



# National Guidelines for Village Health, Sanitation & Nutrition Day (VHSND)

September 2019



Ministry of Health and Family Welfare & Ministry of Women and Child Development, Government of India



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# Foreword

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The Village Health, Sanitation and Nutrition Day (VHSND) has been conceptualized as a community level strategy for convergent actions for Health, Early Childhood Development, Nutrition and Sanitation. It is a powerful initiative that has the potential to expand the reach of these integrated services to millions of households and contribute towards their well-being.

It is well-known that health and well-being outcomes depend on various actions outside the health sector. The Sustainable Development Goals also emphasize the need for various actions through inter-sectoral collaboration. India is committed to achieving the health, nutrition, development and sanitation goals and has launched various programmes namely Ayushman Bharat with establishment of Health and Wellness Centres across the country, POSHAN Abhiyaan with a strong component of Jan Andolan (people's movement) and Swachh Bharat Abhiyaan to enhance sanitation related activities at village level.

These operational guidelines will serve as a reference document for programme managers of the implementing departments. They elaborate on various activities to be performed by different cadres of community level workers on the VHSND and will help them to understand the procedures and provisions for operationalizing VHSND.

These guidelines will help towards achieving various sustainable development goals related to health, nutrition and sanitation.



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# Abbreviations

<b>ACT</b>	Artemisinin Based Combination Therapy	<b>ECD</b>	Early Childhood Development
<b>AEFI</b>	Adverse Events Following Immunization	<b>ECP</b>	Emergency Contraceptive Pill
<b>AMB</b>	Anemia Mukht Bharat	<b>Hb</b>	Hemoglobin
<b>ANC</b>	Antenatal Care	<b>HBNC</b>	Home Based Newborn Care
<b>ANM</b>	Auxiliary Nurse Midwifery	<b>HBYC</b>	Home Based Care of Young Child
<b>ASHA</b>	Accredited Social Health Activist	<b>HIV</b>	Human Immuno-Deficiency Virus
<b>AWC</b>	Anganwadi Center	<b>HRP</b>	High Risk Pregnancy
<b>AWH</b>	Anganwadi Helper	<b>HWC</b>	Health and Wellness Centre
<b>AWW</b>	Anganwadi Worker	<b>ICDS</b>	Integrated Child Development Services
<b>BCG</b>	Bacillus Calmette-Guerin	<b>IDCF</b>	Integrated Diarrhea Control Fortnight
<b>BCM</b>	Block Community Mobilizer	<b>IEC</b>	Information, Education and Communication
<b>BHE</b>	Block Health Educator	<b>IMNCI</b>	Integrated Management of Neonatal and Childhood Illness
<b>BMI</b>	Body Mass Index	<b>IEC</b>	Information, Education and Communication
<b>CDPO</b>	Child Development Project Officer	<b>IFA</b>	Iron and Folic Acid
<b>CHC</b>	Community Health Centre	<b>IPV</b>	Injectable Polio Vaccine
<b>CHO</b>	Community Health Officer	<b>IUCD</b>	Intrauterine Contraceptive Device
<b>COC</b>	Combined Oral Contraceptive	<b>JE</b>	Japanese Encephalitis
<b>DOTs</b>	Directly Observed Treatment Short-Course	<b>JSSK</b>	Janani Shishu Suraksha Karyakram
<b>DHFW</b>	Department of Health and Family Welfare	<b>LHVs</b>	Lady Health Visitors
<b>DPT</b>	Diphtheria, Pertussis and Tetanus	<b>MAA</b>	Mothers Absolute Affection
<b>DRD</b>	Department of Rural Development	<b>MAM</b>	Moderate Acute Malnutrition
<b>DWCD</b>	Department of Women and Child Development	<b>MCP</b>	Mother and Child Protection
<b>DWSM</b>	Drinking water and Sanitation Mission	<b>MPA</b>	Medroxyprogesterone Acetate
<b>EAG</b>	Empowered Action Group	<b>MPW</b>	Multipurpose Worker - Female
		<b>MR</b>	Measles Rubella
		<b>NCD</b>	Non-Communicable Diseases
		<b>NDD</b>	National Deworming Day

**NIPi** National Iron Plus Initiative  
**NGO** Non-Government Organization  
**NPHCE** National Programme for Health Care for Elderly  
**NRHM** National Rural Health Mission  
**ODF** Open Defecation Free  
**OPV** Oral Polio Vaccine  
**ORS** Oral Rehydration Solution  
**PAIUCD** Post Abortion Intrauterine Contraceptive Device  
**PCV** Pneumococcal Conjugate Vaccine  
**PHC** Primary Health Centre  
**PMSMA** Pradhan Mantri Suraskhit Matritva Abhiyaan  
**PPIUCD** Postpartum Intrauterine Contraceptive Device  
**PRD** Panchayati Raj Department  
**PRI** Panchayati Raj Institution  
**RDD** Rural Development Department  
**RDK** Rapid Diagnostic Kit  
**RBSK** Rashtriya Bal Swasthya Karyakram  
**RKSK** Rashtriya Kishore Swasthya Karyakram  
**RNTCP** Revised National TB Control Programme  
**RTI** Reproductive Tract Infections  
**SAM** Severe Acute Malnutrition  
**SDGs** Sustainable Development Goals  
**SHG** Self-help Groups  
**STI** Sexually Transmitted Infections  
**TB** Tuberculosis  
**TD** Tetanus and Diphtheria



**TFR** Total Fertility Rate  
**UHND** Urban Health and Nutrition Day  
**UPHC** Urban Primary Health Centre  
**VDRL** Venereal Disease Research Laboratory  
**VHSNC** Village Health, Nutrition and Sanitation Committee  
**VHND** Village Health, and Nutrition Day  
**VHSND** Village Health, Sanitation and Nutrition Day  
**VO** Village Organization  
**VRFs** Vulnerability Reduction Funds  
**WCD** Women and Child Development

# 01 Introduction and Rationale

Village Health and Nutrition Day (VHND) was conceptualized under 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.

The Government's commitment to Sustainable Development Goals (SDGs) has culminated in efforts to provide holistic health and development services to the nation through several flagship programmes. Ayushman Bharat, which strengthens delivery of comprehensive primary health care through Health and Wellness Centres (HWC); POSHAN Abhiyaan 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.

VHND is the critical platform for these policy initiatives. Furthermore, it complements community level, multi-sectoral components of several newer programmes such as Home-Based Newborn Care (HBNC) and Home-Based Care for the Young Child (HBYC), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) for strengthening antenatal care, and Anemia Mukh 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.

Keeping these policy initiatives and interventions in the background the VHND guidelines (2007) have been updated. Village health and nutrition day will henceforth be called VHSND to reflect its inter-sectoral nature. These VHSND guidelines have been prepared for use by programme managers of various sectors for operationalizing VHSND effectively to make it a vibrant, convergent community platform as envisaged.

Village Health Sanitation and Nutrition Committee (VHSNC) will continue to provide the leadership platform for improving awareness and access of community for health services, support the ASHA, develop village health plan specific to the local needs, and serve as a mechanism to promote community action for health, particularly for social determinants of health.

## 02 Purpose of VHSND

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:

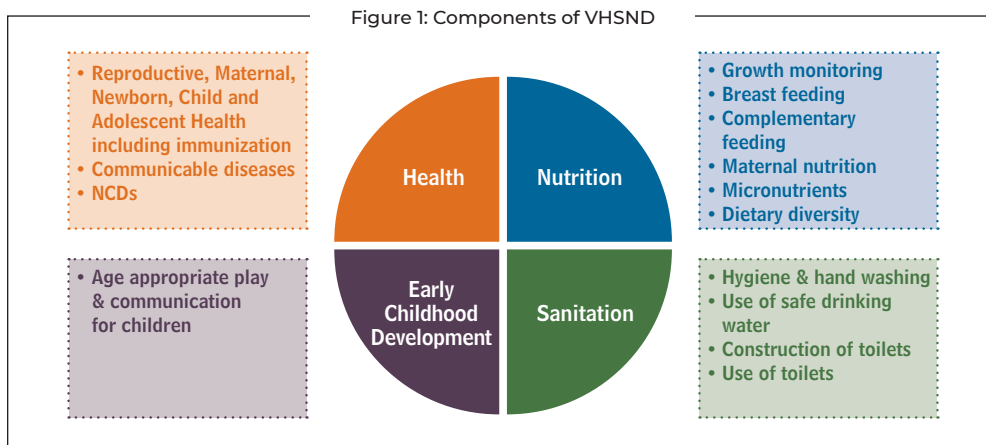
- Improve the availability of health, nutrition, early childhood development and sanitation services at the community level
- Provide information and generate awareness about entitlements and government schemes related to health, early childhood development, nutrition and sanitation
- Act as a platform 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.



## 03

# 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 reproductive, maternal, newborn, child and adolescent health, communicable diseases, and non-communicable diseases (NCD). The nutrition component includes services as well as Counselling related to growth monitoring, promotion of infant and young child nutrition 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.

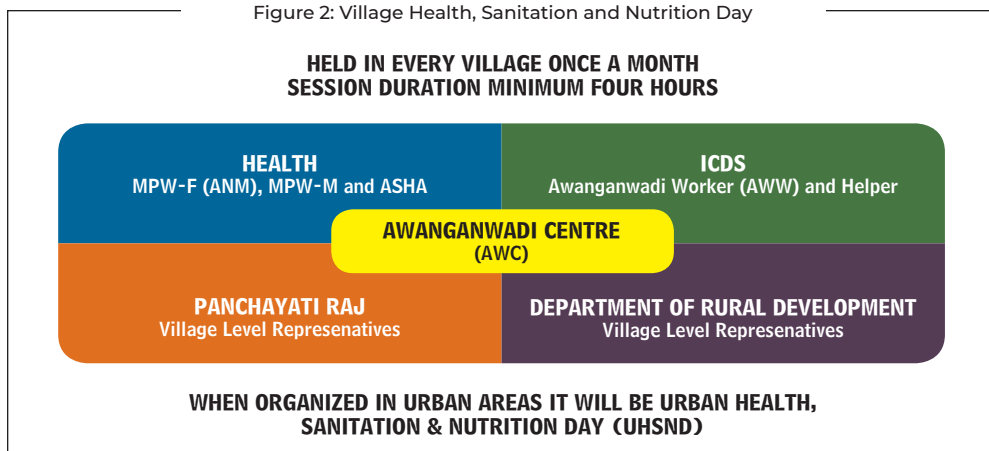


VHSND brings together representatives from different departments including Health and Family Welfare (DHFW), Women and Child Development (DWCD), Social Welfare (DSW), Panchayati Raj Department, Rural Development (RDD), Drinking Water and Sanitation Missions and community level stakeholders including VHSNC members, self-help groups (SHGs), Community Based Organizations (CBOs) and others for the delivery of services and awareness generation corresponding to the four components mentioned above.

## 04 Operationalization of VHSND

VHSND is to be organized in every village once a month at the Anganwadi Centre (It can also be held more than once if the local context warrants eg. high population villages). It may also be organized in urban areas and will be called Urban Health Sanitation and Nutrition Days (UHSND). The session will be conducted for a minimum of four hours of this at least one hour should be devoted to group counselling sessions. Frontline service providers multi-purpose worker female (MPW-F/ANM), Accredited Social Health Activist (ASHA), Anganwadi Worker (AWW) and Anganwadi Helper (AWH) will be present during the entire session. MPW (M), where available will also attend VHSND. He should be responsible for Counselling for Communicable diseases, NCDs including mental health issues. Community level representatives of Department of Rural Development and Panchayati Raj, members of Mothers' Groups and Self-Help Groups (SHGs), are to participate in the event.

Figure 2: Village Health, Sanitation and Nutrition Day





## PREPARATORY ACTIVITIES

Organization of successful VHSND requires involvement and coordination among multiple stakeholders from different departments at community level. This requires thorough planning and preparation, assuring appropriate infrastructure and requisite logistics and preparing the site and community for the event. Following is a list of activities to be accomplished for operationalization of VHSND.

### Roster Preparation

- The MPW-F (ANM) is to visit the village on VHSND to provide health services. She will prepare a roster that enables her to visit every village/Anganwadi centre in the sub-centre catchment area every month.
- Before preparing the VHSND plan the MPW-F (ANM) will finalize the dates for VHSND in each village by holding a meeting with all the ASHAs and Anganwadi workers in her catchment area. This meeting is to be held once in a month preferably in the third week. The beneficiary lists prepared by ASHA and Anganwadi workers for each VHSND will be matched and consolidated as one single list for each site. The list will be used for calculating supplies for the session and mobilizing beneficiaries. Beneficiary list must include – lists of pregnant women, lactating women, children 0-6 years old, children for immunization, undernourished children including SAM children (0-59 months) and adolescent girls (10-19 years). Details on missed-out beneficiaries and referral cases will be discussed and documented for follow-up.

### Monthly VHSND Plan

- Based on information above, the MPW-F (ANM) will prepare a monthly VHSND plan for her catchment area using the sample template attached at *Annexure 1*. The plan should mention:
  - The site of each VHSND including any landmarks as well as tagged hamlets
  - High risk areas and marginalized communities of the catchment area
  - The date of VHSND in each village
  - Estimated population to be covered
  - The location and contact information of referral centres

### Duties of Personnel Involved

- MPW-F (ANM) will ensure that all ASHAs and Anganwadi workers are informed of the date of the VHSND in their village in advance.

- ASHA and AWW will inform beneficiary households about date and timing of VHSND. They will take the help of VHSNC members for reaching the hard to reach or resistant households.
- The MPW-F (ANM) will provide a copy of the monthly VHSND plan pertaining to her Sub Centre to the designated block level nodal officer of the Health Department and the nearest Health and Wellness Centre by last day of each month.
- The block level nodal officer (Health) will share the monthly VHSND plans with Sub Centre/ Health and Wellness Centres (HWCs), Child Development Project Officer (CDPO) of ICDS and other departments namely Rural Development department and Panchayati Raj Department. These will be used to prepare supervision and monitoring plans for the month.
- The Block level officers of line departments will check the availability of all the service providers such as ANM, ASHA and AWW. In case of absence of any of the service providers, a substitute may be assigned by the Supervisors and informed well in advance.
- Representatives of Panchayat and the VHSNC will help Anganwadi workers and ASHAs to publicize VHSND and display them at appropriate public places. They may also help AWWs and ASHAs in community mobilization especially for the hard to reach and resistant families as well as in logistics arrangements for Village Health, Sanitation and Nutrition Day.

### **Infrastructure and Logistics Requirements**

- VHSND Site: The VHSND should be organized in an Anganwadi Centre or any other government building that is conveniently located, easily accessible and has adequate space for the different activities. As far as possible the VHSND site should be a fixed place in the village.
- The site should have the following:
  - Health area with adequate space for immunization activities, provision of privacy for examination of beneficiaries (ANC) and health check-up
  - Nutrition corner with weighing scales, infant-meter and a stadiometer, growth charts and attractive IEC materials
  - Early childhood development corner with dedicated area that is protected and safe for young children. This area should have provision of play activities to promote early childhood development (ECD).
  - Group counselling area – with seating arrangement for beneficiaries and provision for demonstrations, IEC materials as per the monthly counselling theme.
- Adequate safe drinking water and toilet amenities should be available at the site.
- The VHSND site should be kept clean and ASHA and Anganwadi workers should ensure that adequate supplies and functional equipment are available at the site.

- The VHSND site should have appropriate furniture including chair, table, examination table, curtain or screen for privacy etc.
- Drugs and supplies should be available in adequate quantities. All equipment necessary for the activities and service delivery at VHSND should be available in functional condition. List of Supplies and Logistics is attached at *Annexure 2*.
- ANM is responsible for indenting supplies from PHC and coordinating with AWW to ensure that ICDS supplies including working weighing scales, growth charts, IEC materials on nutrition and ECD etc. are available at the site.
- Representatives of Panchayat and the VHSNC will mobilize resources to ensure requisite amenities, furniture and non-health or nutrition supplies are available at the site.

### **Involving Other Sectors**

- The ASHA and Anganwadi worker should inform other influential stakeholders like Sarpanch (PRI) and Representatives of Panchayat and the VHSNC members and Self-Help Groups so that they can actively participate and oversee the activities, mobilize people and resources.
- Community level workers from other departments such as Rural Development Department, Panchayati Raj should be informed in advance so that they can participate in the Village Health, Sanitation and Nutrition Day.

### **PUBLICITY FOR VILLAGE HEALTH, SANITATION AND NUTRITION DAY**

- The date and timing of VHSND and names of providers should be displayed at the Anganwadi Centre and Sub-Centre walls and other important places such as Panchayat Bhawan, Choupal, Religious places, school wall etc. Wall paintings can be made in local language with provision for updating the date every month by Anganwadi worker in the Anganwadi centre and by the ASHA in other places in the village.
- List of activities during Village Health, Sanitation and Nutrition Day, should be displayed for public information at the Anganwadi Centre/VHSND site and Sub-Centre.
- ASHA and Anganwadi worker should inform the beneficiaries about services, the date, time and site of the VHSND and remind them to bring MCP cards.
- The specific target group for the Counselling sessions must be informed jointly by the ASHA and Anganwadi worker.
- Local announcements may be made one day before VHSND.

### **CONDUCTING THE VILLAGE HEALTH, SANITATION AND NUTRITION DAY**

- ANM, AWW and ASHA will ensure that the Anganwadi Centre/VHSND site is opened at the stipulated time.
- Health area, Nutrition corner, ECD corner and group counselling area should be arranged with the requisite drugs, logistics, supplies, materials and IEC materials. The common due list for services should be available at the site.
- ASHA should check that the identified beneficiaries are attending the VHSND.
- Services are delivered and documented by MPW-F (ANM) and Anganwadi worker. Services listed in the MCP card are recorded on the card. Any additional services given should also be recorded. Activities of VHSND are given in *Annexure 3*.
- Lady supervisors, Lady Health visitors, ASHA facilitators and Mid-level Service providers (Health & Wellness Clinics) are to provide supportive supervision and monitor VHSND using the monitoring checklist attached at *Annexure 10*.

### **POST VILLAGE HEALTH SANITATION AND NUTRITION DAY**

- MPW-F (ANM), Anganwadi worker and ASHA should make a tally of beneficiaries who attended VHSND and the absentees. Households for follow up services should be listed. List of High Risk Pregnancies (HRPs), SAM children and any other beneficiaries requiring referral should be prepared and followed up. Any referral made should be documented by the three service providers.
- The report of services delivered during VHSND is submitted by MPW-F (ANM), and Anganwadi worker through their regular channels to Block/PHC Medical Officer (BMO) and CDPO respectively.
- ASHA and AWW conduct follow-up visits to beneficiary homes such as for newborn care, to promote infant and young child feeding, counsel pregnant women etc. They also contact absentee beneficiaries to motivate them to attend the next VHSND.
- District and Blocks/PHCs are to discuss on VHSNDs held during the month in their monthly meetings. Findings from monitoring checklist are to be presented and discussed for necessary action.

## 05 Activities on VHSND

The VHSND is a platform for awareness generation and counselling for behaviour change besides provision of primary health care including immunization, antenatal care, nutrition, growth monitoring and early childhood development. Activities have been organized according to the four components of VHSND. Details of activities during VHSND are attached at *Annexure 3*. These activities are suggestive; States may adopt them as per local needs and priorities.

**Services to be provided at Village Health, Sanitation and Nutrition Day:** The services to be provided at VHSND are listed in the Table 1 below. Interpersonal Counselling is to be a part of service provision.

**Table 1: Services to be Provided**

Services	Actions
Antenatal Care	<ul style="list-style-type: none"> <li>All pregnant women are to be registered</li> <li>Registered pregnant women to be given ANC</li> <li>Dropout pregnant women eligible for ANC are to be tracked and given services</li> </ul>
Immunization	<ul style="list-style-type: none"> <li>All eligible children are to be given vaccines as per immunization schedule</li> <li>All dropout children who do not receive vaccines as per the scheduled doses are to be vaccinated</li> <li>Vitamin A solution is to be administered to under-five children</li> </ul>
Nutrition	<ul style="list-style-type: none"> <li>All under-six children are to be weighed every month and their height to be recorded every quarter, and data to be entered in CAS application and plotted on MCP card simultaneously by AWW</li> <li>Underweight and wasted children are to be identified and managed appropriately. Identified SAM children with medical complications to be referred to the NRC or health facility with pediatric care facilities.</li> <li>All under-six children to be provided supplementary nutrition</li> </ul>
Family Planning	<ul style="list-style-type: none"> <li>All eligible couples are to be given condoms, Combined Oral Contraceptives (COCs), Centchroman (Chhaya), Emergency Contraceptives Pills (ECP) as per their choice and referrals made for other contraceptive services</li> </ul>
HBV, Syphilis and HIV	<ul style="list-style-type: none"> <li>Screening and referral, ensuring confidentiality (HIV)</li> </ul>

**Interpersonal Counselling:** All beneficiaries including pregnant women, adolescents and caregivers of children are to be counseled on issues related to service delivered, topics to be discussed during these interactions have been detailed out in *Annexure 4*.

**The MCP Card:** It is an important tool to be used during VHSND for counselling and record keeping. The card should be used by providers to record services delivered as well as to counsel beneficiaries. The importance of the MCP card should be explained to all beneficiaries and they must be urged to bring the card with them whenever they come to the VHSND site (*Annexure 5*). The CAS and ANMOL apps should also be used for providing the right message at the right time to the beneficiary.

**Group Counselling and Awareness Generation:** Group counselling will be done in addition to routine services and interpersonal counselling of the beneficiaries who attend VHSND for services. The full package of VHSND services are to be provided every month. Only in the case of group counselling, a month-wise theme calendar has been prepared. The pre-defined month-wise themes are aligned with the Behaviour Change Communication (BCC) calendar of POSHAN Abhiyaan. The month-wise theme calendar attached at *Annexure 4* will be used by the frontline workers for planning and conducting the group counselling sessions.

- Time for group counselling session will be fixed keeping in mind the availability of the primary target group. Anganwadi Worker and ASHA will inform the target beneficiaries accordingly.
- MPW-F (ANM) will discuss the monthly counselling theme with Anganwadi workers and ASHAs, emphasizing the key messages for the session.
- The group counselling sessions can be made interesting by keeping them interactive - using pictorial job-aids, performing demonstrations for instance hand washing, testing iodized salt, exhibiting and discussing locally available nutritious foods, preparing and feeding complementary foods, discussing usefulness of locally made toys and playthings for Early Childhood Development etc.
- Publicity for the monthly theme can start in advance by putting up posters, wall writings, pamphlets etc related to the theme at the Anganwadi Centre and other prominent places in the village.

Table 2 lists month-wise themes for focused counselling as per the POSHAN Abhiyaan and the details of the content for these counselling themes are available in *Annexure 4*.

**Table 2: Month-wise counselling aligned with POSHAN Abhiyaan**

Month	Topic
January	Full immunization & Vitamin A Supplementation
February	Food Fortification, importance of Micronutrients, Deworming
March	Education for girls, Diet and Right Age at Marriage
April	Ante-natal checkup, Calcium Supplementation, Institutional Delivery & Early initiation of breastfeeding, the diet of pregnant women
May	Early Childhood Care and Education
June	Diarrhea prevention and management, diet
July	Family Planning and NCDs and Anaemia prevention in children, adolescent girls, women - diet, IFA
August	Optimal breastfeeding practices & IYCF, Deworming
September	Overall-nutrition (Poshan Maah) including promotion of home stead kitchen garden
October	Hygiene, Sanitation & Safe drinking water
November	Growth monitoring and child development, Acute Respiratory Infections (ARIs) and Pneumonia, Male participation in Family Planning
December	Appropriate Complementary Feeding

State and District supervisors may alter the themes for monthly counselling as per local needs and priorities.

**Beneficiary Entitlements:** In addition to group counselling on the above-mentioned themes, information will also be provided on beneficiary entitlements under NHM, as attached at *Annexure 6*.

## 06

# Roles & Responsibilities for VHSND

Community level workers: MPW-F (ANM), ASHA, Anganwadi worker and helper and village level representatives of Panchayati Raj are the key players in organizing VHSND and the success of the event depends on coordination and cooperation among them. The table below lists out the roles and responsibilities of the different community level workers.

**Table 3: Roles and Responsibilities of Community level workers**

	ASHA	Anganwadi Worker (AWW)	MPW-F (ANM)	PRI Representative
<b>Before VHSND</b>	<ul style="list-style-type: none"> <li>• Match lists of beneficiaries and eligible couples with AWW</li> <li>• Prepare due list</li> <li>• Mobilize the listed beneficiaries for the VHSND particularly from far flung and marginalized households</li> </ul>	<ul style="list-style-type: none"> <li>• Make a list of Beneficiaries- pregnant women, lactating women, newly married couples, children for immunization, malnourished children, out-of-school adolescent girls (10-19 yrs) and share with ASHA</li> <li>• Keep VHSND site clean, arrange for water and toilet and place with privacy for ANC</li> <li>• Keep growth monitoring records readily available</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare Monthly Sub-centre-VHSND plans</li> <li>• Indent and ensure supplies, drugs, vaccines, contraceptives, equipment and other materials listed in the <i>Annexure 2</i></li> </ul>	<ul style="list-style-type: none"> <li>• Motivate and mobilize community leaders and SHGs for support and participation in VHSND</li> </ul>



	ASHA	Anganwadi Worker (AWW)	MPW-F (ANM)	PRI Representative
<b>During VHSND</b>	<ul style="list-style-type: none"> <li>• Check if identified beneficiaries attend VHSND</li> <li>• Ensure that malnourished/growth faltered children come for consultation with the MPW-F (ANM).</li> </ul>	<ul style="list-style-type: none"> <li>• Keep an adequate number of MCP cards</li> <li>• Ensure weighing scales for infants, children and adults and infantometer, stadiometer</li> <li>• Individual counselling for growth faltered children/ malnourished children</li> <li>• Referring severely malnourished/SAM children to MPW-F (ANM)</li> <li>• Prepare and manage the ECD corner</li> </ul>	<ul style="list-style-type: none"> <li>• Provide Services- ANC services, Immunization, FP services, Adolescent health services, CD &amp;NCD prevention counselling</li> <li>• Document all services provided</li> <li>• MPW-M will help in counselling on prevention of communicable diseases, water testing and iodine salt sample testing etc. in addition to coordination with PRI members for organization of VHSND.</li> </ul>	<ul style="list-style-type: none"> <li>• Review VHSND site and troubleshoot as needed</li> <li>• Ensure availability of clean drinking water, toilet and convenient approach road to the VHSND site</li> <li>• Facilitate support for sanitation and other entitlements</li> </ul>
<b>MPW-F (ANM), ASHA and Anganwadi worker will jointly provide Nutrition &amp; Health Education and conduct group Counselling sessions as per monthly theme</b>				
<b>After VHSND</b>	<ul style="list-style-type: none"> <li>• Ensure regular follow up of dropout beneficiaries and high risk pregnancies for referral</li> <li>• Convening VHSNC meeting along with PRI to review and plan for next VHSND</li> </ul>	<ul style="list-style-type: none"> <li>• AWW reports to her supervisor</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure reporting of the VHSND to the MO in charge of the PHC/Block</li> <li>• Ensure that the following are sent to block PHC: <ul style="list-style-type: none"> <li>• Immunization waste (used vials and syringes)</li> <li>• Open vials of vaccines, which can be reused are carried back in proper cold chain</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Follow up on community demands for sanitation and drinking water</li> <li>• Facilitate critical care and follow up</li> </ul>



**Role of Village Health, Sanitation and Nutrition Committees (VHSNCs):** The purpose of the VHSNCs is to improve awareness and access of community for health services. Their role for VHSND includes the following – to facilitate mobilization of pregnant women and children particularly from marginalized families, facilitate the organization of VHSND and support the ANM, AWW and ASHA in conducting the VHSND, help to ensure availability of amenities in the VHSND site, coordinate and facilitate referrals especially for transport arrangements as required. VHSNC members are to support service providers in accessing difficult resistant pockets and households and help to mobilize beneficiaries from these households for required services. They should identify problems faced by the community to access health, nutrition and sanitation services and find local solutions through discussions and meetings. Gaps in VHSND should be discussed regularly in the VHSNC meetings and appropriate follow up actions should be under taken to address the situation.

**Roles of Various Departments:** While the community level VHSND activities will be organized and managed by frontline service providers MPW-F (ANM), ASHA, Anganwadi worker and helper and their line officials at block, district and state also have a role in effective execution of Village Health, Sanitation and Nutrition Days.

Table 4: Summary of roles of various departments

Departments and Functionaries	Roles and Responsibilities
<b>State Level</b>	
<ul style="list-style-type: none"> <li>• Departments of Health &amp; Family Welfare (DHFV)</li> <li>• Department of Women and Child Development (DWCD)/Department of Social Welfare (DSW)</li> <li>• Drinking Water and Sanitation Mission (DWSM)</li> <li>• Panchayati Raj Department (PRD)</li> <li>• Rural Development Department (RDD)</li> </ul>	<ul style="list-style-type: none"> <li>• Will issue joint communication for strengthening convergence in the field and participation in Village Health, Nutrition and Sanitation Day (VHSND)</li> <li>• Carry out timely review/monitoring and provide supportive supervision to the field functionaries</li> <li>• Monitoring of the drugs and logistics supply chain</li> </ul>
<b>District Level</b>	
<ul style="list-style-type: none"> <li>• Civil Surgeon/Chief Medical Officer (DHFV) and District programme officer – ICDS (DWCD/SWD)</li> <li>• District official (DWSM)</li> <li>• Zilla Parishad (PRD)</li> <li>• District official (RDD)</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure training/orientation of frontline workers on planning and implementing VHSND</li> <li>• Ensure orientation of frontline workers on newer programmes of health, ICDS, social welfare, SHGs etc.</li> <li>• Provide appropriate IEC and IPC materials to frontline workers of their respective programmes and schemes</li> <li>• Monitoring of the drugs and logistics supply chain</li> <li>• Ensure availability of adequate supplies and logistics including funds for implementing VHSNDs and monitor this</li> <li>• Carry out timely review/monitoring and provide supportive supervision to the field functionaries</li> </ul>
<b>Block Level</b>	
<ul style="list-style-type: none"> <li>• Block level nodal officer, (DHFV) Block community mobilizer, Medical officer, Community Health Officer (CHO) of HWCs</li> <li>• Child Development Project Officer (CDPO) (DWCD/DSW)</li> <li>• Block official (DWSM)</li> <li>• Gram Panchayat/Mandal Samiti (PRI)</li> </ul>	<ul style="list-style-type: none"> <li>• Chalk out clear supportive supervision plan and carry out supportive supervision</li> <li>• Monitoring of the drugs and logistics supply chain</li> <li>• Carry out joint monitoring visits and take necessary corrective action, if needed</li> <li>• Conduct regular joint reviews based on VHSND reports</li> <li>• Line Departments to check availability of service providers for VHSND and in case of absence of any provider, substitute should be assigned and informed in advance</li> </ul>
<b>Sector Level</b>	
<ul style="list-style-type: none"> <li>• Community Health Officers (CHOs) of HWCs and HWC teams (DHFV)/MO (PHC)</li> <li>• Lady Health Visitor (LHV)/Supervisor (DHFV)</li> <li>• Lady Supervisors (DWCD/DSW)</li> <li>• ASHA facilitator/PHC ASHA Supervisor</li> </ul>	<ul style="list-style-type: none"> <li>• MO (PHC), Supervisory staff of DHFV, DWCD/ICDS/DSW (LHV/LS/ASHA facilitator/PHC ASHA Supervisors) and HWC teams will monitor quality of VHSND and provide technical guidance and supportive supervision</li> </ul>

# 07 Reporting, Monitoring and Review

## REPORTING

VHSND reporting has two components namely (i) report of session conducted and (ii) a report of the services delivered.

- (i) The VHSND report is to be prepared by the MPW-F (ANM) at the end of each month. The MPW-F (ANM) will report to block nodal officer and report should include the number of VHSNDs planned in the month and number of VHSNDs held. The compiled report of the block will be submitted to the district nodal officer by 10th of every month and by district to the State nodal officer by 15th of each month.
- (ii) Services delivered will be reported by the MPW-F (ANM) and Anganwadi worker through their regular channels. They should mention referral cases and missed out cases along with other indicators for follow up. Newer technology enabled solutions like ICDS CAS, ANM online application may be used to facilitate data capture in real-time.



### TECHNOLOGY TO FACILITATE REPORTING

#### **Integrated Child Development Services (ICDS) Common Application Software (CAS)**

ICDS CAS is a mobile application to strengthen delivery of Anganwadi services. AWW capture the data on their mobiles. This information is available at state and ministry levels on a real-time basis on a web-based dashboard. The information is used to monitor interventions and take fact-based decisions

#### **THE ANMOL APPLICATION**

**The ANMOL application** has been designed as an aid to ANMs to record and report timely and accurately. ANMOL (Auxiliary Nurse cum Midwife OnLine) is a tablet-based application for ANMs to capture the data on real time basis. The application works both offline and online and acts as a job aid to guide ANMs in decision making and client counselling in the field. The system has been integrated with Government's Universal ID database and the Reproductive Child Health (RCH) portal

### MONITORING AND SUPERVISION

VHSND are to be monitored by MO/CHO of nearest Health and Wellness Centre (HWC)/PHC, Child Development Project Officers (CDPO), Lady Health Visitor (LHVs), ICDS Lady supervisors, Block Community Mobiliser and Swasth Bharat Preraks independent non-departmental monitors from development partners, academic and research institutions may also be involved. Joint monitoring by Health and Social Welfare is encouraged. At the block level the Block Programme Manager, NHM or any other designated official will be the nodal officer for Village Health, Sanitation and Nutrition Day. The block level nodal officer (Health) for VHSND will coordinate with counterparts from other departments to prepare VHSND supervision plans for their respective supervisors. Individual and joint monitoring plan for Department of Health and Department of Women and Child Development for monitoring activities of monthly VHSND should be available with the district nodal officer.

VHSND monitoring checklist is provided in *Annexure 10*. The checklist includes observations and record review. The filled monitoring checklist should be submitted to the Block level nodal officer (Health) along with feedback for improvement.

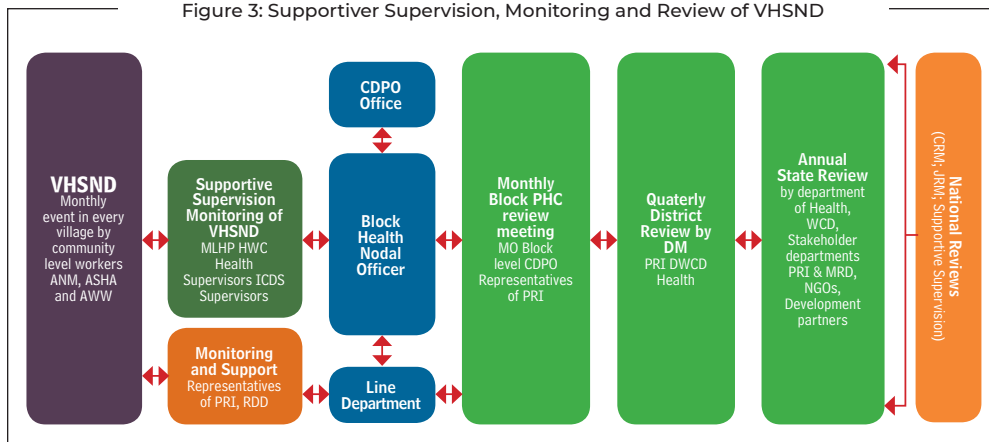
## REVIEW MECHANISMS

VHSND should be discussed monthly at the PHC level meetings convened by medical officers. Block level nodal officer (Health) will provide compiled reports for discussions and decisions. At the district level, VHSND implementation should be reviewed monthly by CMO/CS. DM should also review the implementation of VHSND along with POSHAN Abhiyaan in executive committee meetings of the District Health Society, convened by the CMO/CS once in a quarter. These meetings will review progress and monitor accountability of the different stakeholders. VHSND review maybe aligned with Convergence Action Committee meetings at Block and District levels.

At the state level, Departments of Health, Women and Child Development/Social Welfare will jointly convene state bi-annual reviews of Village Health, Sanitation and Nutrition Day. Other stakeholder departments, non-government organizations (NGOs), development partners should be invited to participate in these reviews. Programme reviews conducted at various levels will be a platform to reinforce and refresh knowledge of the guidelines as well to add any newer information or service to as needed.

At National level, review of Village Health, Sanitation and Nutrition Days should be included in existing mechanisms such as Common Review Missions, Joint Review Missions, and supportive supervision visits. Apart from these, allied Ministries/departments could include VHSND in annual joint reviews at State, district and block level.

Figure 3: Supportive Supervision, Monitoring and Review of VHSND



## 08 Financial Provisions



Several budget heads are available under NHM – Annual untied fund of ₹10,000 for each Village Health, Sanitation and Nutrition Committee, untied fund for Sub Centre and RCH funds for outreach activities. These can be used to meet incidental expenses of organizing VHSND.

Over and above this, funds can be mobilized from Vulnerability Reduction Funds (VRFs) available with village organization (VOs) under Ministry of Rural Development or from PRI.

## 09 Outcomes

The organization of the Village Health, Nutrition & Sanitation Day on a regular basis as per the guidelines will result in the achievement of the following outcomes:

- Hundred percent coverage with preventive and promotive interventions, especially for pregnant, children and adolescents.
- Ensure coverage of vulnerable, marginalized and difficult to reach population.
- Preventive and promotive coverage for the National Disease Control Programmes.
- Increased awareness about the determinants of health such as nutrition, sanitation, timely care seeking etc.
- Improved knowledge about the services and benefits offered under the various nutrition, health and sanitation Programmes.
- Greater emphasis on the community's role in making the health system responsive to the health needs of the community and in demanding and ensuring accountability.









# Annexures

## Annexure 1

### Format for Monthly Sub Centre VHSND Plan

Name of MPW-F (ANM):		Name of Sub-Center:				
Name of Medical Officer:		Name of PHC/CHC/UPHC:				
Name of ICDS Supervisors:		Name of LHVs:				
	Village 1	Village 2	Village 3	Village 4	Village 5	Village 6
Date						
Name of VHSNDs Site (address and landmark)						
Estimated Population						
High Risk Area Yes/No						
Anganwadi Worker Name & Phone number						
ASHA Name & Phone number						
PRI Member Name & Phone no.						
MPW (Male) Name & Phone no.						
School Teacher Name & Phone no.						
Local SHG/NGO Name & Phone no.						
Alternate vaccine delivery person Name & Phone no						
Referral Centres	Location and contact info					
Health and Wellness Centre						
PHC/CHC						
NRC						
RBSK team						
DEIC						
Sanitation Coordinator						

\*This will complement and align with the Routine Immunization Microplans wherever feasible. Further, additional Routine Immunization sessions maybe held as per need in sparsely/densely populated areas and in urban areas, these may or may not be clubbed with VHSND sessions.

## Annexure 2

# Supplies and Logistics for Village Health, Sanitation and Nutrition Day

Drugs, Supplies and Job Aids	Instruments, Equipment and Furniture
<ul style="list-style-type: none"> <li>• Take home ration packets</li> <li>• IFA Red tablets</li> <li>• IFA Pink and Blue tablets</li> <li>• IFA syrup</li> <li>• Folic Acid tablets</li> <li>• Calcium-Vitamin D3 tablets</li> <li>• ASHA drug kit for communicable diseases – Diarrhea, Pneumonia, Malaria</li> <li>• Cotrimoxazole tablets</li> <li>• Folic Acid Tablets</li> <li>• Vitamin A syrup with 2 ml spoon</li> <li>• Albendazole tablets/syrups</li> <li>• Paracetamol tablet</li> <li>• Vaccines in vaccine carrier with ice packs</li> <li>• Nishchay Kit/Pregnancy Testing Kit</li> <li>• Condoms</li> <li>• Combined Oral contraceptives</li> <li>• Emergency contraceptive pills</li> <li>• Centchroman (Chhaya)</li> <li>• Injectable MPA for Counselling</li> <li>• IUCD sample (375 and 380A) for Counselling</li> <li>• Sanitary Napkins for adolescent girls</li> <li>• 75gm glucose for GDM screening</li> <li>• Blank MCP cards</li> <li>• Safe motherhood booklet</li> <li>• Referral slips</li> <li>• IMNCI forms and chart booklets</li> <li>• Relevant Register</li> <li>• Counselling tools – Job aids, posters etc as per Counselling calendar</li> <li>• Eat Right Toolkit</li> </ul>	<ul style="list-style-type: none"> <li>• Weighing scale Adult</li> <li>• Child weighing scale</li> <li>• Infant weighing scale</li> <li>• Infantometer</li> <li>• Stadiometer</li> <li>• Thermometer-Digital</li> <li>• Gentian violet</li> <li>• BP apparatus</li> <li>• Stethoscope</li> <li>• Examination table</li> <li>• Stepping stool for to climb on examinational table</li> <li>• Measuring tape</li> <li>• Fetoscope</li> <li>• BMI Chart</li> <li>• Digital Invasive Hemoglobinometer and strips</li> <li>• Urine testing kit/uristix strips</li> <li>• Glucometer</li> <li>• Syringes as per need – 0.1ml/0.5ml auto-destruct (AD) syringe, 5ml disposable syringe</li> <li>• Hub cutter</li> <li>• Red and black bag</li> <li>• AEFI Kit/Anaphylaxis Kit</li> <li>• HIV and Hepatitis B point of care kits</li> <li>• Syphilis Point of care kits</li> <li>• Malaria RDK kit</li> <li>• Portable screen for privacy</li> </ul>

Note: The quantities for immunizations supplies will be as per the routine immunization microplan and for all other items quantities may be calculated on the basis of baseline information from the Village Health, Sanitation and Nutrition Day

## Annexure 3

### Activities During VHSND

S. No	Service Package	Target Group	Services	Topics for Counselling/ information on entitlements
<b>A. Health</b>				
1	Immunisation	Children 0-5 yrs, 10 yrs and 16 yrs, out of school adolescents, Pregnant women	BCG, OPV, Penta, IPV, Rota, PCV (in selected states), DPT Booster, Td, JE (in endemic districts), Measles-Rubella vaccine (as per Annexure 7)	<ul style="list-style-type: none"> <li>• Importance of immunisation</li> <li>• Vaccine preventable diseases</li> <li>• Adverse events following immunization</li> <li>• Next immunisation session</li> <li>• MCP card</li> </ul>
2	Antenatal Care	Pregnant women	<ul style="list-style-type: none"> <li>• Confirmation of pregnancy</li> <li>• Issue of MCP cards</li> <li>• Weight &amp; Height</li> <li>• Blood Pressure measurement</li> <li>• Haemoglobin estimation</li> <li>• Urine for albumin</li> <li>• Per Abdomen examination</li> <li>• Fetal Heart Rate</li> <li>• IFA and calcium supplementation</li> <li>• TT vaccination</li> <li>• Albendazole prophylaxis</li> <li>• GDM screening</li> <li>• Identification and Referral of HRP to facility (immediately) or on PMSMA day</li> <li>• Hepatitis B screening in districts/States with less than 80% institutional deliveries</li> <li>• HIV, Syphilis screening</li> <li>• If POC test for syphilis, HIV and Hepatitis found positive then refer to appropriate centers like ICTC, PHC etc.</li> <li>• Screening of obvious symptoms of Mental illness</li> <li>• Screening of Oral hygiene</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-conception care as mentioned in the 'Journey of The First 1,000 Days'</li> <li>• MCP card</li> <li>• Early Registration</li> <li>• Care during pregnancy including danger signs</li> <li>• Maternal nutrition</li> <li>• Micronutrient supplementation</li> <li>• Rest and exercise</li> <li>• Preventing substance abuse</li> <li>• Timing, initiation and options of Post pregnancy Family Planning methods-PPIUCD/Combined Oral Contraceptives/Centchroman/Injectable MPA/Condom/IUCD/sterilization</li> <li>• Importance of Healthy Timing and Spacing of births</li> <li>• Birth preparedness (Institutional delivery)</li> <li>• PMSMA day 9th of every month – name of facility to visit for advanced tests</li> <li>• Care of newborn,</li> <li>• Breast feeding</li> <li>• JSY, JSSK benefits</li> <li>• Pradhan Mantri Matru Vandana Yojana</li> <li>• Provisions for Referral transport</li> <li>• Counselling and appropriate referral of mental illness</li> <li>• Counselling on oral health to PW and newborns</li> </ul>

## Annexure 3

S. No	Service Package	Target Group	Services	Topics for Counselling/ information on entitlements
3	Postnatal Care	Lactating Mothers	<ul style="list-style-type: none"> <li>• IFA supplementation</li> <li>• Calcium Supplementation</li> </ul>	<ul style="list-style-type: none"> <li>• MCP card</li> <li>• Home care</li> <li>• Danger signs</li> <li>• Hand washing, safe drinking water and clean fuel</li> <li>• HBNC&amp; HBYC visits by ASHA</li> <li>• New-born care and follow up</li> <li>• Counselling</li> <li>• JSSK for sick infants</li> <li>• Appropriate Breast feeding practices – MAA programme</li> <li>• Complementary feeding (<i>Annexure 8</i>)</li> <li>• Family Planning counselling – Post pregnancy Interval, Importance of Healthy Timing and Spacing of children</li> </ul>
4	Family Planning	Women in Reproductive Age group (15-49 yrs);	Provision of <ul style="list-style-type: none"> <li>• Condoms</li> <li>• COC</li> <li>• Centchroman (Chhaya)</li> <li>• ECPs</li> <li>• PTK</li> <li>• Refer for Injectable, IUCD and Sterilisation services</li> </ul>	<ul style="list-style-type: none"> <li>• Newly married couples for delaying first pregnancy</li> <li>• Healthy Spacing between pregnancies</li> <li>• Available Basket of contraceptives including new contraceptives</li> <li>• Injectable (Antara) and Centchroman (Chhaya)</li> <li>• Home Delivery of Contraceptives by ASHAs</li> <li>• Family planning Indemnity scheme</li> <li>• Enhanced compensation to beneficiaries for sterilisation, Incentive scheme for PPIUCD, post abortion IUCD</li> <li>• Mission Parivar Vikas Yojana services in select 146 districts</li> </ul>
5	Reproductive Tract Infections	Women in Reproductive Age group (15-49 yrs);	<ul style="list-style-type: none"> <li>• Screening for RTI/ STI including HIV/ AIDS and referral to ICTC while ensuring confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention of RTI and STIs, including HIV/AIDS</li> </ul>

S. No	Service Package	Target Group	Services	Topics for Counselling/ information on entitlements
6	Adolescent Health	Out-of-School Adolescent girls 10-19 yrs	<ul style="list-style-type: none"> <li>• Screening for anaemia and tracking BMI</li> <li>• Identification of clinical problems and referral to AFHCs</li> <li>• Distribution of sanitary napkins</li> <li>• IFA supplementation to out of school adolescents</li> </ul>	<ul style="list-style-type: none"> <li>• Menstruation, Menstrual hygiene and related problems</li> <li>• Sexual and reproductive issues</li> <li>• Nutrition and health lifestyle including importance of physical exercise</li> <li>• Substance abuse – alcohol, drugs, tobacco</li> <li>• Gender issues – Domestic violence and pre-natal sex selection</li> </ul>
7	Communicable diseases – Tuberculosis	All age groups	<ul style="list-style-type: none"> <li>• Identify signs and symptoms of Tuberculosis (TB)</li> <li>• Refer as per protocol</li> </ul>	<ul style="list-style-type: none"> <li>• Symptoms and prevention of Tuberculosis</li> <li>• Nikshay Poshan – Direct bank transfer for nutritional support to TB patients</li> <li>• Balanced diet and dietary diversity</li> <li>• Importance of adhering to prescribed treatment</li> <li>• De-stigmatizing of TB</li> </ul>
8	Non-Communicable diseases (NCD)	All families		<ul style="list-style-type: none"> <li>• Screening services available at HWC PHC/SHC</li> <li>• Healthy lifestyle – diet, activity and stress management</li> <li>• Substance abuse</li> <li>• Ayushman Bharat, HWCs (Annexure 9)</li> </ul>
9	Gender issues – Domestic violence and pre-natal sex selection	Women in reproductive age group; their husbands and mothers-in law		<ul style="list-style-type: none"> <li>• Prevention of pre-natal and sex selection, illegality of pre-natal sex selection and special alert for one daughter families</li> <li>• Prevention of violence against Women, Domestic Violence Act and One Stop Centre</li> </ul>

## Annexure 3

S. No	Service Package	Target Group	Services	Topics for Counselling/ information on entitlements
<b>B. Nutrition</b>				
10	Awareness generation on appropriate Nutrition Promotion	Women in Reproductive Age group (15-49 yrs); Family members	<ul style="list-style-type: none"> <li>• Group counselling</li> <li>• Awareness Generation</li> <li>• Nutrition and Health Education</li> </ul>	<ul style="list-style-type: none"> <li>• Balanced diet</li> <li>• Importance of dietary diversity for health and development</li> <li>• Locally grown nutrient rich crops</li> <li>• Healthy food habits</li> <li>• Hygienic and correct cooking practices</li> </ul>
11	Growth Monitoring	Children <5 yrs; Adolescents	<ul style="list-style-type: none"> <li>• Weight</li> <li>• Height</li> <li>• Plotting on growth charts in MCP card</li> <li>• Screening for Severe Acute Malnutrition</li> <li>• BMI for adolescents</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusive breastfeeding till 6 months</li> <li>• Complementary feeding                             <ul style="list-style-type: none"> <li>• Start at 6 months</li> <li>• Frequency, nutritional adequacy, dietary diversity</li> <li>• Food hygiene</li> <li>• Feeding problems</li> </ul> </li> <li>• Nutritional Management of SAM and severely under-weight children</li> <li>• Provision of clinical care at Nutritional rehabilitation centre</li> <li>• POSHAN Abhiyaan</li> </ul>
12	Anemia Prevention and management	Children < 5 yrs; 5-10 yrs; 10-19 yrs; Pregnant & Lactating women; Women in reproductive age group	<ul style="list-style-type: none"> <li>• Screening pregnant women &amp; children for anemia (Hb estimation)</li> <li>• Iron supplementation as per Anemia Mukh Bharat (AMB) guidelines</li> <li>• De-worming</li> </ul>	<ul style="list-style-type: none"> <li>• Anemia – causes and prevention as per AMB guidelines</li> <li>• Iron rich foods, iron fortified foods</li> <li>• Prevention of worm infestation</li> </ul>
13	Vitamin A supplementation	Children 9 month -5 yrs	<ul style="list-style-type: none"> <li>• Vitamin A supplementation</li> </ul>	<ul style="list-style-type: none"> <li>• Vitamin A deficiency and prevention</li> <li>• Vitamin A rich foods</li> </ul>
14	Fortified salt	Pregnant and lactating mothers, Adolescent girls	<ul style="list-style-type: none"> <li>• Iodine Salt Testing Kit</li> </ul>	<ul style="list-style-type: none"> <li>• Use of Iodised salt, double fortified salt</li> </ul>



S. No	Service Package	Target Group	Services	Topics for Counselling/ information on entitlements
15	Supplementary nutrition	Children 6 month-6 yrs Out-of-School Adolescent girls; Pregnant & lactating mothers	<ul style="list-style-type: none"> <li>• Distribution of supplementary food at Anganwadi centre</li> </ul>	<ul style="list-style-type: none"> <li>• As per POSHAN Abhiyaan guidelines</li> <li>• Age appropriate feeding</li> <li>• Balanced diet</li> <li>• Dietary diversity</li> <li>• Importance of locally grown nutrient rich crops</li> <li>• Healthy food habits</li> <li>• Maintenance of Hygiene during cooking</li> <li>• Appropriate cooking practices to preserve nutritive values</li> </ul>
<b>C. Early Childhood Development</b>				
16	Early Childhood Development	Children <5 yrs	<ul style="list-style-type: none"> <li>• Development screening using MCP card</li> <li>• Refer to RBSK</li> </ul>	<ul style="list-style-type: none"> <li>• Counselling parents on developmental milestones, age appropriate play and communication using MCP card</li> <li>• RBSK</li> </ul>
<b>D. Water, Sanitation and Hygiene</b>				
17	Water, Sanitation and Hygiene	Women in Reproductive Age group (15-49 yrs); Family members	<ul style="list-style-type: none"> <li>• Linking families with appropriate service provider</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of sanitary latrines</li> <li>• Safe drinking water</li> <li>• Hand hygiene</li> <li>• Swachhta Abhiyaan – keeping home and surrounding clean</li> <li>• Financial support for making toilets</li> <li>• Nirmal Gram Puraskar</li> </ul>

## Annexure 4

### Month-wise Themes for Group Counselling

Group counselling will be in addition to provision of routine services and interpersonal counselling. Up to one hour may be allotted for group counselling sessions on the Village Health, Sanitation and Nutrition Day.

	Target Group		Topic	Detailing of Topic	Available Tools
	Primary	Secondary			
January	Mothers of children under 5 yrs and adolescents	Fathers and Grand-parents	Full immunization & Vitamin A Supplementation	Advantages of immunization; Routine Immunization Schedule; Possible side effects and follow up; Due date of next immunization; MCP card;	Flip chart – HBNC, MCP card
February	Mothers of children < 5yrs Pregnant women & delivered recently Out-of-School Adolescent girls	Fathers and Grand-parents	Food Fortification and Micronutrients	Anemia causes and prevention as per AMB, Prevention of worm infestation NDD, Vitamin A supplementation; Use Iodized salt and Double fortified salt, Balanced diet – foods rich in iron, vitamin A	NDD IEC, Anemia Mukh Bharat IEC, MCP card, 'Eat Right Toolkit'
March	Mothers of children 0-10 yrs, adolescents	Fathers and Grand-parents	Girls Education, Diet and Right Age at Marriage	Nutrition in adolescence, BMI and Anemia; Balanced and Diverse diet ill-effects of teenage pregnancies; Gender – Girls education, Domestic Violence,	IEC from POSHAN Abhiyaan and Anemia Mukh Bharat
April	Pregnant women	Mothers in law and Husbands of pregnant women	Ante-natal checkup, Calcium supplementation, Institutional Delivery & Early initiation of breastfeeding, the diet of pregnant women	Specific ANC Care and danger signs; ill-effects of Alcohol, tobacco and drugs; Maternal nutrition and dietary diversity; Breastfeeding - initiation, Institutional delivery; Post-partum family planning; PMSMA; JSY; JSSK; Pradhan Mantri Matru Vandana Yojana	MCP card, Safe Motherhood booklet, Flipcharts

	Target Group		Topic	Detailing of Topic	Available Tools
	Primary	Secondary			
May	Mothers of under 5 children	Fathers and Grand-parents	Early Childhood Care and Education	Early Childhood development, Importance of ECD; Age appropriate play and communication activities, Responsive care and stimulation of child during illness	Flip charts
June	Mothers of under five children	Fathers and grand-parents, School Children	Diarrhoea prevention and management	Use of ORS and Zinc during diarrhea, Hand washing, sanitation and drinking water, Feeding of sick child during diarrhea	ORS and Zinc, IDCF IEC, IYCF booklets
July	Mother of Children (0-5 yrs), Adolescent, Women in reproductive age group esp. newly married, School Children	Husbands, mothers-in-law	Anemia prevention in children, adolescent girls, women-diet, IFA  Family Planning;  NCDs	Preventive measures for anemia, signs and symptoms of anemia, balanced diet and iron rich foods,  Spacing and limiting methods; Where to access services; Beneficiary Incentives  Preventing disease –NCD; Healthy Diet and lifestyle; Risk factors for NCDs; preventing NCDs, Obesity; healthy eating habits, physical exercise and stress management; (Annexure 9) HWCs	AMB IEC material; Flip chart; samples of COC, ECP, Condoms; Centchroman, IUCD, Injectable MPA, 'Eat Right Toolkit'
August	Mothers of children <5yrs Pregnant women & delivered recently Out-of-School Adolescent girls	Husbands and grand-parents	Optimal Breast feeding & IYCF, Deworming	Early initiation and exclusive Breast Feeding, Continued breast feeding	NDD, MAA IEC and IYCF info-kit for ASHA; MCP card World Breast feeding week Aug 1-7;


## Annexure 4

	Target Group		Topic	Detailing of Topic	Available Tools
	Primary	Secondary			
September	All Families	Parents and grandparents of young children	Overall-nutrition (Poshan Maah)	Nutrition needs through the lifecycle; dietary diversity, locally available nutritious foods	IEC materials for nutrition promotion available under POSHAN Abhiyaan, 'Eat Right Toolkit'
October	All Families	Parents and grandparents of young children	Hygiene, Sanitation & Safe drinking water	Importance of hygiene and sanitation, Prevention of water borne diseases, Hand hygiene, Use of toilets and safe drinking water at home, Food hygiene, food adulteration and food safety	IEC materials for promoting Hand washing practices, food hygiene, food adulteration and food safety
November	Mothers of children (0-5 yrs)	Husbands, fathers of infants and Grand-parents	Growth Monitoring and child development, prevention of Acute Respiratory Infections (ARI) and Pneumonia, Male participation in Family Planning	Newborn care – growth, developmental milestones, importance of Growth monitoring, Growth faltering, causes and treatment, Control of Indoor and Outdoor air pollution for prevention of ARI/ Pneumonia – Early diagnosis and referral Spacing and limiting methods of family planning, where to access services; Beneficiary Incentives	Flip chart – HBNC, HBYC Safe motherhood booklet IMNCI chart booklet and IEC material on ARI/Pneumonia control
December	Mother of children 6 months-2 yrs	Mothers in law	Complementary Feeding	Complementary feeding practices, Nutritious, frequent, hygienic and adequate age appropriate complementary feeding Responsive feeding, and care during illness	MCP Card and IEC materials available for Complementary feeding

\*Immunization Counselling should be done on a monthly basis during each Village Health, Sanitation and Nutrition Day, to promote full immunization. It may be noted that the caregiver/mother/father is to visit 7 times in 5 years to complete the immunization (*Annexure 7*)

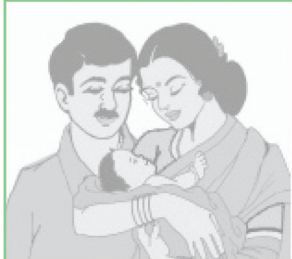
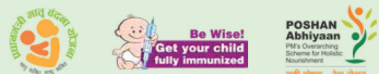
# Annexure 5

## MCP Card



MINISTRY OF HEALTH AND FAMILY WELFARE  
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

### MOTHER AND CHILD PROTECTION CARD (MCP CARD)

Keep this card safe and carry along with you during every visit to Village Health Sanitation and Nutrition Day, Anganwadi Centre, Health Centre and Hospital

2018 Version



## Annexure 6

# Beneficiary Entitlements

### Janani Suraksha Yojana (JSY)\*

JSY aims to reduce maternal and infant mortality by promoting institutional delivery among pregnant women.

**Beneficiaries:** All pregnant women belonging to the Below Poverty Line (BPL) households and ST category.

#### Benefits

- Pregnant women are entitled for cash assistance irrespective of the age of mother and number of children she has, for giving birth in a government or accredited private health facility.
- Cash will be directly deposited into bank accounts of eligible pregnant women.
- Cash entitlement for different categories of mothers is as follows:  
BPL pregnant women, who prefer to deliver at home, are entitled to a cash assistance of ₹500 per delivery regardless of the age of pregnant women and number of children.

Category	Mother's Entitlement	
	Rural Area	Urban Area
Low performing States (LPS) (Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Rajasthan, Odisha, Assam & Jammu & Kashmir)	1,400	1,000
High Performing States (HPS) (Remaining states and UTs)	700	600

\*As per State entitlements

### Pradhan Mantri Matru Vandana Yojana (for the first live child in the family)

This programme provides partial compensation for the wage loss in terms of cash incentive so that the woman can take adequate rest before and after delivery of the first living child.

#### Target Group

- All Pregnant Women (PW) and Lactating Mothers (LM), excluding those who are in regular employment with the Central Government or the State Governments or PSUs or those who are in receipt of similar benefits under any law for the time being in force.
- All eligible Pregnant Women and Lactating Mothers who have their pregnancy on or after 01.01.2017 for first child in family.

### Benefits

- PW and LM shall receive a cash benefit of ₹5,000 in three installments at the following stages as specified in the table given below:

Instalment	Conditions
First instalment ₹1,000/-	Early Registration of Pregnancy, Register her pregnancy at the AWC along with required document within 150 Days from LMP as mentioned in MCP Card.
Second instalment ₹2,000/-	Received at least one Ante-Natal Check-up (ANC). Can be claimed post 180 days of LMP
Third instalment ₹2,000/-	1. Child Birth is Registered. 2. Child has received First Cycle of Immunizations of BCG, OPV, DPT and Hepatitis or its equivalent/substitute

### Janani-Shishu Suraksha Karyakram (JSSK)

JSSK provides completely free and cashless services to pregnant women including normal deliveries and caesarean operations and free drugs, diagnostic, treatment and transport facility upto one year after birth in government health institutions in both rural and urban areas.

**Beneficiaries:** Pregnant women who access government health facilities for their delivery

### Benefits

- Entitlements for pregnant women:
  - Free and cashless delivery; free C-Section and provision of blood
  - Free – drugs, diagnostics and diet during stay in the health institutions,
  - Exemption from user charges
  - Free transport from home to health institutions, between facilities in case of referral and drop back from Institutions to home after 48 hrs stay
- Entitlements for sick newborn and infants till one year after birth:
  - Free – drugs, diagnostics and treatment
  - Free transport from home to health institutions, between facilities in case of referral and a free drop Back from Institutions to home

### Pradhan Mantri Surakshit Matritva Abhiyaan

It is a fixed day strategy, every month across the country. This scheme provides a minimum package of ante-natal care services to the beneficiaries on the 9th day of every month at

## Annexure 6

the Pradhan Mantri Surakshit Matritva Clinics. If the 9th day of the month is a Sunday/ a holiday, then the Clinic should be organized on the next working day.

**Beneficiaries:** All pregnant women in second and third trimesters of pregnancy



### Benefits

This scheme provides a comprehensive package of ante-natal care services to the beneficiaries on the 9th day of every month at the Pradhan Mantri Surakshit Matritva Clinics to ensure that every pregnant woman receives at least one check-up in the 2nd/3rd trimester of pregnancy.

### Maternity Leave

Paid maternity leave to women employees of 26 weeks, of this a maximum of 8 weeks can be availed before the expected due date and the remaining after delivery.

Women with 2 or more living children can avail 12 weeks of paid maternity leave. 6 weeks before the expected due date and 6 weeks after delivery.

### Family Planning

Under Family Planning, the various entitlements for beneficiaries include the following:

- Compensation scheme for sterilization acceptors - under the scheme MoHFW provides compensation for loss of wages to the beneficiary for availing sterilization services. The compensation is as follows:



### For Public health facilities

States		Beneficiary	ASHA/Health Worker
11 High focus states (UP, BH, MP, RJ, CG, JH, OD, UK, AS, HR, GJ)	VASECTOMY	2,000	300
	TUBECTOMY	1,400	200
	POST PARTUM STERILIZATION	2,200	300
Mission Parivar Vikas Districts	VASECTOMY	3,000	400
	TUBECTOMY	2,000	300
	POST PARTUM STERILIZATION	3,000	400
Other High focus states (NE states, J&K, HP)	VASECTOMY	1,100	200
	TUBECTOMY	600	150
Non High focus states	VASECTOMY	1,100	200
	TUBECTOMY (BPL + SC/ST only)	600	150
	TUBECTOMY (APL)	250	150

### For accredited private/NGO facilities

States		Beneficiary	ASHA/Health Worker
11 High focus states (UP, BH, MP, RJ, CG, JH, OD, UK, AS, HR, GJ)	VASECTOMY (All)	1,000	
	TUBECTOMY (All)	1,000	
Mission Parivar Vikas Districts	VASECTOMY	1,000	
	TUBECTOMY	1,000	
	POST PARTUM STERILIZATION	1,000	
Other High focus states (NE states, J&K, HP)	VASECTOMY (All)		200
	TUBECTOMY (All)		150
Non High focus states	VASECTOMY (All)		200
	TUBECTOMY (BPL + SC/ST only)		150

- PPIUCD Incentive Scheme: The ASHA who escorts the clients to the health facility for facilitating the post partum IUCD insertion is paid ₹150 each per insertion. The beneficiary receives ₹300/insertion as compensation.

## Annexure 6

- PAIUCD Incentive Scheme: The ASHA who escorts the clients to the health facility for facilitating the post abortion IUCD insertion is paid ₹150 each per insertion. The beneficiary receives ₹300/insertion as compensation
- Incentive for Injectable Contraceptives – Under this scheme, the ASHA who escorts the clients to the health facility for facilitating the Injectable Contraceptive in the Mission Parivar Vikas districts is paid ₹100/dose. The beneficiary receives ₹100/dose as compensation.
- Ensuring Spacing at Birth Scheme – Under this scheme, the ASHAs are eligible for the following:
  - ESB 1 (Spacing component) ASHA receives an incentive of ₹500 for promoting delay in 1st birth and spacing of 2 years after marriage
  - ESB 2 (Spacing component) ASHA receives an incentive of ₹500 for promoting spacing of 3 years between 1st and 2nd births
  - ESB 3 (Limiting component) ASHA receives an incentive of ₹1,000 for promotion of limiting method after 1st or 2nd child only.

ESB 1 & 2 (Spacing component) is applicable for 8 EAG, 8 NE states, Gujarat, Haryana, Karnataka, Maharashtra, Andhra Pradesh, Telangana, Punjab, West Bengal & Daman and Diu.

ESB 3 (Limiting component) is applicable for 8 EAG, 8 NE states, Gujarat, Haryana and Dadra & Nagar Haveli.

### **Revised National TB Control Programme (RNTCP)**

Incentives to the patients suffering from Tuberculosis: The aim of the scheme is to detect the TB patients and provide effective treatment. It includes monthly support of ₹500 per month to patients to incentivize treatment completion, for treatment support, travel, monthly drug collection and follow-up examinations) for all TB patients to address catastrophic costs.

Nikshay Poshan Yojana – Patient Social & Nutritional Support: Includes sustenance of ₹500 per month during treatment of TB via Direct Benefit Transfer (DBT) to the patient as social and nutritional support for all the TB patients.



### **National Leprosy Eradication Programme**

- Incentive of ₹5,000 to leprosy affected person belonging to BPL families for each major operation (After completion of surgery on release from hospital – ₹3,000, Follow-up visit after one month (4-6 weeks) of operation – ₹1,000 and Follow-up visit after 3rd month of operation – ₹1,000).

### **National Vector Borne Disease Control Programme**

Under Kala-Azar Elimination Programme – ₹500 to patient for loss of wages irrespective of drug regimen and ₹2,000 to patients of post kala-azar dermal leishmaniosis cases.

### **National Blindness Control Programme**

Provision of free glasses for patients of underserved population suffering from presbyopia and provision of spectacles for school children diagnosed with vision problems.

### **Pradhan Mantri Jan Arogya Yojana**

PM-JAY primarily targets the poor, deprived rural families and identified occupational categories of urban workers' families as per the Socio-Economic Caste Census (SECC) as well as active families under the Rashtriya Swasthya Bima Yojana (RSBY). Benefit cover of ₹5,00,000 per family, per year for the whole family, there is no cap on family size and age. Cover medical and hospitalization expenses for almost all secondary care and most of the tertiary care procedures at empanelled public and private hospitals.

## Annexure 7

### Routine Immunization Schedule

Age	Vaccines given
Birth	Bacillus Calmette Guerin (BCG), Oral Polio Vaccine (OPV)-0 dose, Hepatitis B birth dose
6 Weeks	OPV-1, Pentavalent-1, Rotavirus Vaccine (RVV)-1, Fractional dose of Inactivated Polio Vaccine (fIPV)-1, Pneumococcal Conjugate Vaccine (PCV)-1***
10 weeks	OPV-2, Pentavalent-2, RVV-2
14 weeks	OPV-3, Pentavalent-3, fIPV-2, RVV-3, PCV-2***
9-11 months	Measles & Rubella (MR)-1, JE-1*, PCV-Booster***
16-24 months	MR-2, JE-2*, Diphtheria, Pertussis & Tetanus (DPT)-Booster-1, OPV-Booster
5-7 years	DPT-Booster-2
10 years	Tetanus Toxoid/Tetanus & adult Diphtheria (Td)
16 years	TT/Td
Pregnant Mother	TT/Td1, 2 or TT/Td Booster**

\*JE in 231 endemic districts

\*\*One dose if previously vaccinated within 3 years

\*\*\*PCV in selected states/districts

### Vitamin A Supplementation Schedule

	9 months	16-24 months	2 years	2½ years	3 years	3½ years	4 years	4½ years	5 years
Vitamin A	1	2	3	4	5	6	7	8	9

## Annexure 8

# Feeding Recommendations

Up to 6 Months of Age
<b>Do</b> <ul style="list-style-type: none"><li>• Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours</li><li>• Do not give any other foods or fluids not even water</li></ul>
<b>Remember</b> <ul style="list-style-type: none"><li>• Continue breastfeeding if the child is sick, breastfeed more frequently</li></ul>
6 up to 9 Months
<b>Do</b> <ul style="list-style-type: none"><li>• Breastfeed as often as the child wants</li><li>• Initiate complementary feeding at 6 months</li><li>• Start by giving 2 to 3 tablespoons of soft semi-solid food. Gradually increase to 1/2 cups (1 cup=250ml).<ul style="list-style-type: none"><li>• Mashed roti/rice mixed in undiluted milk OR thick dal with added ghee/oil OR khichri with added oil/ghee</li><li>• Add cooked vegetables also in the servings, OR</li><li>• Sevian/dalia/halwa/kheer prepared in milk, OR</li><li>• Any cereal porridge cooked in milk, OR</li><li>• Mashed boiled potatoes</li></ul></li><li>• Introduce one new food at a time such as khichri, dalia</li><li>• Increase quantity and diversity of the feeds</li><li>• Include at least 4 food groups such as: 1) cereals, 2) green vegetables and fruits, 3) Oil, ghee 4) mashed dal/fish/egg (only hard-boiled)</li><li>• Give 2 to 3 meals each day. Offer 1 or 2 snacks each day between meals when the child seems hungry</li></ul>
<b>Remember</b> <ul style="list-style-type: none"><li>• Keep the child in your lap and feed with your own hands</li><li>• Wash your own and child's hands with soap and water every time before and after feeding</li></ul>
9 up to 12 Months
<b>Do</b> <ul style="list-style-type: none"><li>• Breastfeed as often as the child wants</li><li>• Give at least half cup serving* of a variety of foods at a time<ul style="list-style-type: none"><li>• Mashed roti/rice mixed in undiluted milk, OR</li><li>• Mashed roti/rice mixed in thick dal with added ghee/oil or khichri with added oil/ghee.</li><li>• Add cooked vegetables also in the servings OR</li><li>• Sevian/dalia/halwa/kheer prepared in milk, OR</li><li>• Any cereal porridge cooked in milk, OR</li><li>• Mashed boiled potatoes</li></ul></li><li>• Feed at least half katori of food that requires chewing – 3 to 4 times a day</li><li>• Give 3 to 4 meals each day</li><li>• Offer 1 or 2 snacks between meals. The child will eat if hungry.<ul style="list-style-type: none"><li>• For snacks, give small chewable items that the child can hold</li><li>• Let your child try to eat the snack but help her/him if needed</li></ul></li></ul>
<b>Remember</b> <ul style="list-style-type: none"><li>• Keep the child in your lap and feed with your own hands</li><li>• Wash your own and child's hands with soap and water every time before and after feeding</li></ul>

## Annexure 8

### 12 Months up to 2 Years

#### Do

- Breastfeed as often as the child wants
- Offer food from the family pot
- Give at least 3/4 cup serving\* at a time of:
  - Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee.
  - Add cooked vegetables also in the servings OR
  - Mashed roti (Wheat/Ragi/Makai/Jowar/Bajra) OR rice mixed in undiluted milk, OR
  - Sevian/dalia/halwa/kheer prepared in milk, OR
  - Any cereal porridge cooked in milk, OR
  - Mashed boiled potatoes
  - Offer banana/biscuit/cheeko/mango/papaya
- Give 3 to 4 meals each day. Offer 1 to 2 snacks between meals.
- Continue to feed your child slowly, patiently. Encourage your child to eat.

#### Remember

- Sit by the side of child and help her/him to finish the serving
- Wash your child's hands with soap and water every time before and after feeding

### 2 years and older

#### Do

- Give a variety of family foods to your child, including animal source foods and vitamin A-rich fruits and vegetables
- Give at least 1 full cup (250ml) at each meal
- Give 3 to 4 meals each day
- Give 1 or 2 nutritious food between meals, such as: Banana/cheeko/mango/papaya as snacks

#### Remember

- Ensure that the child finishes the serving
- Teach your child to wash his hands with soap and water every time before and after feeding

\*A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal porridge with added oil/ghee); meat, fish, eggs, or pulses; and fruits and vegetables. Egg is a good snack where culturally acceptable.

## Annexure 9

# Counselling for Prevention of NCDs

### Counselling on Life Style Modifications

#### 1. Diet

- Increase intake of green leafy vegetables and locally available seasonal fruits (at least 400 gms per day).
- Consume less salt (<5 gms per day). Preparations which are high in salt and need to be moderated.
- Steamed and boiled food should be preferred over fried food.
- Avoid eating fast/junk foods and aerated drinks
- Use different oils such as mustard oil, rice bran oil, ground nut oil and til oil etc. as cooking medium
- Ghee and butter should be consumed in moderation. Palm oil, Vanaspati and Margarine should be avoided.
- Consumptions of millets and legumes should be encouraged. For non-vegetarians, consumption of egg, fish and chicken to be encouraged. Red meat should be avoided or be consumed infrequently in small quantities.

#### 2. Physical Activity and Stress Management

- Regular physical exercise 3-5 times a week should be encouraged
  - At least 30 minutes of physical exercises per day is recommended for health and wellbeing. Encourage outdoor activities like walking, cycling, swimming, gardening, various outdoor sports.
  - Yoga & meditation to be promoted for stress management.
- Note: Beneficiaries suffering from hypertension, diabetes, chest pain etc. should be advised to take up physical exercise as recommended by the attending physician

#### 3. Weight Control

- Overweight or obesity is to be assessed by measuring body mass index (BMI), which is calculated as weight in kg/height in meter square
- For Indian population BMI 18.5 to 22.9 is normal, 23 to 24.9 is considered as overweight and BMI of >25 is considered as obesity
- Waist circumference is also an important measurement of central obesity and it should be <90 cm for men and <80 cm for women

#### 4. Avoidance of Alcohol/Tobacco cessation

- Use of Alcohol is to be discouraged. To be avoided by everyone as far as possible
- All non-smokers should be appreciated for not indulging in smoking.
- All smokers should be strongly encouraged to quit smoking

## Annexure 10

# VHSND Site Monitoring Checklist

To be filled by Lady Health Visitor, Mid level Health Provider, Lady Supervisor (ICDS), Non-Government monitors

VHSND Monitoring Format		
Section A: General Information		
Name of SubCentre	Name of MPW-F (ANM):	
Name of Village:	Name of ASHA:	
VHSND site Anganwadi Centre Code:	Name of Anganwadi worker:	
Date:		
Name of supervisors 1:	Name of supervisors 2:	
Designation of supervisors 1:	Designation of supervisors 2:	
Section B: Planning		
Data Field	YES	NO
VHSND Held		
VHSND held as per microplan		
If not held, what are the reasons A _____ B _____ C _____ D _____		
ANM Present		
ASHA Present		
Anganwadi worker Present		
VHSND sessions attended by all (MPW-F/ANM, MPW-M, AWW, ASHA)		
VHSND sessions attended by the PRI officials		
Section C: Infrastructure		
Data Field	YES	NO
Organized in Anganwadi Centre		
Organized in Other building (specify)		
Drinking water available		
Toilet available		
Provision for Hand washing		
Provision of curtain for Privacy		



Section D: Logistics available		
Select whichever is applicable		
<input type="checkbox"/> BP Instrument	<input type="checkbox"/> Albendazole tablets	<input type="checkbox"/> Condoms
<input type="checkbox"/> Stethoscope	<input type="checkbox"/> Cotrimoxazole tablets	<input type="checkbox"/> Combined Oral Contraceptives
<input type="checkbox"/> Examination table	<input type="checkbox"/> IFA Tablets (Red)	<input type="checkbox"/> Injectable MPA sample
<input type="checkbox"/> Inch tape	<input type="checkbox"/> IFA Tablets (Pink and Blue)	<input type="checkbox"/> IUCD -375 and 380 A sample
<input type="checkbox"/> Weighing scale (adult)	<input type="checkbox"/> IFA syrup	<input type="checkbox"/> Centchroman (Chhaya)
<input type="checkbox"/> Weighing scale (Infants)	<input type="checkbox"/> Paracetamol	<input type="checkbox"/> Nischay/Pregnancy testing kits
<input type="checkbox"/> Weighing scale (child)	<input type="checkbox"/> Urine testing kit/uristix	<input type="checkbox"/> Injectable MPA sample
<input type="checkbox"/> Foetoscope	<input type="checkbox"/> Blank MCP Cards	<input type="checkbox"/> Emergency contraceptive pills
<input type="checkbox"/> ORS Sachets	<input type="checkbox"/> Referral slips	<input type="checkbox"/> Due list of Beneficiaries
<input type="checkbox"/> Zinc tablets	<input type="checkbox"/> Digital hemoglobinometer	
Section E: Immunization		
Select whichever is applicable		
<input type="checkbox"/> Immunization session held with VHSND ?		<input type="checkbox"/> All vaccines are available ?
<input type="checkbox"/> MR	<input type="checkbox"/> BCG	<input type="checkbox"/> JE Diluent (in endemic districts only)
<input type="checkbox"/> OPV	<input type="checkbox"/> MR Diluent	<input type="checkbox"/> JE (in endemic districts only)
<input type="checkbox"/> Hepatitis B (given within 24 hours of birth)	<input type="checkbox"/> BCG Diluent	<input type="checkbox"/> AEFI/Anaphylaxis Kit Available
<input type="checkbox"/> Penta	<input type="checkbox"/> Rota	<input type="checkbox"/> 5ml Disposable Syringes in adequate quantity
<input type="checkbox"/> Td	<input type="checkbox"/> DPT	<input type="checkbox"/> 0.5 MI Syringe available in adequate quantity
<input type="checkbox"/> f-IPV	<input type="checkbox"/> PCV	<input type="checkbox"/> 0.1 MI Syringe available in adequate quantity
Section F: Reproductive Health		
Data Field	YES	NO
Contraceptive material being distributed to beneficiaries		
Pregnancy confirmation test done		

## Annexure 10

Section G: Maternal Health		
Data Field	YES	NO
Privacy ensured during PA examination		
Conducting PA examination		
Conducting BP measurement		
IFA tablets distributed to PW		
IFA tablets distributed to Lactating mothers		
Urine examination of pregnant woman (for proteinuria)		
Identification of Severe Anemia of mother		
Identifying high risk pregnancy		
Identification of danger signs of mother		
Weighing of PW/Lactating Mother is being done		
PW/Lactating Mother referred to higher facility		
Conducting Counselling of mothers		
Section H: Newborn and Child Health		
Data Field	YES	NO
Weighing of newborn and children is being done		
Plotting of growth chart is being done		
Identifying MAM and SAM		
Identifying sick SAM child		
Identification of danger signs of newborn		
Underweight children received supplementary nutrition IFA syrup distributed to children 6-59 months Provision of Vitamin A solution		
Provision of ORS		
Provision of Zinc tablets		
Dietary counselling for children		
Newborn and children referred to higher facility as per requirement		
Section I: Adolescent Health		
Data Field	YES	NO
Adolescent girl received sanitary napkins		
Adolescent girls counseled on menstrual hygiene practices		
Adolescents received weekly IFA tablets		

Section J: Others		
Data Field	YES	NO
Provision of RDK for Malaria		
Provision of Antimalarial drugs		
Beneficiaries tested with VDRL		
Beneficiaries tested for HIV		
Beneficiaries with suspected Leprosy lesions detected		
Section K: Counselling		
Select whichever is applicable		
<input type="checkbox"/> Antenatal Care	<input type="checkbox"/> Nutrition of pregnant & lactating mothers	
<input type="checkbox"/> Birth preparedness/complication readiness	<input type="checkbox"/> Spacing methods	
<input type="checkbox"/> Importance of institutional delivery	<input type="checkbox"/> Permanent methods	
<input type="checkbox"/> Postnatal Care of mother and newborn	<input type="checkbox"/> Postpartum family planning	
<input type="checkbox"/> Essential New born care	<input type="checkbox"/> Reproductive Tract Infections- RTI	
<input type="checkbox"/> Early initiation of breastfeeding and Exclusive Breast feeding	<input type="checkbox"/> Sexually Transmitted Infections- STI	
<input type="checkbox"/> Complementary feeding	<input type="checkbox"/> Hygiene and Sanitation	
<input type="checkbox"/> Feeding of sick child	<input type="checkbox"/> Sex Selection	
<input type="checkbox"/> Micronutrients Supplementation (Vitamin A and IFA)	<input type="checkbox"/> Non Communicable Diseases ( NCD)	
<input type="checkbox"/> Early Childhood illnesses (Diarrhoea and ARI Management)	<input type="checkbox"/> Age at marriage	
Others (Specify) _____		
Section L: IEC Material		
Select whichever is applicable		
<input type="checkbox"/> Banner	<input type="checkbox"/> Wall writing	<input type="checkbox"/> Poster
<input type="checkbox"/> Flip charts	<input type="checkbox"/> Pamphlets	<input type="checkbox"/> None
<input type="checkbox"/> IEC materials as per Village Counselling theme		

Δ A= ANM and logistics available, B=Both ANM as well as logistics are not available C=ANM present but logistics not available D=Logistics available but ANM absent, D=Others (specify)\* Multiple responses may be applicable AVD=Alternate vaccine delivery

## Annexure 11

# Procedure of Conducting the VHSND

### Pre-VHSND

S.No	Activity	Responsibility
1	VHSNC committee meeting <ul style="list-style-type: none"> <li>VHSNC needs to be constituted where non-existent and activated where it already exists.</li> </ul>	ASHA and AWW
2	Create a due list of eligible beneficiaries for common understanding of all (i.e. The following due lists are essential for VHSND <ul style="list-style-type: none"> <li>List of all pregnant women</li> <li>List of all lactating women</li> <li>List of all 0-6 years ' children</li> <li>List of all children for immunization</li> <li>List of SAM children in the age group of 0-59 months</li> <li>List of out-of-school adolescent girls (10-19 yrs old)</li> </ul>	ASHA and AWW
3	Review the issues faced in the previous meeting to resolve the issues	ASHA, AWW and ANM
4	Job distribution for the upcoming VHSND	ANM, ASHA and AWW
5	Ensure that adequate space is available to operate including 2 rooms, area to have the counters etc. If not available at AWC then the alternative	ASHA and AWW
6	Ensure adequate supply and availability of essential drugs, materials and equipment's	Block level supervisor along with frontline Supervisors
7	Ensure that the communication materials including MCP cards are available	ANM and AWW
8	Visit 'difficult to reach' (in terms of physical, social, cultural and religious) pockets	ASHA

### Community Mobilization

S.No.	Activity/Action	Responsibility
1	Identify mothers or grandmothers group or youth groups to support in mobilization	AWW and ASHA
2	Identify activities and messages to be communicated through community meeting and household visits, anticipating questions and concerns before these are raised	BPM and BCM
3	Identify local festivals/celebrations to disseminate information	CDPOs, LSV, LHV
4	Sharing the monthly theme with VHSNC	ASHA, AWW and ANM
5	Orienting the SHG members about the VHSND and monthly themes	VHSNC members and ASHA
6	Identifying houses that are willing to come	ASHA and AWW
7	Identifying houses that are resistant to come	VHSNC along with ASHA and AWW
8	Visit the beneficiaries household to distribute invitation cards and remind to get the MCP card if given	ASHA Worker along with AWW

S.No.	Activity/Action	Responsibility
9	Reminder of the VHSND through local announcement tools a day in advance	VHSNC members
10	Engage communities to analyze and take ownership of their own situation	CDPOs and ASHA Facilitator/LSV
11	Accompany beneficiaries to the VHSND to promote attendance	ASHA

### Conducting the VHSND Session

S.No	Activity	Responsibility
1	Open AWC centre on time at 9:30am	AWW, ANM and ASHA
2	Make sitting arrangements for Counselling session and other activities of the ANM and AWW	AWW
3	Setting up of counters to ensure service delivery in a systematic manner.	
	A service-wise due list (a joint due list but segregated on the basis of services) should be present at each counter to keep track of beneficiary coverage. Counter 1: Registration   Beneficiary details will be entered in the register and marked against the due list. The beneficiary will be directed to the next counters depending on the services she is due.	ASHA
	Counter 2: Growth monitoring and Counselling: Availability of equipment, growth charts, dietary diversity demonstration needs to be ensured at this counter)	AWW
	Counter 4: ANC check-up, Immunization, VAS, Demonstration and Counselling Drugs and Logistics need to be arranged at this counter. An examination table along with proper curtain/screen to ensure privacy during abdominal check-up has to be set up near this counter. Communication tools and demonstration items (for hand washing, ORS preparation) needs to be set up in a manner which is attractive and appealing to the beneficiary	ANM with the help of ASHA
4	Mobilizing community to attend the VHSND session	ASHA
5	Monitoring and supportive supervision with help of monitoring checklist (refer to <i>Annexure 10</i> )	Supervisors (LHV, Lady supervisor and ASHA facilitator)

## Annexure 11

### Post VHSND Session

S. No	Activity	Responsibility
1	Prepare an attendance list of beneficiaries who were present at the particular VHSND <ul style="list-style-type: none"> <li>Analyse the turnout; number of beneficiary as expected (as per due list/ beneficiary list) and number of beneficiaries actually attended</li> </ul>	AAAs and Supervisor
2	Analyze absentees and devise an action plan to increase attendance <ul style="list-style-type: none"> <li>Conduct home visits done for absentees to provide service</li> <li>Conduct home visits to discuss reason for absence and to ensure attendance for next VHSND</li> </ul>	AAAs and Supervisor
3	Prepare a report of the VHSND activity done	ANM and AWW
4	Line list all the HRP and SAM cases with referral details	ANM, AWW AND ASHA
5	Planning: <ul style="list-style-type: none"> <li>Plan home visits new-born care</li> <li>Plan for infant and young child feeding practices at household level</li> </ul>	ASHA, AWW and ANM
6	Plan a communication strategy to intensify actions that will reduce the dropouts and increase community acceptance	Block Community Mobiliser

# Village Health Sanitation & Nutrition Day (VHSND)

An initiative to bring health, nutrition, child development and sanitation services to the doorstep

Promote community engagement for enhanced health and well being of mothers and children

## Multi-sectoral Approach



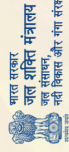
Ayushman Bharat  
Swachh Bharat Abhiyan



Poshan Abhiyan  
Beti Bachao, Beti Padoo



Village Health, Sanitation  
& Nutrition Committee



Jan Andolan

Monthly event in every  
Village/Urban Slum by  
Community Level Worker  
ANM, ASHA, AWW&H

**35 Lac**

Community Workers

**6.4 Lac**  
Villages

**0.4 Lac**  
Slums

## Services & Activities



**Monthly Reach**

**18 Lac**  
Pregnant Women

**67 Lac**  
Children <5 Years

**155 Lac**  
Adolescent Girls

# Village Health Sanitation & Nutrition Day (VHSND)

## Monthly Calendar for VHSND

<b>January</b> Full immunization & Vitamin A Supplementation	<b>February</b> Food Fortification, importance of Micronutrients, Deworming	<b>March</b> Education for girls, Diet and Right Age at Marriage	<b>April</b> ANC, Calcium Supplementation, Institutional Delivery & Early initiation of breastfeeding, the diet of pregnant women
<b>May</b> Early Childhood Care and Education	<b>June</b> Diarrhoea prevention and management diet	<b>July</b> Family Planning and NCDs and Anaemia prevention in children, adolescent girls, women - diet, IFA	<b>August</b> Optimal breastfeeding practices & IYCF, Deworming
<b>September</b> Overall- nutrition (Poshan Maah) including promotion of home stead kitchen garden	<b>October</b> Hygiene, Sanitation & Safe drinking water	<b>November</b> Growth Monitoring and child development, Acute Respiratory Infections (ARIs) and Pneumonia, Male participation in FP	<b>December</b> Appropriate Complementary Feeding











**Ministry of Health and Family Welfare &  
Ministry of Women and Child Development,  
Government of India**

Developed with technical support from USAID *Vridhdhi*: Scaling Up RMNCH+A interventions