Strengthening VHSNDs: A Convergent Approach

1. Issue: Community Activity days not Meeting Needs

Village Health Sanitation and Nutrition Days (VHSND), launched in Bihar in 2011, are organised monthly at Anganwadi Centres (AWC) to provide essential health, nutrition, water and sanitation information and services within communities. As a forum for convergence of these services and a means of reaching poor and underserved communities, VHSNDs are a government priority, but ensuring they are run effectively, covering a wide range of activities on a single day, poses significant logistical and capacity challenges. In many communities VHSNDs do not take place regularly, do not provide all the required services and are poorly attended, especially by socially excluded groups.

2. Action: Technical Assistance to Promote Convergence and Increase Capacity

Technical assistance under the DFID supported SWASTH programme has facilitated additional orientation on VHSNDs for key stakeholders at district and block level, and for Anganwadi Workers (AWW) at community level. BTAST district managers attend the days to strengthen monitoring and supervision, provide practical guidance and promote convergence and appropriate use of data. Local women self-help groups and community based organisations are involved in raising public awareness to increase participation, monitoring and supporting AWWs to improve planning and implementation. Initiatives such as Gram Varta and nodal AWCs also support this process.

3. Changes Observed: VHSNDs and NHEDs More Regular and Active

A report by BTAST based on monitoring visits and government HMIS data shows encouraging improvements in the number and quality of VHSNDs across the state. However, a scorecard based on key indicators (percentage of VHSNDs held against micro-plans; participation of frontline workers and communities, particularly socially excluded groups; availability of equipment and vaccines; provision of MCH services) shows wide variation in district performances, with gaps in the quality and comprehensiveness of services. Average scores ranged from zero to 100%, with five of the 38 districts scoring 75% or above and six less than 25%. Detailed assessment of 11 priority districts that received intensive BTAST inputs shows:

- **Good functionality:** VHSNDs held according to the micro-plan; all basic drugs available; provision of TT vaccination for pregnant women
- **Promising achievements:** Participation of all three frontline workers (ASHAs, Auxiliary Nurse Midwives (ANM) and AWWs)
- **Poor performance:** Participation of community leaders; availability of essential equipment; provision of full antenatal examination; counselling; comprehensiveness of child health services (lack of growth monitoring and identification of malnourished children)

4. Learning: A Multi-Pronged Approach is Essential

Ensuring the effective involvement of such a diverse range of stakeholders poses challenges, particularly in the context of a lack of convergence between the line departments of Social Welfare, Health and Family Welfare and Public Health Engineering, and it was important to strengthen systems within all three as well as encourage them to

coordinate. Commitment of the district administration is essential to foster convergence and regular convergence meetings at district and block level promoted joint problem solving and improved planning and monitoring.

The involvement of self-help groups and community based organisations proved an excellent and cost effective way of improving VHSNDs, particularly in improving the capacity of water and sanitation service providers and increasing their involvement, which has resulted in increased demand for these services as communities have a better understanding of the links with health.

Supervisory support from ICDS supervisors and ANMs helped AWWs and ASHAs appreciate the importance of their roles and increased their motivation and ability to solve problems. However, constraints to regular supervision need to be addressed, including vacancies in supervisor positions, insufficient funding for the number of visits required and competing priorities for supervisors' time. A lack of tools initially made it difficult for community based organisations to provide monitoring support, but following development of a VHSND monitoring checklist they were able to produce useful data, enabling district and block officials to analyse performance gaps and use at convergence meetings for programme decisions, demonstrating the value of using data for programme planning and generating focused dialogue among stakeholders to improve implementation.

Additional key learning points:

- Availability of essential supplies, equipment and drugs is a key bottleneck that requires system strengthening and improved use of flexi-funds for drug supplies at village level.
- Micro-planning matters and must be linked with strengthened monitoring and supervision
- Poor quality of care is a major barrier to people using VHSNDs and needs to be addressed through a comprehensive approach covering logistics, motivation and skills for frontline workers
- Greater investment is needed to increase the involvement of community leaders (Panchayati Raj members) to enable them to play the local governance and accountability role intended
- Reaching the poorest and most excluded communities requires dedicated attention at all levels
- Each district is unique and requires support that is tailored to the individual context

5. The Way Forward

Scaling up inputs to continue strengthening of VHSNDs will be linked with and incorporated into other programmes, such as Gram Varta and nodal AWCs, using the learning outlined above and adopting approaches that have proved effective. Priority areas for the future are to augment capacity building of ANMs and health and ICDS supervisors, strengthen the participation of Public Health Engineering Department and Village Health Sanitation and Nutrition Committees in VHSNDs, and to improve the reach of VHSNDs to the very poor and excluded.

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Sector Wide Approach to Strengthen Health (SWASTH)

Sector Wide Approach to Strengthen Health (SWASTH) is Government of Bihar's initiative to improve the health and nutrition status of the people in Bihar, particularly among the poorest and excluded. It is implemented through the Department of Health & Family Welfare, Social Welfare and Public Health Engineering Departments. The UK Department for International Development (DFID) is providing Financial and Technical Support (£145million). Technical assistance to SWASTH is provided by Bihar Technical Assistance Sup -port Team (BTAST).

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