

VILLAGE HEALTH, SANITATION AND NUTRITION DAY [VHSND]

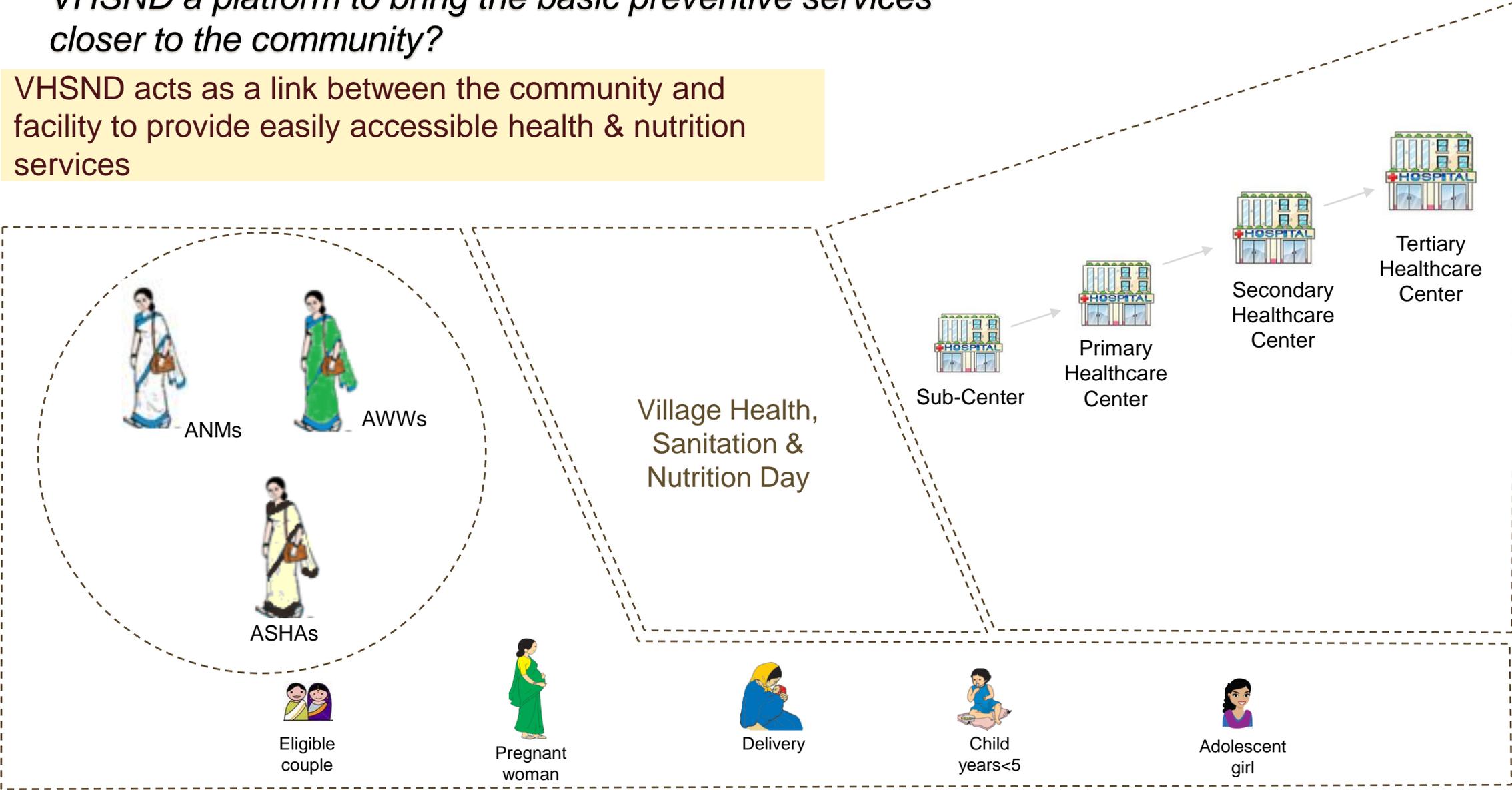
Improving linkages between primary healthcare, nutrition & sanitation services with the community:

Overcoming the last mile health and nutrition service delivery challenges in Indian context through VHSND



VHSND a platform to bring the basic preventive services closer to the community?

VHSND acts as a link between the community and facility to provide easily accessible health & nutrition services



WHAT HAPPENS AT A VHSND?

Pre

1 FLWs match due lists, prepare micro-plans



2 Block level officials ensure supply and availability of essential drugs and equipment



During

VHSND

4 ANMs responsible for service delivery



3 ASHAs, AWWs responsible for beneficiary mobilization



Post

5 FLWs fill in monitoring checklists



6 Filled-in checklists reviewed by block and district level officials



VHSNC: NUTRITION MANDATE

The broadened mandate of VHSNC includes the following activities in respect of nutrition.

1. Create awareness about nutrition issues
2. Carry out survey on nutritional status issue and nutritional deficiencies
3. Identify locally available food stuff of high nutrient value and disseminate (traditional wisdom)
4. Inclusion of Nutritional needs in the Village Health Plan
5. Monitoring and Supervision of VHSND
6. Facilitate early detection of malnourished children and tie up referral to NRC
7. Supervise the functioning of Anganwadi Centre
8. Act as grievance redressal forum

PROBLEM STATEMENT

The village health, sanitation and nutrition days (VHSNDs) are an initiative to improve access to a range of services for improving the health, sanitation and nutritional status of pregnant women, mothers, children, couples and adolescents girls at the village level. The ASHAs along with AWWs are responsible for mobilizing the community and holding health education sessions, while the Auxiliary Nurses Midwives (ANMs) provide Mother Newborn & Child Health (MNCH) services

1

ANM Jurisdiction

- Area too large: 6-8 AWCs. Depends on public transport for mobility.

2

Focused only on Immunization

- Focus only on Immunization service delivery and not on other areas and counselling services

3

Ill managed Logistics and Supplies

- Logistics and supplies other than Vaccines ill managed

4

Limited perception of beneficiary

- Beneficiary perception around VHSND only limited to Immunization services. Little focus on nutrition & sanitation.

5

Poor Supportive Supervision

- Poor supportive supervision and review

FOCUS AREAS, SCOPE AND APPROACH

Focus Areas

Vaccines & ORS Zinc
(Routine Immunization &
Diarrhoea Mangement)

IFA supplementation
(ANC/PNC)

Nutrition and Sanitation

Mobility of ANM

Complementary feeding
(Demonstration & counselling)

Approach

Improve workflow management at
site level

Develop communication and
counselling tools

Ensure supplies

Improve monitoring and
supervision: Realtime tracking



Thank you
