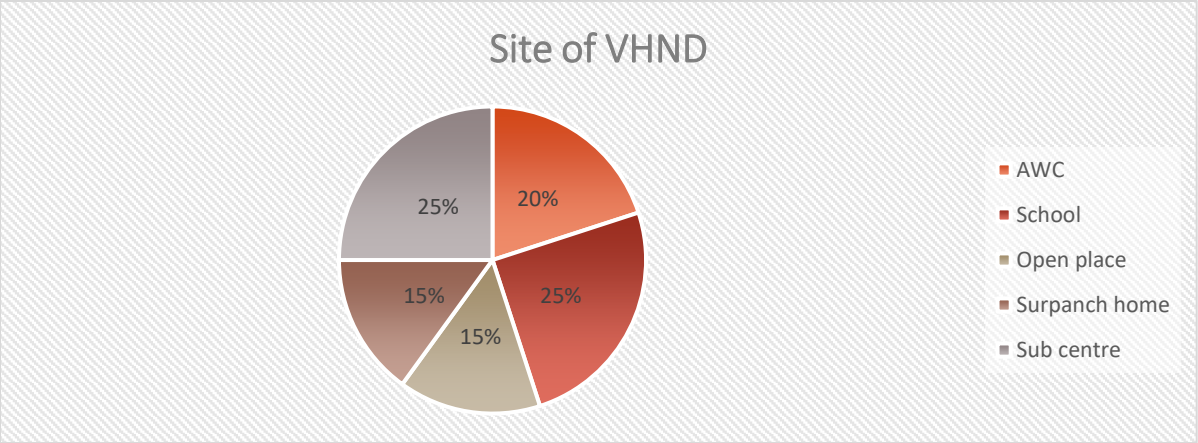
Total 20 VHND site were observed and information were provided through personal interview with ANM, ASHA, AS, ASM, PRI members and also beneficiaries. During their interview all the data and information were recorded or documented.

Place of VHND/ Location of VHND

As per the data and observation the location of VHND were different. Out of 20 VHNDs, 4 VHND were organized at Anganwadi centre (AWC), 5 VHND were organized at Primary school, and 3 VHND were organized at open place, 3 at Surpanch home and 5 VHND at Sub centre (FG. 1). Banners of the VHND were not found at 3 VHND sites and only 2 places of VHND were available pamphlets for informing community and rest of the sites was found Banners for information.

Figure shows that out of 20 VHND only total 20% VHND was organized at AWW and the situation of AWW was improper like no proper infrastructure, no cleanliness and no proper waiting area of community. And 15% VHND was organized at open place because ANM did not found the proper place for VHND.

Figiu.1 (Site of VHND)



Method of Communication:

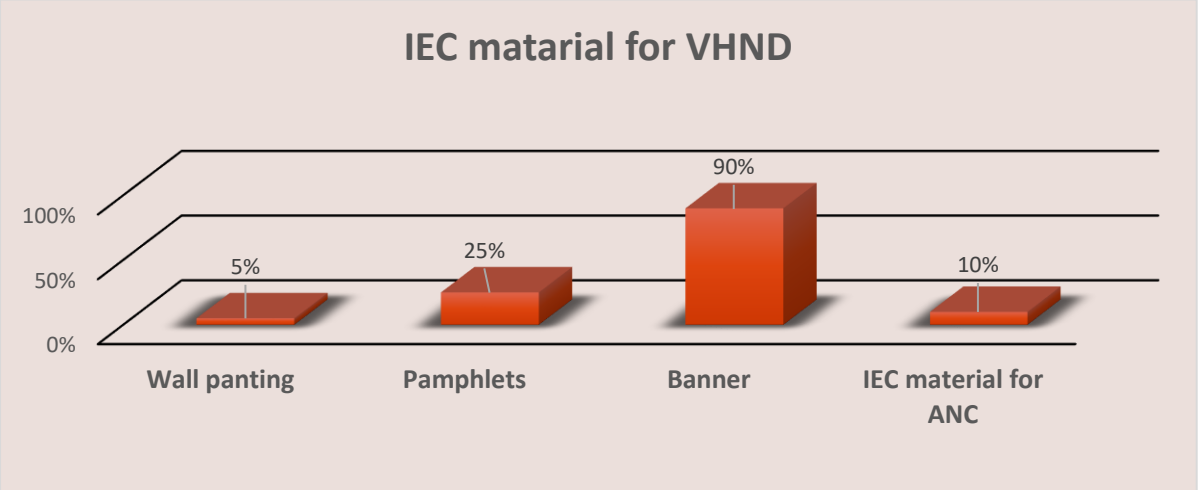
For informing the community about the VHND, ASHA were using the different IEC materials like pamphlet, wall panting, Banner and face to face communication through home visit. As per the discussion with ASHAs, they mostly using the home visit method. Out of 20 ASHAs all were using Home visit method and other IEC material they were not using for addressing VHND.

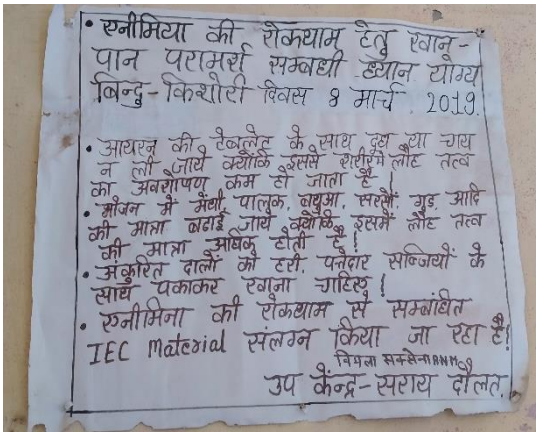
IEC material at VHND site

At the VHND site we observed that out of 20 VHND only 2 VHND site have IEC material for ANC, wall panting was found in only 1 place, pamphlets was found in only 5 place, and banner was found in 12 place. As per the discussion with ANM they don't have all the IEC material and some ANM told that they forgot the IEC material.

Figur 2 shows that Banner is very common for the VHND site and plemphlets, IEC material for ANC, wall painting is very rare. Which shows that most of the ANMs using the Banner at the VHND site.

Figure 2. (IEC material for VHND)





Logistics of VHND:

At the VHND site for the ANC check-up all the logistics should be available, like Examination table, Curtains, washroom for urine check-up, measuring tape, BP, HB and MCP card. According the ANM and ASHA if the VHND is held at primary School or Sub centre then all logistics can available but if the VHND held at open place or surpanch home then proper ANC check-up cannot be happen. Under ANC service out of 20 VHND, only 3 site of VHND we found measure tape, washroom was found at 12 area but not functional only 7 areas of VHND have clean Washroom of urine check-up, Examination tablet was found in 14 site, BP HB and MCP card was found at all site, Curtains was found at only 8 site.

Figure shows that at the VHND site BP, HB and MCP card is available but measure tape for PW is very less, as per the discussion with ANM,she did not received measure tape from Community Health centre.

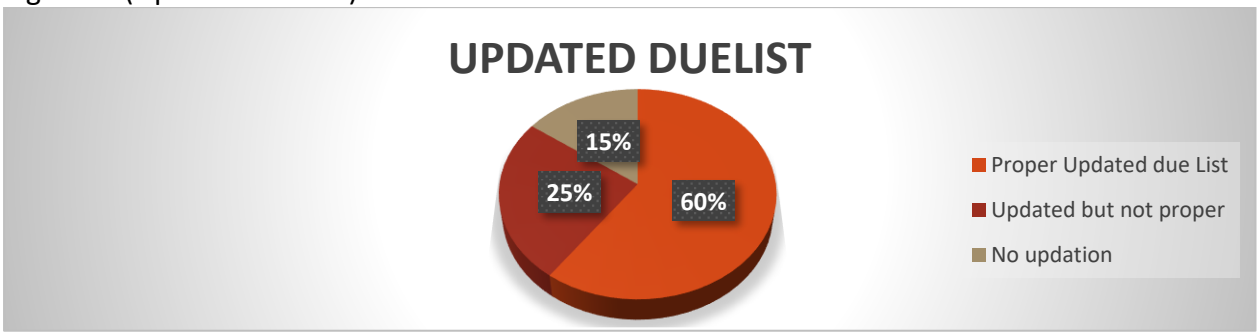
Figure 3. (Logistics availability at VHND site)

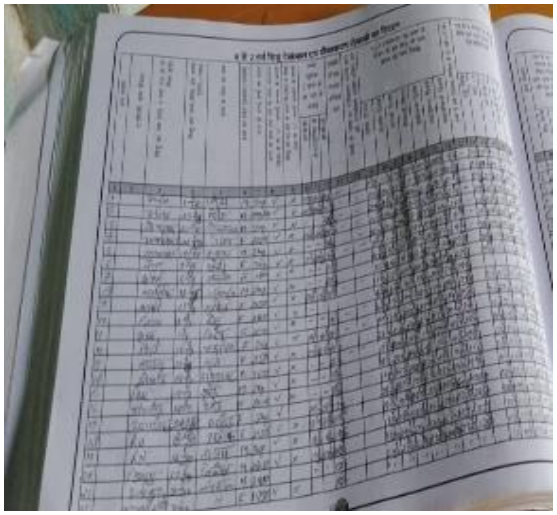
Updated Due list

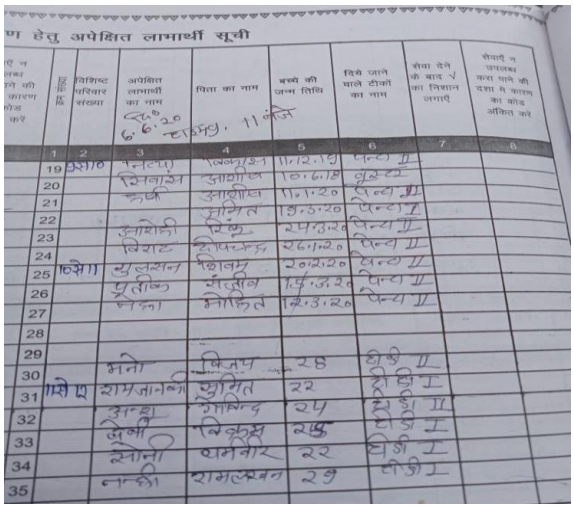
Due list is the main core of the VHND session, ASHA and AWW prepare a list of beneficiaries (Pregnant Women, lactating mother and children). Updated due list is helping the community to access the health services through VHND. Out of 20 VHND observation we found only 12 areas were updated due list in VHIR, 5 ASHA area were updated but not properly and rest areas were no any updation of due list in VHIR.

Figure shows that only 60% ASHA were updating proper due list of beneficiaries and 25% ASHA were not updating properly. As per the discussion with ASHA, she did not aware about the all vaccination.

Figure 4. (Updated due list)







ण हेतु अपेक्षित लाभार्थी सूची

	विशिष्ट परिवार संख्या	अपेक्षित लाभार्थी का नाम	पिता का नाम	बच्चे की जन्म तिथि	दिये जाने वाले टीकों का नाम	सेवा देने के बाद √ का निशान लगाएँ	सेवाएँ न उपलब्ध कराए जाने की दशा में कारण का कोड अंकित करें
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Preparation of VHND

ASHA, ASM, ANM, AS, AWW's coordination was very satisfactory. ASHAs work was to update due list of beneficiaries like listing of pregnant women, listing of children, listing of HRP, listing of lactating women, listing of LBW , listing of adolescent girl and listing of Tuberculosis(TB) patient. Anganwadi worker also prepare the supplementary food for those who needed. And ASHA and AWW were also ensure that site of VHND and washroom(For urinal test) should be clean before the VHND session start and also ensuring hand washing corner for beneficiaries. But out of 20 VHND site 7 areas of VHND were no privacy for antenatal care. ANM were putting efforts to organizing VHND without any fail but there is no involvement of ANM at pre VHND planning site. But through the ASM involvement in the field for pre preparation of VHND like update the due list, cleanliness of the VHND site and Hand washing corner.

Across the study area there is less involvement of PRI members at VHND site and only one place Pradhan was actively ensuring about the Chairs or mat for beneficiaries and many more things**.** During the interview ANMs and ASHAs reported that Pradhan or other PRI representative hardly ever visit VHND;

During the interview with beneficiaries they are satisfied with the services of VHND, before the session of VHND ASHA always informed them through home visit. Also through all FLWs they got all the services like supplementary food, Ambulance services, all government schemes like JSY and all post-natal care, HBNC visit and referral services.

Planning of VHND services

As per the guidelines of the state government of Uttar Pradesh VHNDs are planned once in a month for outreach villages to provide integrated Health, Nutrition and Sanitation Services to women, adolescents and children. VHNDs are usually organized on Saturdays and Wednesday in the state but if there are more villages to be covered, they are organized on Thursday and even on Monday. ASHA, AWW& ANM organize the VHND activities at AWC or any other place and mobilize the women, adolescents and children for receiving the services.

Participation in VHNSC meeting

Village health Nutrition and Sanitation committee is the most important platform for planning and discussing the issues Related with VHND. Pradhan is the chairperson and ANM, ASHA and AWW are the members of this committee. Meeting of this committee is organized every month in each village. Committee is expected to monitor the status of VHND services and take appropriate action for ensuring Health, Nutrition and Sanitation Services. However the study results had shown poor attendance of village functionaries in these meetings. As per the interview ANM, ASHA and AWWs had attended these meeting only once in last three months. Poor attendance of the functionaries was reportedly because of non-response to their voices on the issues related with health, nutrition or sanitation in these meetings.

Preparation for the organization of VHND activities

Location of VHND activities

The VHND is conducted in a location that is located in the middle of the village. Also, where the toilet availability for urine check-up, abdominal check-up and proper space for all check-up. VHND is organized as per the micro plan of ANM, before one day of VHND providing information about the location of VHND so that ASHA will prepare the place and give proper information to the beneficiaries. As per the guild line of Uttar Pradesh (UP) VHND should be organized at AWW, Sub centre and school but because of not proper infrastructure or no proper place VHND has been organized at open place and Surpanch Home.

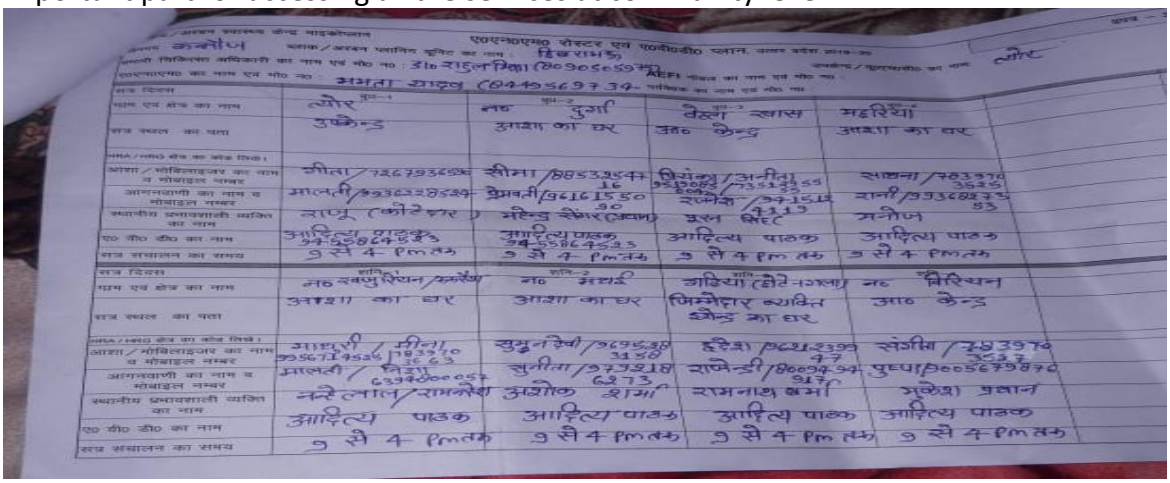
Day of VHND and time

VHND is organized on Wednesday and Saturday, if more than 8 session are required in 1 month as per the micro plan, then another day is fixed to cover the all area.
The VHND is scheduled to be held from 9:00 am to 4:00 Pm. For this, ASHA informed the time and place to all the beneficiaries a day before VHND start.

Time	Activity
9:00AM to 12:00 PM	Vaccination
12:00PM to 4:00 PM	ANC, Weight measurement, Counselling etc.

Preparation of micro-plan and listing of beneficiaries

Micro plan preparation is the first step to ensuring the all arrangements for VHND session. As per the guideline of Uttar Pradesh ANM should prepare the micro plan for the service delivery activity. Under the ANM, ASHA and AWW are supposed to prepare a list of beneficiaries for the VHND. PRI members should also present on the day and ensure all the logistics availability like chairs, mat, water, washroom and many more. It was observed that all 20 ANMs had prepared micro plan but because of some reason they change the location of VHND. For VHND organization ANM used to visit as per the micro plan, which is easy for all FLW to prepare a site and informing the beneficiaries for the services. As per the discussion with ANM if ASHA enable to inform to beneficiaries about the VHND then it might be possible that beneficiaries don't want to come for services. So micro plan is very important part for accessing all the services at community level.



Preparation for maternal health services

VHND is unique platform for pregnant women (PW) to get services of ANC by ANM so that if there is any type of High risk pregnancy identified, then they can refer to the facility for prevention of complications. Maternal deaths were caused to labour pain, bleeding, home delivers etc. At the VHND session identification of HRPs is very important for prevent PW. HRP can be, if women is anaemic, blood pressure is high or low, no gap between 2 children, have more than two miscarriages, have more than 4 children and low height. It was observed that ASHA and AWW prepared a list of PW and also prepared a list of HRPs so that ANM can coordinate tem or counselling them for prevention of complications. As per the discussion with ANM these are some services which PW can take a services: I) ANC check-up ii) registration, iii) Expected delivery date, IV) MCH card, v) Vaccination, VI) HB, BP, weight, height, urine test, vii) iron and calcium tablet.

At the site of VHND ASHA and ASM is ensuring that all maternal check-up should be provided to the beneficiaries. And as per the observation most of the ANMs providing all the services to beneficiaries and all are satisfied with the services.

Preparation for child health services

Child health line listing was done by 70% ASHA, and 30 % ASHA were not prepared the due list of children who need immunization. And line listing of LBW was done by 40% ASHA and rest of the areas were did not prepared the list of LBW. It shows that ASHA is did not more focusing on LBW line listing. ANM examined all the line listed children and who need more care then ANM refer to the district hospital at SNCU. At the site of VHND 60% AWW measured weights and rest of the VHND site we did not found the child weight machine. Study observation shows that AWW did not take an opportunity to call LBW or Malnourished children and their parents for proving Take home ration and ANM advice. So AWW need a clarity for their role and responsibility, and need to know the actual situation. The situation is strongly need to emphasise that the reduce malnutrition and role of AWW. Supplementary nutrition should provide to all children and parents at community level on the VHND site. VHSNC should also take a step on it and spread the massages to all that only supplementary nutrition food cannot reduce malnutrition, it also important that community have to adopt healthy food practice for reduction of malnutrition from the village or society.

Step taken by all FLW

S.N	**Steps taken by ASHA**

1.	Home visit of beneficiaries (Including ST/SC)
2.	Make a list of Pregnant women
3.	Make a list of Pregnant women Who need ANC
4.	**Make a list of children**
5.	Make a due list children who need immunization (including drop out and left out)
6.	Make a list of lactating women who need family planning stuffs
7.	Attended VHNSC meeting
8.	Before VHND session coordinate with AWW, AS, ASM and ANM
9.	Preparation of VHND before one day of VHND
10.	Ensure that all listed women come for services (On the day)
11.	Ensure that all listed children come for services (On the day
12.	Ensure that all listed lactating women come for services(On the day)
13.	Ensure that make a birth planning of 3rd trimester pregnant women

S.N.	**Step taken Aww**
1.	Making the list of beneficiaries
2.	VHNSC meeting attended (at least one in last three months)
3.	Ensure that the AWC is clean
4.	Ensure a place with privacy at the AWC for ANC
5.	Keep an adequate number of MCH
6.	To coordinate activities with the ASHA and the ANM

S.N.	**Step to be taken by ANM**
1.	Preparation of micro plan for VHND organization
2.	Attended VHNSC meeting (at least once in three months)
3.	Ensure that the VHND is held without fail
4.	Ensure that the supply of vaccines reaches the site well before the day's Activities begin.
5.	Ensure that all instruments, drugs, and other materials are in place
6.	Carry communication materials.
7.	Coordinate with the ASHA and the AWW

S.N.	**Step to be taken by ASHA Sangini**
1.	Validation of Pregnant women
2.	Make a due list with ASHA before VHND session start
3.	Mother meeting
4.	To ensure that all the beneficiaries come for service
5.	To ensure that prepare the birth plan of 3rd trimester PWs by ASHA
6.	To help ASHA for identification of HRP and LBW

S.N.	**Step to be taken by ASHA Sangini Mentor**
1.	Validation of PW with Sangini
2.	Check the due list of ASHA
3.	To ensure that ANM have all logistics
4.	To ensure all beneficiaries should come for services
5.	To ensure that held the mother meeting by sangini
6.	Mobilize the community for VHND
7.	Fill the checklist of VHND

After covid Situation

Covid 19 is a horrible situation for the world, because of that many services was hampered mainly VHND, during lockdown period ANC services was hampered, it very affected the pregnant women, lactating mother and children because VHND's ware not happening in ASHA areas. Home deliveries was increased and institution delivery was decreased, 102 service was available but beneficiary dose not wanted to go from that because of the safety issues. Community was afraid about the COVID 19 and they did not to go to hospital for ANC. ASHA were visited home and she also spreading awareness among pregnant and lactating mothers regarding use of masks, social distancing and maintaining hygiene and social distancing .But that time ASHA ware mainly focused on migrants or COVID 19. But when MoHFW has decided to reschedule the VHND after that the children and the mothers who had missed the services they started to get services again with using all the safety protocols. Asha Sangini Mentor (ASM) who has appointed from the UPTSU they started pre preparation of VHND like Cleaning of VHND site from bleaching powder, Create a circle for maintain social distancing, Time slot of beneficiaries for services and Hand washing corner for hand wash with all FLW (ASHA, AWW and ANM). Now all beneficiaries can get the all services with using all the safety protocols.

So these are some situation of VHND during Lockdown:

- VHND's are not happening in ASHA areas.
- Duellist is being not updated by ASHA
- PW are not came from community to facility for ANC check-up
- HRPs not identified and line listed
- Only emergency cases is being referred to hospital

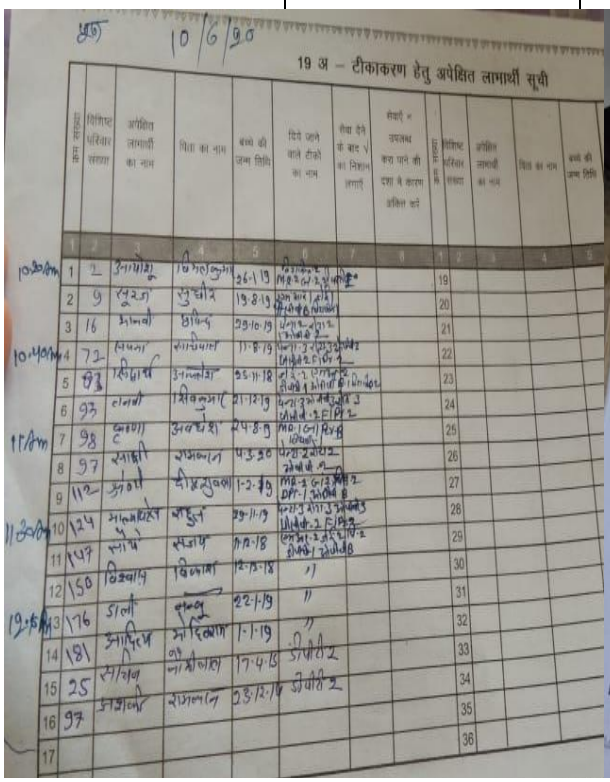
Pre-preparation of VHND

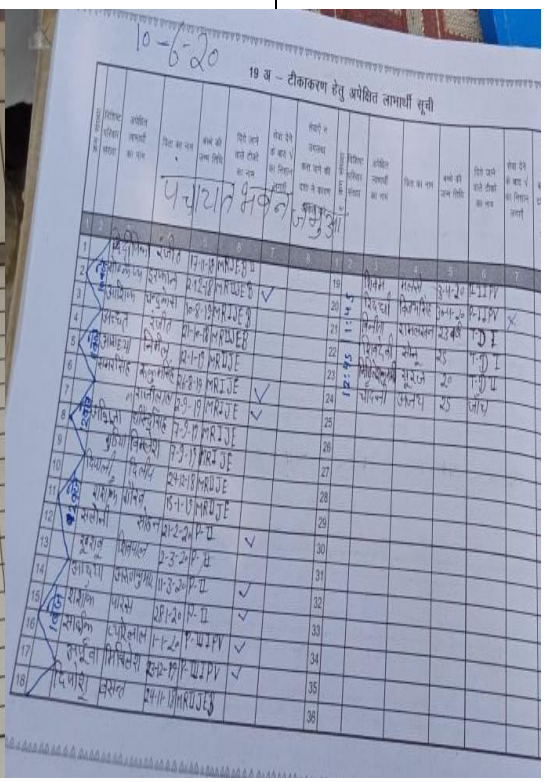
Pre-preparation is one of the most important part at the time of COVID 19. Because of lockdown many services was hampered but most affected part was community. For the ANC, PNC and immunization community only depended on VHND that's why GoUP decided to restart the VHND services at community level with using all the safety protocols. In that situation government decided to using different method to re start the VHND like social distancing maintenance, Hand wash corner, Bleaching solution for sanitize the VHND site and all logistics like BP and stethoscope and Time slot of due list.

Time slot due list for beneficiaries':

For the safety purpose government has decided to prepare a due list with time slot, so that all beneficiaries come timely manure. This type of due list can protect beneficiary from any infection. So here is the example of time slot due list:

Time slot due list			
09.00-10:00	10.00-11.00	11.00-12.00	12.00-01.00
A(Name of beneficiaries and service due)	E	H	K
B	F	I	L
C	G	J	M





Mainating Social Distancing

Because of COVID 19 government has decided to pplan VHND with following all the safety proplocols like social distancing, using mask and many more. ASHA is now preparing a curcle for beneficiaries so that benefisiaries come at time and stand at the cuurcle with maintaining 1 miter distance.


Hand washing corner:

Before Covid 19 ASHA were did not focus on hand washing, but now government has decided to start handwashing before get the services. So, now ASHA is monitoring that all beneficiaries have to come after hand washing.


Case study During Lockdown

1- 3rd trimester pregnant women-

Name – Shimla W/o Shiva ji
Village – Nagala Biryan
Block – Chhibramau
District – Kannauj

Mrs Shimla is 24 year old, she is pregnant of 8 month, and this is her first pregnancy. Previous she had received one service on VHND before today . After March 25 Lockdown has started and her due services was late. according to Shimla " during suspension of VHND ASHA met her twice and counselled about sign and symptom of Danger Sign " ASHA informed her to redemption of VHND and ASHA visit her home before the VHND . ASHA also inform her to specific time slot, her slot was 9-9.30 AM. ASHA also told about cover the mouth, Hand wash and avoided the crowd.

On VHND she waited her turn in side of Circle, Mrs Shimla observe many difference between previous VHND like Hand wash, circle, and cover the Face and other safety Protocol.

Today she receive 2nd dose of TD , her weight was 51 Kg, Haemoglobin was 9.2 g/dl , her urine test and FHR was normal , she also counselled abut danger sign . Her birth plan reviewed by ANM and IFA and Calcium was also distributed.

Finally she is very satisfied after getting all services at VHND

2- 6 months children on Immunization

Name- Arushi (F)
Village – Nagala Biryan
Block – Chhibramau
District – Kannauj

A 27 years-old Radha Who lived in Nagla Biryan village ,Block Chhibramau, District Kannauj, Who has three children, the first child is 7 years old, second child is 5 years old and third child is 5 months old, Whose name is Aarushi. Aarushi was born on CHC and her date of birth is 30 December 2019. Before lockdown she got the services of OPV-2, Penta-2 and Rota-2. In the lockdown period Aarushi did not get any services from anywhere else. ASHA regularly visited home and ASHA told her about exclusive breastfeeding. ASHA informed her about the redemption of service VHND and ASHA tells her before the VHND session start. ASHA tells her to come in between 12:00 and 12:30am, in which she have to live inside a circle and also told her to cover mouth with cloths. She observed difference in present VHND because the safety protocol was not being followed in March session but now everyone is following safety protocol. She felt very good to following the safety protocol but little bit strange. Aarushi got the services of OPV-3, Penta-3, FIPV-2, Rota-3 and PVC-2. Now after she got the all services Aarushi's mother is very satisfied.


HBNC (Children of 28 days)

Name - Pooja
Village – Nagala Biryan
Block – Chhibramau
District – Kannauj

A 22 years-old Pooja lived in Nagla Biryan village, Village Chhibramau, District Kannauj, Who delivered her baby at CHC, Chhiramau and her date of Birth is 27 April 2020.At the time of delivery, ASHA went to the hospital with Pooja at that time the weight of the baby was 3.4 kg, then after the discharge ASHA visited regularly. Whenever she visited home ASHA told her about danger sing and some protocols like no oil on baby's placenta, Baby shower after 7 days, children is unable to drink milk properly, fever, diarrhea and many more things. Along with this, ASHA also told her about Danger sings of mother like dizziness, Bleeding, difficulty urinating and many more things. So, through this schedule counselling now the baby and mother both are healthy.

Problem identified:

- Due to not paying attention of Anganwadi workers and ASHA some beneficiaries were left out especially children. Because of that community cannot take the services from VHND like immunization, ANC, PNC.
- Do not take care of ANM, availability of logistics was less due to which beneficiaries can't take all the services.
- Conservative thinking of beneficiaries
- Ignorance of PRI members for VHND services

Challenges:

1. Community mobilization is very tough when ASHA informing about the VHND, because of conservative thought community don't want to attend
2. Some ASHA don't want to take initiative for making due list and informing about VHND
3. Some ANM ignore the situation if there is no privacy place for ANC, because of that community don't want to attend
4. No involvement of PRI members
5. No use of VHSNC fund for VHND services like chairs, mat, bucket etc.

Recommendation:

1. Exclusion of Adolescent girl at VHND site

2. VHND micro plan should be prepared and site should be specific, where all facility can provide to beneficiaries

3. Logistics for ANC should be available at the time of proving services.
4. Mobilization of the community through ASHA should be more effective way, so that all beneficiaries will attend the VHND.

Conclusion:

VHND is a very effective program at community level. This is helping in promoting health of children and mothers as well as pregnant women. The assessment report helped in understanding the present situation at community level and different types of gapes. This study helped to addressing the FLW work for promoting the MMR and IMR, and also identified the gapes of FLW. The purpose of report on preparation of VHND can develop the new plan for better improvement of the Health services at community level. The report has also recommended, the performance of FLW or health providers work can more effective on the basis of Due list preparation, site preparation and communication method. In a way it will create good relationship with all beneficiaries as well as all FLWs to promote health services.

VISIT INSTRUCTION TO ACCESS THE HEALTH FACILITY AT COMMUNITY LEVEL

1.	**Questions during visit to village Health and Nutrition day**	
1.1	Whether ANM provides following services during VHND?	

a.	Routine Immunization	
b.	Family planning services and counselling	
c.	Ante-natal care	
d.	Post-natal care	
e.	Nutrition and Health promotion to children and Adolescent	
1.2	Is Growth monitoring done at Anganwadi centre/VHNDs?	
1.3	Is Routine Immunization (RI) micro-plan available at VHND session?	
1.4	Is due list for Routine Immunization(RI) available with ASHA/ANM	
1.5	As per the list did 75% of the beneficiaries attend the VHND session?	
1.6	Location of VHND	
1.7	Examination table availability	
1.8	Curtains	

2.Questions for ANM		
1.	Is VHND is organize as per the micro plan?	
2.	Is all logistics are available for the ANC?	
3.	Is all logistics are available for the immunization?	
4.	Are high risk pregnancies line –listed at VHND?	
5.	Have you proving HRP referral slip?	
6.	Whether SAM children are screened and referred to SNCU?	
7.		

3.Questions for ASHA		
1.	ASHA have VHIR or not?	
2.	ASHA have updated due list of pregnant women in VHIR at the VHND or not?	
3.	Have you updated the due list of Left out and drop out children?	
3.	Which type of IEC material using for informing beneficiaries about VHND?	
4.	Did you visit home before start the VHND session?	
5.	Did you mobilize community about VHND?	
6.	Did you line listed the community who can take a FP stuffs?	
7.	Is the ASHA HBNC trained?	
8.	Have you identify the Danger sign of mother and children?	

3. Availability of essential commodities with ASHA		
1.	Pregnancy testing kit	
2.	Mala N	
3.	ECP	
4.	Condoms	

5.	IFA tablet	
6.	Calcium tablet	
7.	HBNC kit	
8.	Sanitary napkin	

4. Questions for beneficiaries (Household visits)		
1.	Was the women registered in first trimester?	
2.	Did the PW receive all services under antenatal care at VHND?	
3.	Is the lactating women counselled about Family planning?	
4.	Is ASHA is helping for birth planning?	
5.	When ASHA inform you about the VHND?	
6.	Is ASHA is using IEC material for the VHND?	
7.	Is ASHA is providing family planning stuffs?	
8.	Behaviour of FLW?	
9.	Are you satisfied with the services of VHND?	

Due to lockdown VHND session was hampered but GoUP have decided to organize VHND during lockdown. So, for collection of Data we prepared different questionaries' for VHND to ASHA/ANM/AS and beneficiaries.

S.N.	To the beneficiaries	
1.	What were the services they received before the lockdown?	
2.	Did VHND session happened in the month of April? If no, did they able to get services from anywhere else? If yes from where? Did they face any challenges?	
3.	Did ASHA make home visits during the lockdown?	
4.	Who informed you about the redemption of services in VHND	
5.	When did ASHA contact them after the redemption of services in VHND?	
6.	What information you received from ASHA when she visited you to inform about the VHND session?	
7.	Did you observe any difference in present VHNDs session?	
8.	How do they feel in following safety protocols after visiting VHND?	
9.	What are the services they received in their last visit to VHND?	
10.	Are you satisfied with the current services provided in the VHND?	

S.N.	To ASHA/AS/ANM	
1.	How suspension of VHND activities impacted overall maternal and health care services?	
2.	What is the importance of maintaining social distance in VHNDs?	
3.	What is the difference in pre-covid situation and current situations in VHND?	

VILLAGE HEALTH NUTRITION DAY (VHND) CHECKLIST

(ANC Services, FP, Immunization and Nutrition)

INSTRUCTIONS: BoC/ASM will **c**ollect all the information in the hard copy of checklist at VHND site and provide necessary support as per gaps identified at VHND. BoC/ASM will punch the same in the ODK application within 24 hours. For any clarification, refer the **guidance note of VHND checklist.**

District Name: ……..	**District Code:**					**Block Name: ……**	**Block Code:**						
BoC/ASM Name: ……	**BoC/ASM Code:**					**ASHA Sangini Name: ……**							
Sub center Name: ……	**Sub center Code:**					**Village Name**							
VHND Date: _____/_____/____ (DD/MM/YYYY)						**VHND Day: ……**							
Session Time : From - - :- - to - - : - -						**Name of the ANM:**							

S	No.	Preparation			ASHA-1	ASHA-2	ASHA-3	ASHA-4
	1	Name of ASHA						
	2	ASHA have VHIR register at the VHND session. **(Yes=1/No=0)**						
	3	ASHA have updated due list of pregnant women in VHIR at the VHND **(Yes=1/No=0)**						
	4	ASHA have updated due list for 0-2 year children's vaccination in VHIR **(Yes=1/No=0)**						
	5	Total surveyed population of ASHA area as per VHIR (#)						
	6	Total # of pregnant women line listed in VHIR (#)						
	7	Total # of Pregnant women registered in VHIR (#)						
	8	Trimester wise # of registered Pregnant Women	8.1	# of registered PWs in 1st trim.				
			8.2	# of registered PWs in 2nd trim.				
			8.3	# of registered PWs in 3rd trim.				
	9	Total # of 0-11 month children line listed in VHIR						
	10	Total # of 12-23 month children line listed in VHIR						

S.No.	Indicators for VHND Observation	Responses
10	Is the VHND being conduct as per the micro plan? (Yes=1, No=0)	
11	Number of AWW present at the VHND Session (#)	
12	Place of VHND: Sub-Centre=1, AWC=2, School =3, Panchayat House=4, Any Other House=5, Open Space=6	
13	Is there appropriate space with privacy for abdominal examination of PWs at the VHND Site (Yes=1, No=0)	
14	Is there appropriate place to collect urine at the VHND Site (Yes=1, No=0)	

15.	**Supplies : Mention number of units available on VHND session**						
Sr. No.	**Supplies**	**# available at the beginning of VHND**	**# Remaining after VHND**	**Sr. No.**	**Supplies**	**# available at the beginning of VHND**	**# Remaining after VHND**

15.1	Nischay Kit (PTK)			**15.12**	Amoxicillin-Syrup		
15.2	IFA Tablets (Red)			**15.13**	Amoxicillin-Tab		
15.3	Calcium Tablet			**15.14**	Gentamycin-Injection		
15.4	OCP Strips			**15.15**	Albendazole tablet		
15.5	Condoms Packets			**15.16**	Folic Acid		
15.6	ECP Packets			**15.17**	ORS Packets		
15.7	Urine Testing Strips			**15.18**	Zinc Tablets		
15.8	Urine Collection Cup			**15.19**	Blank MCP card		
15.9	Hb testing strips			**15.20**	Vitamin-A Syrup		
15.10	Syp. Paracetamol			**15.21**	Spoon for Vitamin-A		
15.11	Tab. Paracetamol						

16	**Availability of Vaccines and Diluent at VHND (Write Response Yes=1, No=0)**				
S. No.	**Vaccine**	**Response**	**S. No.**	**Vaccine**	**Response**
16.1	Tetanus and Diphtheria (Td)		**16.8**	Pneumococcal Conjugate Vaccine (PCV)	
16.2	Bacilli Calmette-Guérin vaccine (BCG)		**16.9**	Measles-Rubella (MR)	
16.3	Diluent of BCG		**16.10**	Diluent of MR	
16.4	Oral Polio Vaccine (OPV)		**16.11**	Japanese encephalitis (JE)	
16.5	Pentavalent		**16.12**	Diluent of JE	
16.6	Rotavirus		**16.13**	Diphtheria, Pertussis and Tetanus (DPT)	
16.7	Fractional Dose of Inactivate polio vaccine (fIPV)				

17.	**Logistics Availability (Write Response: Yes=1, No=0)**				
S.no.	**Items**	**Response**	**S.no.**	**Items**	**Response**
17.1	Examination Table/Bed		**17.9**	IEC Material for ANC	
17.2	Curtains		**17.10**	IEC Material for HRP	
17.3	Measuring Tape (for measuring height)		**17.11**	IEC Material for Immunization	
17.4	Gloves		**17.12**	HRP Seal with Red Stamp Pad	
17.5	HRP Register (ANM)		**17.13**	Anaphylactic kit	
17.6	RCH Register (ANM)		**17.14**	Ampoule cutter	
17.7	AD Syringe (0.1 ml)		**17.15**	OPV/RVV Dropper	
17.8	AD Syringe (0.5 ml)		**17.18**	Red & Black bag for waste disposal	
Write Response : Available & Functional=1, Available and not functional=2, Not Available= 3					
17.19	Weighing scale (for adult)		**17.25**	Talliquist Haemoglobin Scale (Paper Test)	
17.20	Stethoscope		**17.26**	Haemoglobin Digital Device	
17.21	Blood Pressure instrument (Manual)		**17.27**	Thermometer (Manual)	
17.22	Blood Pressure instrument (Digital)		**17.28**	Thermometer (Digital)	
17.23	Fetoscope		**17.29**	Glucometer	
17.24	Haemoglobin meter-Sahli's Kit		**17.30**	Hub cutter	

18	ANC services received by Pregnant Women at VHND (Write in Numbers #)										
Sl. No.	PW Trimester	Expected PW at VHND as per due list	Attended VHND as per due list	Attended VHND apart from due list	Hb tested	BP measured	FHR measured	Urine test done	Received IFA red Tablets	Received Calcium Tablets	Received Albendazole Tablet
		a	b	c	d	e	f	g	h	i	j
18.1	1st trim.										
18.2	2nd trim.										
18.3	3rd trim										

19	Number of third trimester PW whose birth preparedness done by ASHA (#)	
20	Number of third trimester PW whose birth preparedness reviewed by ANM at VHND (#)	
21	Number of total HRP women in VHND Coverage area (#)	
22	Number of HRP women mobilized at VHND (#)	

23	Write the details of HRP women mobilized at VHND:-			
	Name	Trimester (1st , 2nd, 3rd)	New/Old	HRP Type* (Mention code)
23.1				
23.2				
23.3				
23.4				
23.5				

*** HRP Type - (High BP (>150/≥90)=A, HB (<5 gm/dl)=B, Elderly Primi gravida/Multigravida=C POH (previous dead baby, 2 or more abortions, previous LCSC, previous baby with birth defects) =D, Any other Complication=E)**

	ANM stamping HRP seal on MCP card (Yes=1, No =0)	
24	No. of HRP Pregnant women Referred (#)	
25	Is ANM updating certain ANC & immunization services in MCP card **(Yes=1, No=0)**	
26	Is ANM updating certain ANC & immunization services in RCH Register **(Yes=1, No=0)**	
27	Is counselling session being done separately (Yes=1, No=0)	
28	If Yes , Who has conducted the counselling session (ANM =1, ASHA =2 AWW=3)	
29	Counselling session done on which topic at VHND: ANC=1, Intake of IFA = 2, HRP=3, Birth Preparedness=4, Family Planning=5, Immunization = 6, HBNC (EBF and Complications after delivery) =7, None of above =8 (Mention Code)	

S.N. 30	Vaccination Indicators	BCG	RVV	MR	JE	OPV	Penta	DPT	FIPV	PCV	TD
30.1	Did ANM mention the date and time of opening the vial (Yes=1, No=0, NA=99)										
30.2	Is the ANM put the vaccine on ICE pack (Yes=1, No=0, NA=99)										
30.3	Is ANM using any of above-mentioned vaccines after 4 hours of reconstitution/opening the vial? (Yes=1, No=0, NA=99)										

31	As per Due list immunization services provided to 0-2 years children at VHND								
S.N.	Vaccination indicators	BCG	Penta1	Penta2	Penta3	MR-1	DPT Booster	# Children fully immunized	# Children immunized completely
31.1	# of children due for vaccination								
31.2	# of children vaccinated as per due list								
31.3	# of Children vaccinated apart from due list								
31.4	Total children vaccinated within the age group 0-11 months								
31.5	Total children vaccinated within the age group 12-23 month								

32	Is 4 Key Messages with vaccination being delivered to beneficiaries by ANM (If shared with all the observed beneficiaries) (Yes=1, No=0)	
33	Is Due list prepared for Next Session (Next due + Drop out +Left out) (Yes=1, No=0)	
34	Total no. of BCG, MR and JE vials issued to the session site (#)	
35	No. of 5 ml reconstitution syringes supplied to the session site (#)	
36	No. of Children (0-5yrs) with Diarrhea identified at the VHND Session (#)	
37	No. of Children (0-5yrs) with diarrhea treated with ORS & Zinc at the VHND Session (#)	
38	No. of Children (0-5yrs) with Pneumonia identified at the VHND Session (#)	
39	No. of Children (0-5yrs) with Pneumonia treated with Amoxicillin at the VHND Session (#)	

40	Identification of new pregnant women through PWs list validation						
	# of Household visited by ASM	# of New PWs identified through PW list validation			# of New identified PWs avail the ANC services at VHND		
		1st trim.	2nd trim.	3rd trim.	1st trim.	2nd trim.	3rd trim.

Pregnant Women list validation

Note – BoCs /ASMs have to identify new pregnant women in village of VHND site during list validation. Initially, She/He has to mention the pregnant women identified by them during their visit and also update the services received by them at VHND. After that ASMs/BoCs have to update the other PWs mobilized by ASHA and received services by ANM at VHND site

Pregnant Women list validation

Name of PWs	Month of pregnancy	Mobilized at VHND (Yes/No)	Measurement of BP	Hb level	Remark
New identified PWs					
Remaining PWs attended VHND					

Reference:

1. http://www.nrhmorissa.gov.in/writereaddata/Upload/Documents/VHND_Guidelines.pdf
2. https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=152&lid=228
3.https://www.researchgate.net/publication/268695393_Planning_and_preparation_of_VHND_through_convergence_Sharing_experiences_from_Uttarakhand
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4408710/