Assessment of Village Health Nutrition Day Sessions in villages of Sant Kabir Nagar (U.P)

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Introduction

Village Health and Nutrition Day ,introduced by National Rural Health Mission is an initiative to improve maternal, newborn, child health and nutrition in rural areas.

All over India VHNDs are held once in a month in every village at the Anganwadi centre. VHNDs are held on a predetermined time, place and day. VHNDs provide health and nutritional services along with counselling on nutrition, contraception, family planning, complete immunisation, sanitation and hygiene.

Anganwadi workers(AWWs) and Accredited Social Health Activists(ASHAs) bring the villagers to the Anganwadi centres.

The task of Auxilliary Nurse Midwives(ANMs) is to provide ante-natal care and immunisations. AWWs monitor growth of children and refer children with severe malnutrition to the nearest public health facility. Apart from it, supplementary nutrition is also provided. All the three frontline members (ANM, ASHA, AWW) are important for the proper functioning of VHND.

Introduction

The session is organized once every month (preferably on Wednesdays and for those villages that have been left out, on any other day of the same month) at the AWC in the village. This has been planned so as to ensure uniformity in organizing the VHND.

VHND if organized regularly and effectively can bring about the much needed behavioural changes in the community, and can also induce health-seeking behaviour in the community leading to better health outcomes

Main Objectives

- To provide essential and comprehensive health & nutrition services to pregnant women, lactating mothers, children (0-5 yrs) and adolescent girls.
- To strengthen linkages between Health & ICDS in promoting comprehensive maternal & child survival programmes.
- To ensure early registration, identification and referral of high risk children and pregnant women.
- To provide an effective platform for interaction among beneficiaries, service providers, and community members including GKS (Gaon Kalyan Samiti), Mothers Group, PRI, and SHG.
- To sensitize beneficiaries, their families and community members on health, nutrition care and services at village level through discussion of various health topics as envisaged in the Health Calendar.

Basic Components

- Early registration
- De-worming
- Counselling on early breastfeeding
- Identification and referral of high risk cases of children and pregnant women
- Basic ANC to be provided at community level in order to address the essential requirements of pregnancy, delivery, referral, childhood illnesses and adolescent health.

Literature Review

- The 1978 Alma Ata declaration highlighted the importance of Primary Health Care and the critical role played by community health workers (CHW) to link communities to the health system. The use of community members to render certain basic health services to their communities is a concept that has existed for more than 50 years
- According to a rapid assessment on VHND was carried out by UNICEF in 2011 indicate that VHNDs are conducted on a designated day. However discussions and feedback from community and functionaries show that quality of interaction during VHND sessions is not up to the mark.

Literature review

- In India, VHND is a priority intervention under the National Health Mission. Government of India which emerged from attempts to increase coverage of basic health and nutrition services in rural areas not served by health facilities.
- Inter-sectoral convergence between Health and Nutrition activities is the focus of the VHND program under NHM of the Ministry of Health and Family Welfare, Government of India. The ASHAs, AWWs, ANMs and PRI members work as a team to ensure that the services are provided on the VHNDs.

Rationale

Uttar Pradesh has one of the highest MMR of 285 maternal deaths per 100,000 live births (SRS 2011–13) in India. IMR of Uttar Pradesh i.e. 50/1000 Live Birth is higher than the national average of 40/1000 LB (SRS 2013). In case of Sant Kabir Nagar district, The above indicators are very poor. IMR is 63 and MMR is 304 (AHS 2012-13)

Prevalence of under nutrition and anemia is very high. Several studies done have shown 30–40% prevalence of under nutrition amongst different age groups and 80–90% prevalence of anemia amongst children, adolescent and adult population living in the state (RSOC 2014)

Rationale

Improper sanitation and hygiene practices in villages again make people vulnerable to health risks mostly affecting women and children. Though health systems provide good facilities, for proper delivery of services on VHND, all the frontline workers need to be skilled and efficient so that they can contribute effectively towards the health of masses.

Therefore, there is a need for the assessment of VHND Sessions in the villages of Sant Kabir Nagar to identify the gaps in service provision on Village Health and Nutrition Day.

The present study focused on identifying the loopholes in the functioning of VHND through interaction with the staff at the VHND site and use these observations and findings to make suggestions for a better delivery of services on VHND site. The findings can be used for improving the quality of services at the VHND site.

Research Question

What is the quality of health services being delivered at VHND session sites?

Objective

- To assess the functioning of VHND sessions in the villages of Sant Kabir Nagar, U.P .
- To assess the availability of drugs and supplies at the VHND sites.
- To assess the client satisfaction of VHND sessions.

METHODOLOGY

- **Study Design** : Cross sectional Descriptive study
- **Study Location** : Sant Kabir Nagar, Uttar Pradesh.
- **Sampling** : Random sampling
- **Sample Size Calculation** : Four blocks were selected based on the population , 2 blocks having higher population and 2 blocks which have lowest population ,From each block 15 villages are selected randomly to observe the VHND session.

  Total no. of VHND sites :60

  Sample Size :60
- **Study Duration** : 3 months (February to April)
- **Data Collection Tool** : VHND monitoring checklist of Government of India
- **Method of data collection** : The methodology adopted was:

  Participant observation

  Site observation

Methodology of VHND Assessment

Coverage	No.
District	1
Blocks	4
VHND sessions	60

DATA COLLECTION AND ANALYSIS

Primary data - Data being collected from the filledmonitoring checklist.

Secondary data -Total Number of blocks present in the Sant Kabir Nagar and the number of villages within each block is taken .

Data Analysis

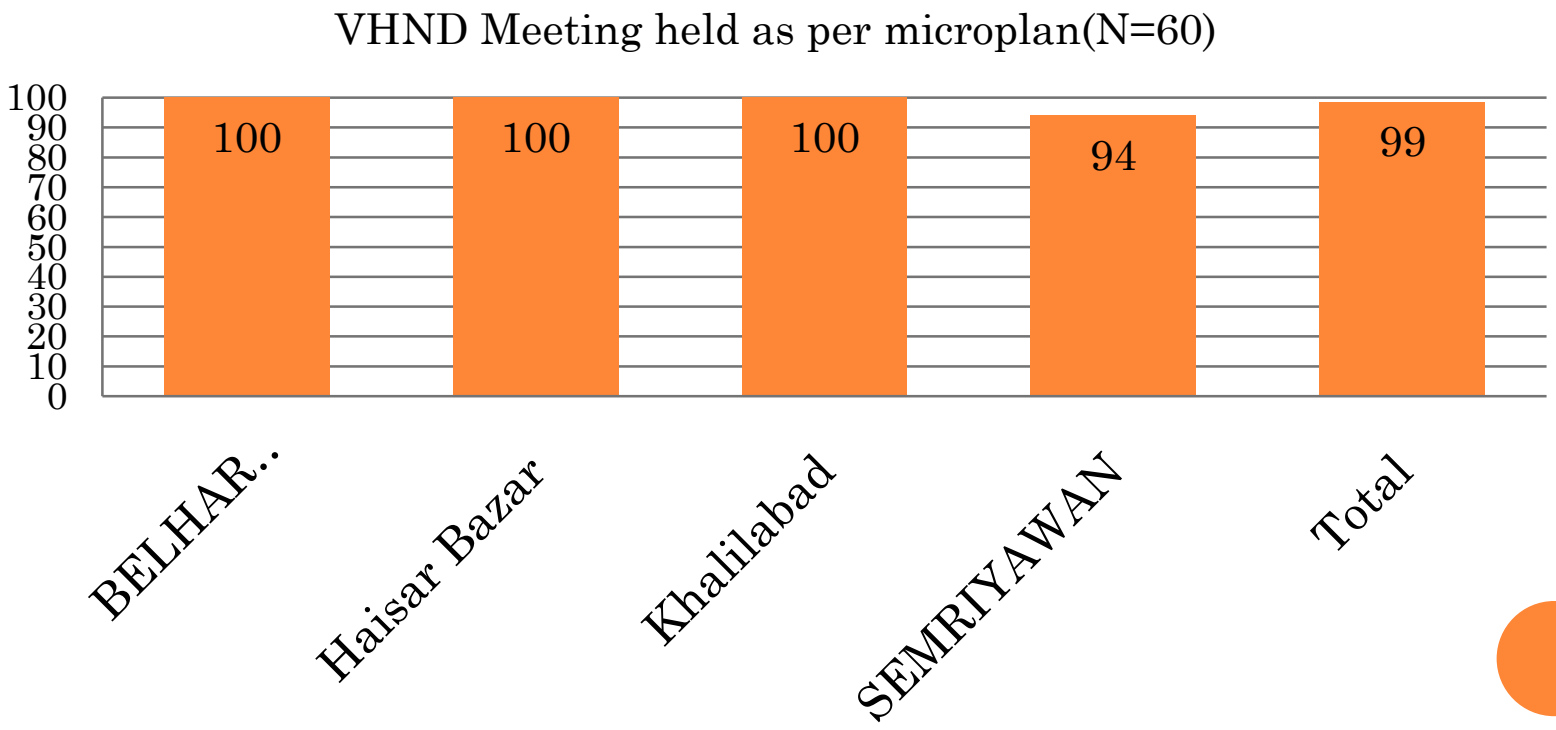
The data or information is compiled using Ms Excel . The analysis is being done using STATA appplication and different graphs and tables are being made using Ms Excel.

ETHICAL CONSIDERATIONS

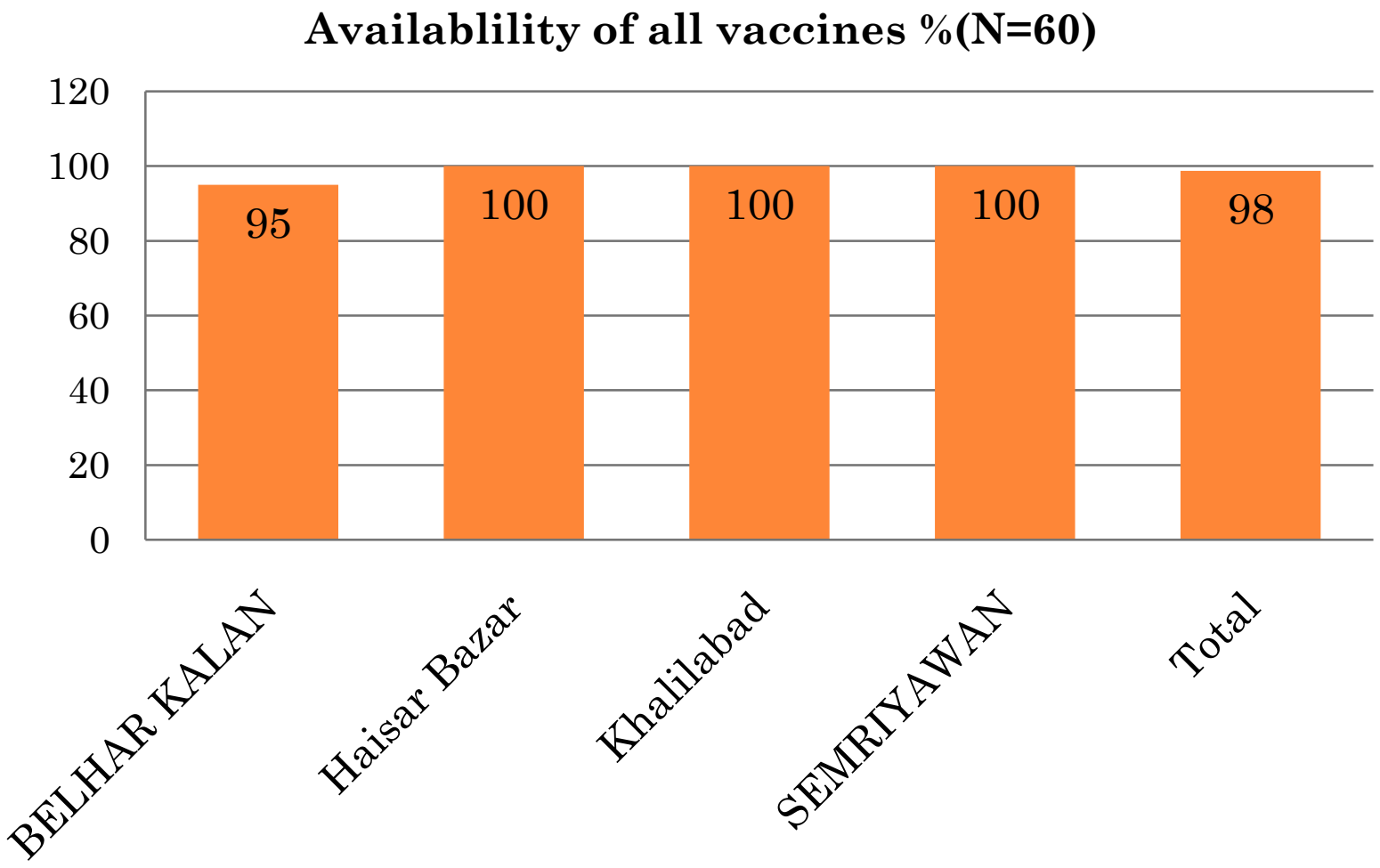
- Data is collected after informed consent obtained after explaining the study objectives and procedure to the respondents.
- All information linked with personal identity of the respondents is only accessible to the principal investigator and removed from the data during all stages of analysis.

RESULTS

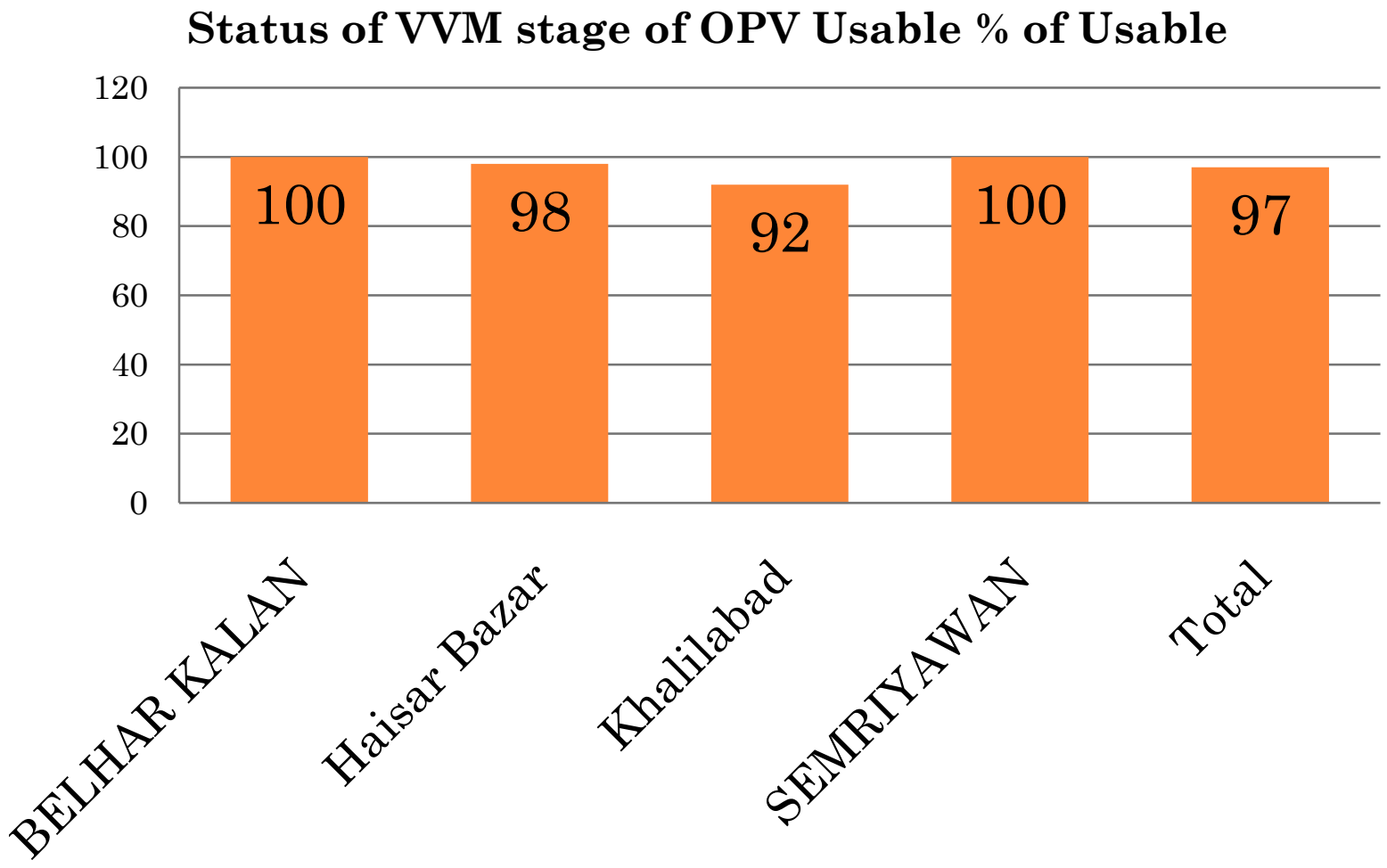
Percentage of VHND sessions held as per microplan



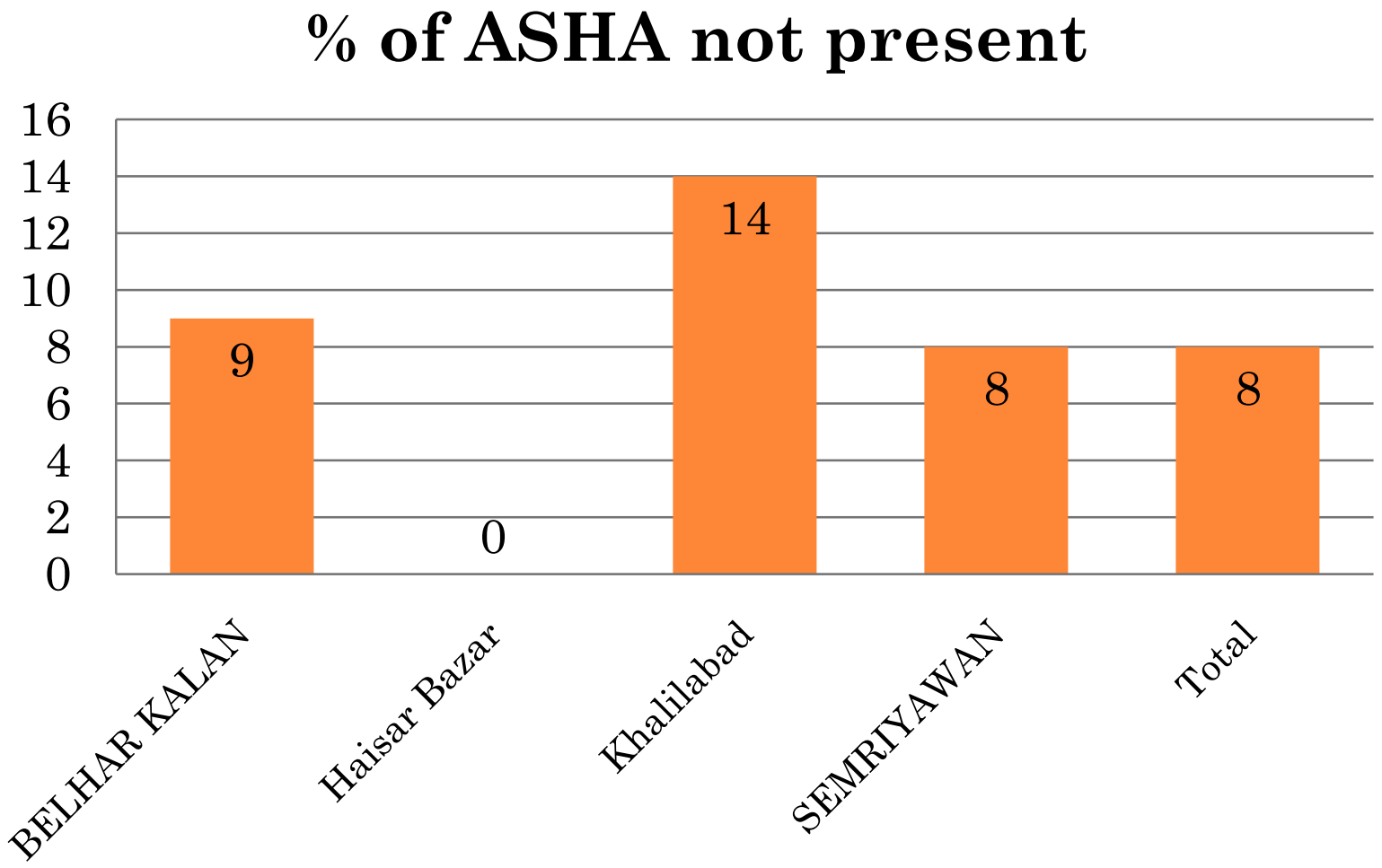
Percentage of vaccines available at VHND sites



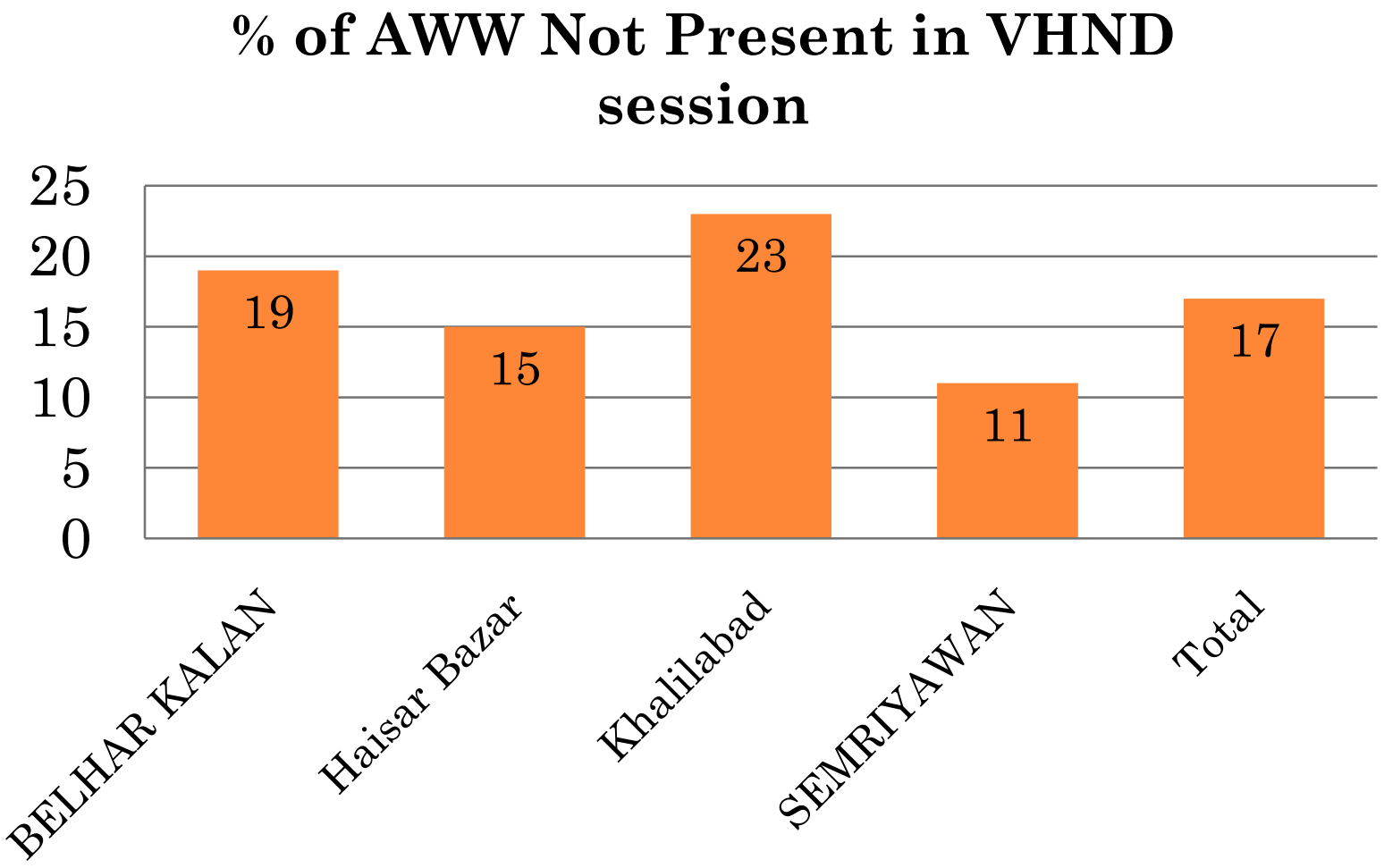
Status of VVM stage of OPV Usable



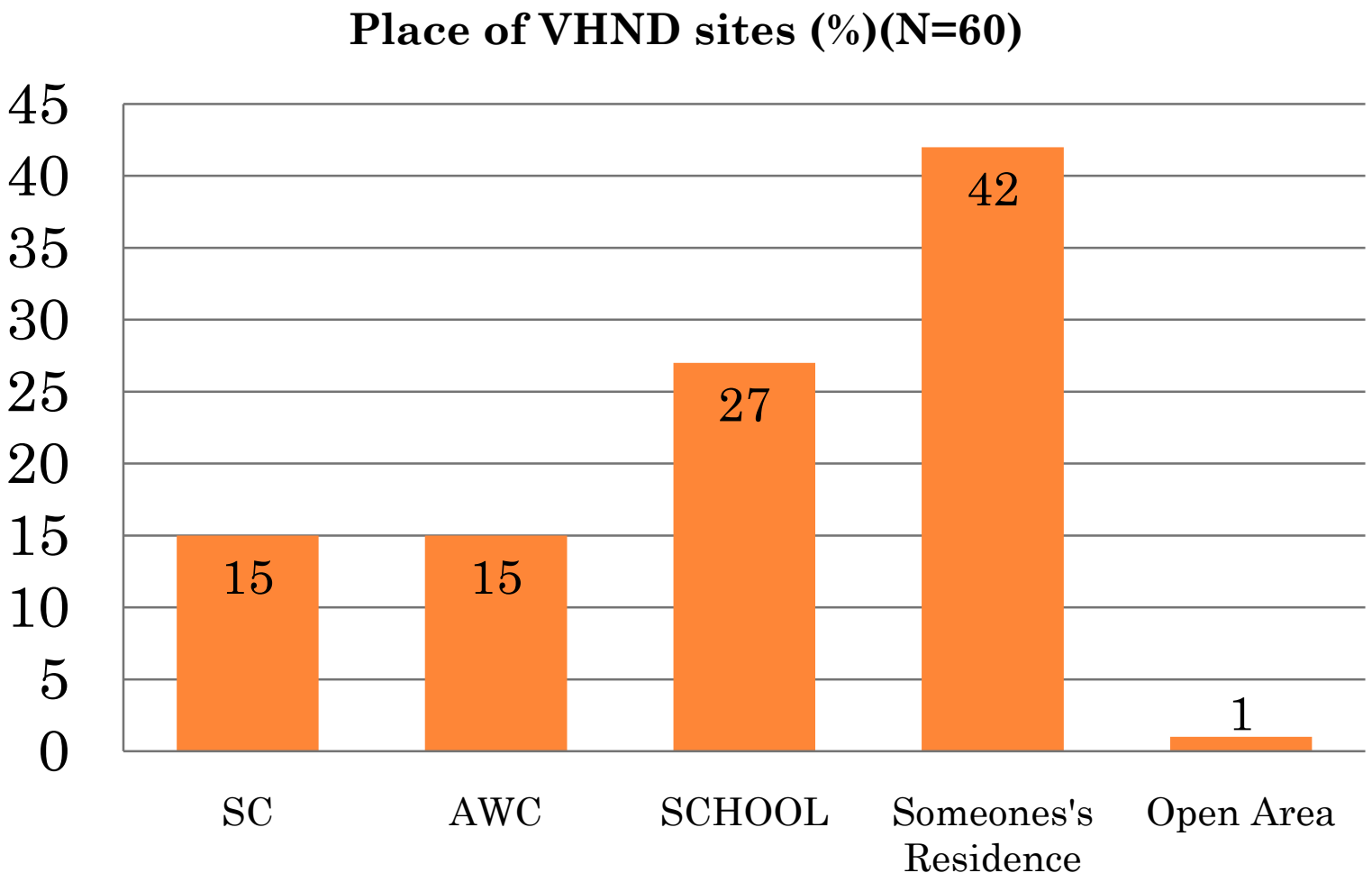
Status of Absence of ASHA from VHND sessions



Status of absence of AWW during VHND sessions



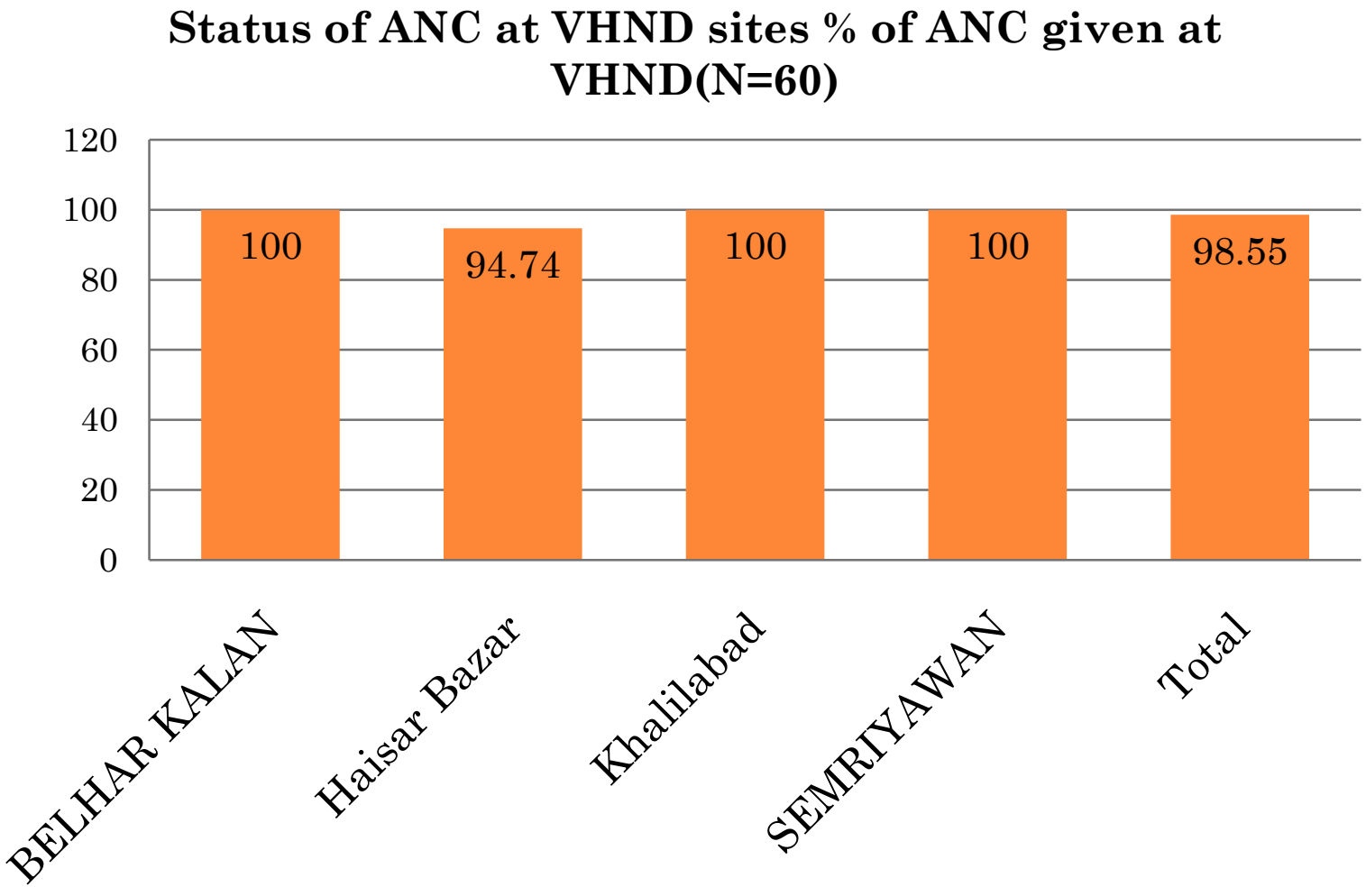
Place for VHND sites in 4 blocks of S K Nagar



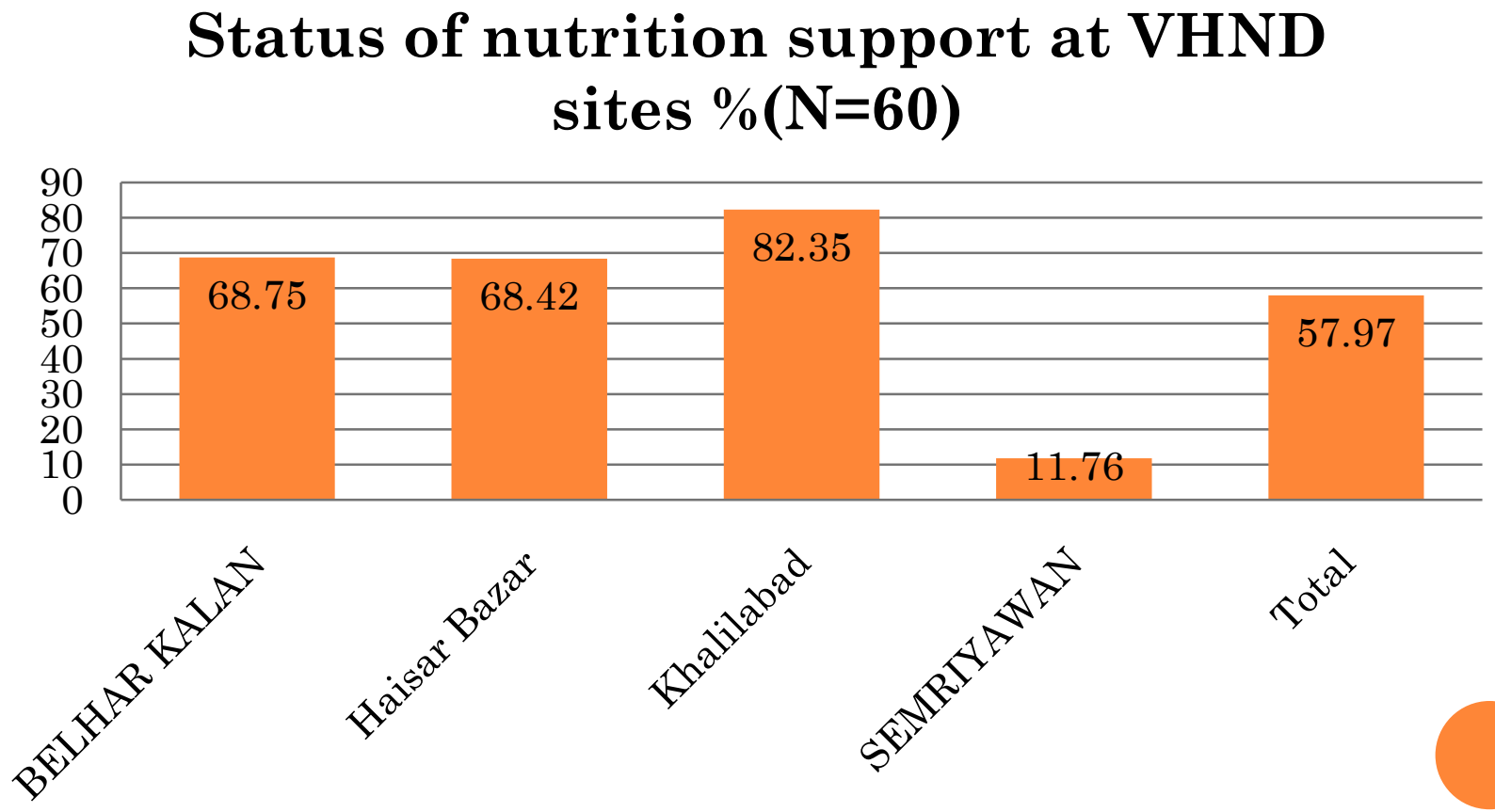
VHND sites	% of toilet facility
SC	80
AWC	30
SCHOOL	84
Someones's Residence	100
Open Area	0

VHND Sites	% of sites where privacy available
SC	69
AWC	60
SCHOOL	76
Someones's Residence	95
Open Area	0

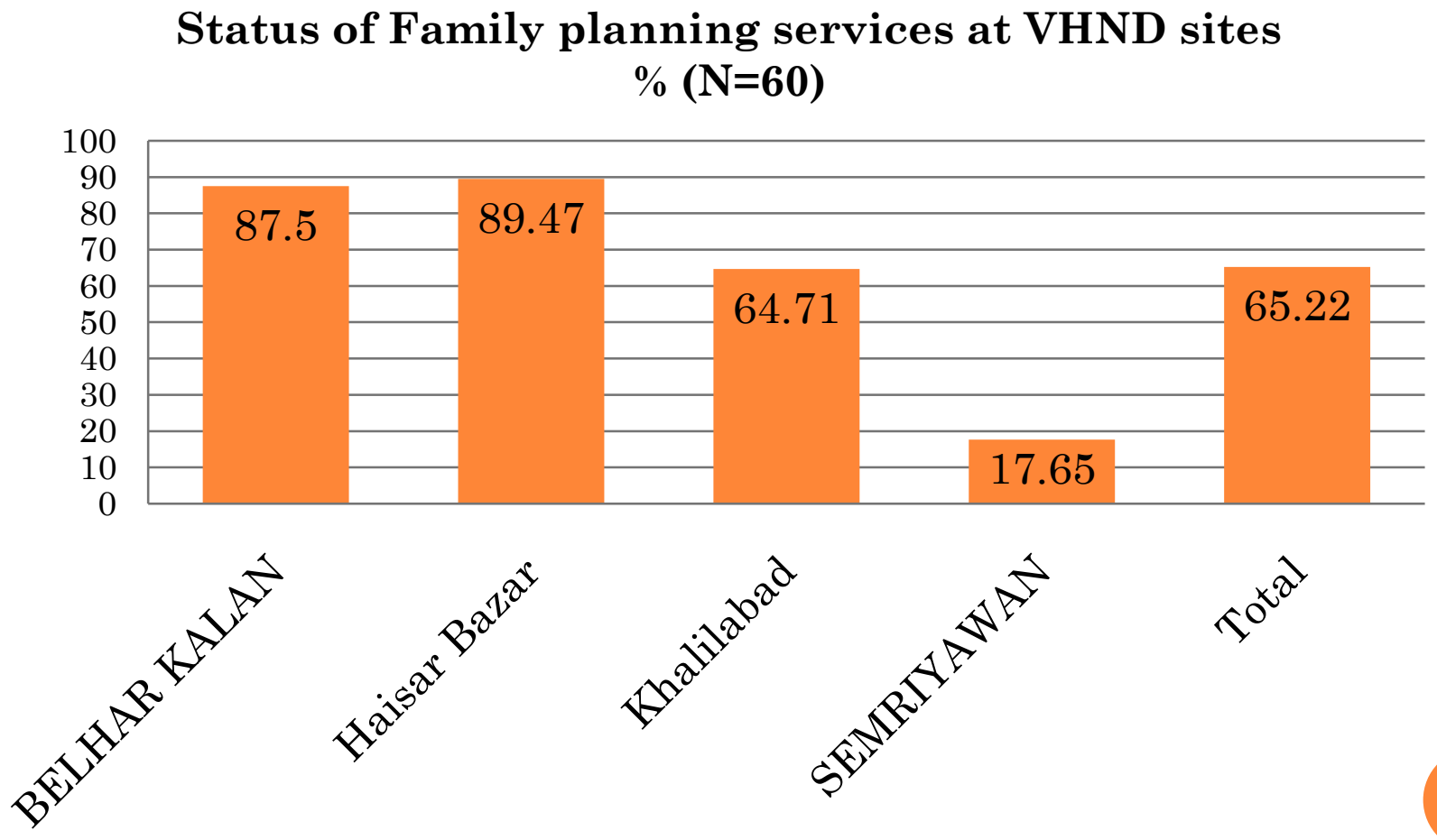
Status of ANC Checkups



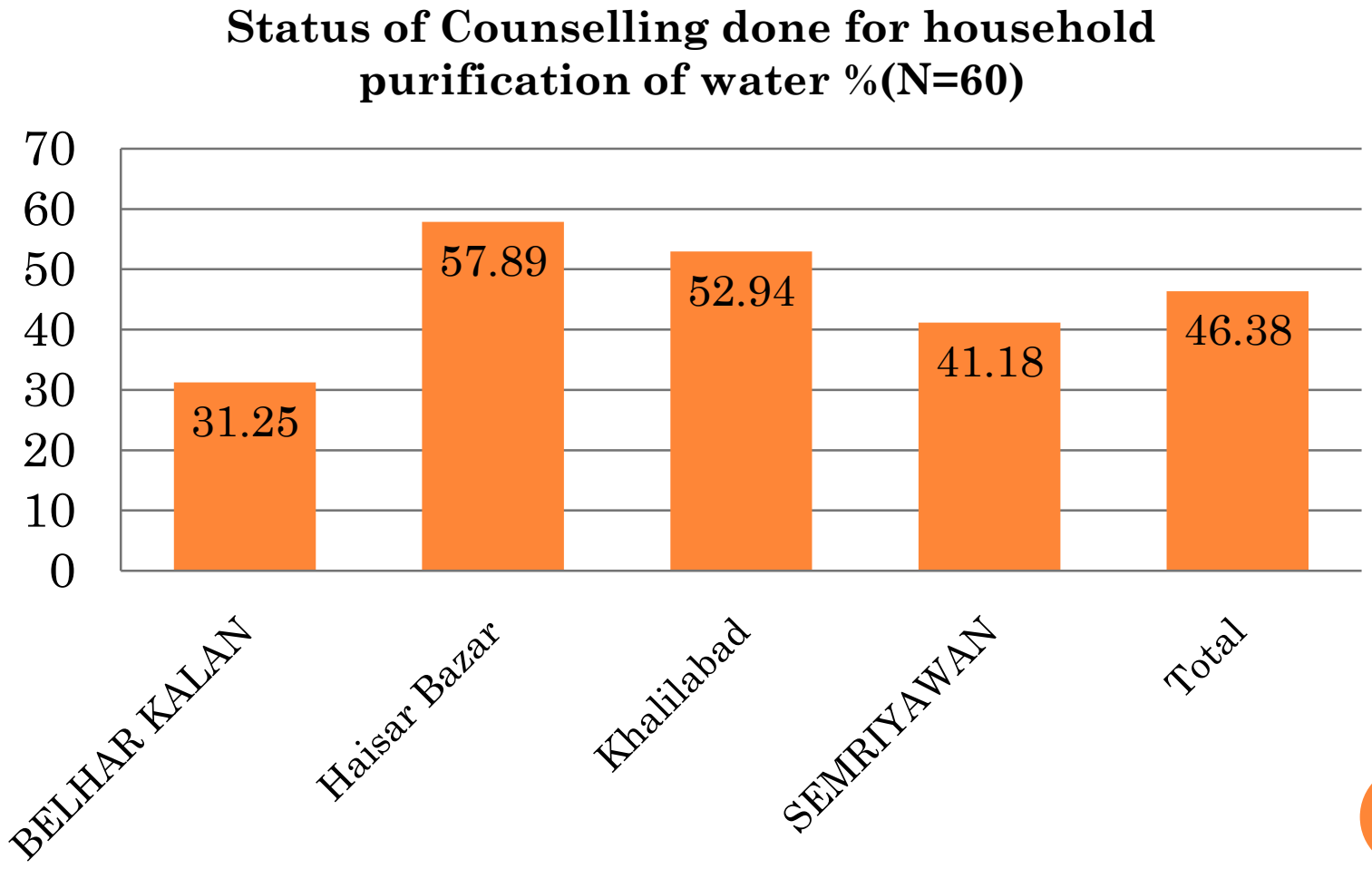
Status of nutrition support at VHND



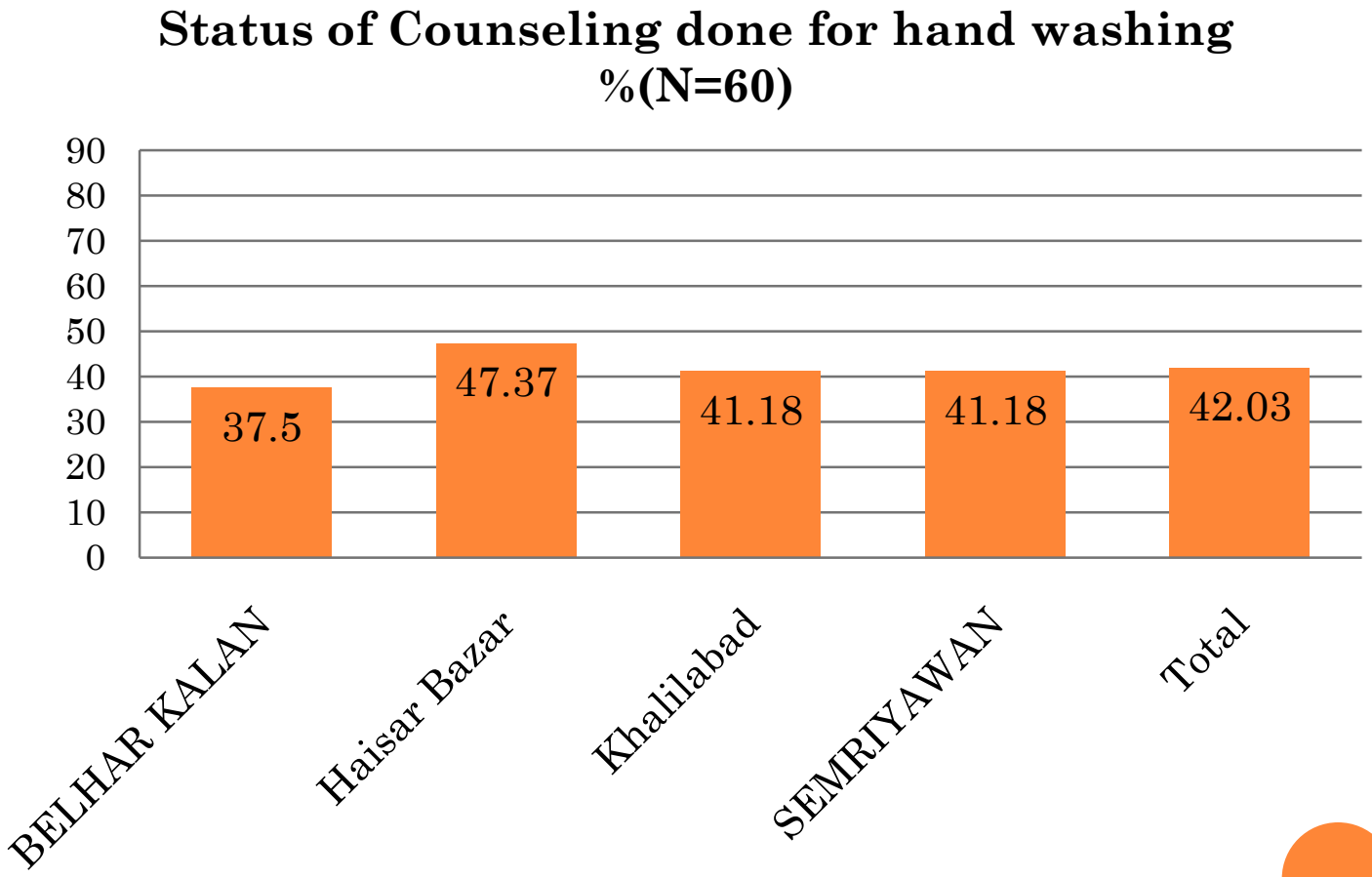
Status of Family Planning services during VHND sessions



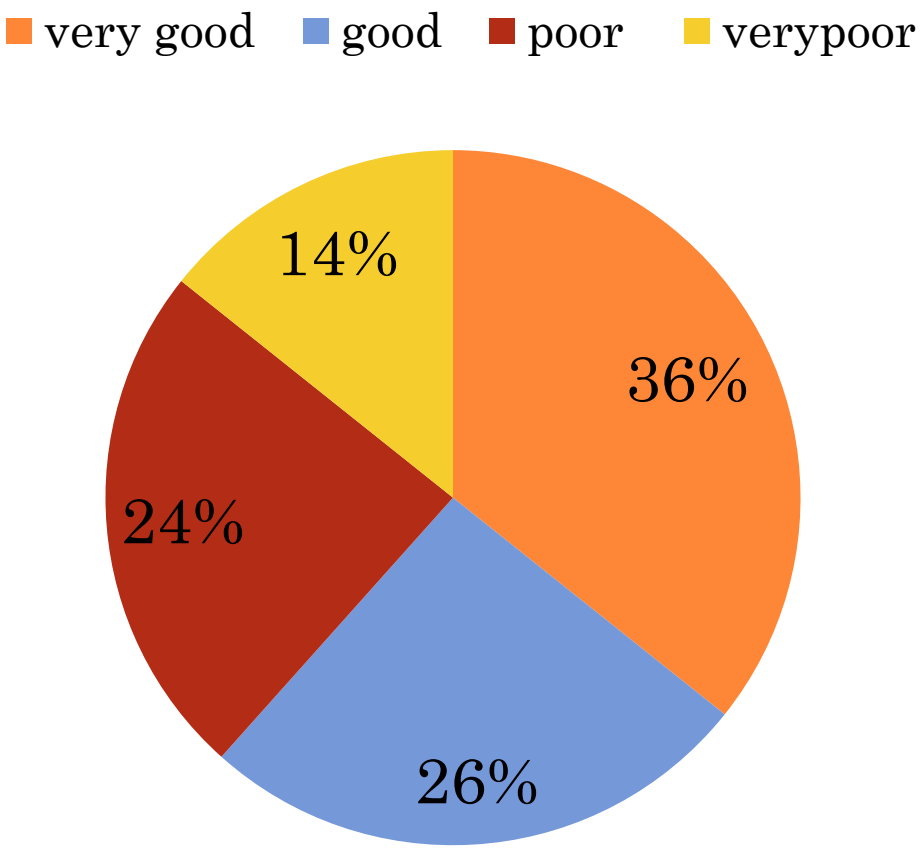
Status of counseling for household purification of water



STATUS OF COUNSELING FOR HAND WASHING



Satisfaction level of beneficieries for VHND sessions



SUGGESTIONS

1. Proper privacy and toilet facility is required to improve the coverage of beneficieries for VHND sessions.
2. Logistic support is required for the Semariyawan block for proper and effective VHND sessions.
3. Proper and timely monitoring of VHND is required by MOICs and BPMs of the respective blocks
4. Logistic availability are needed to be insured before conducting the VHND sessions at any site.
5. Counseling sessions are needed to be given importance during VHND sessions.
6. Proper counseling for family planning services are needed to be done during VHND sessions to the pregnant women.
7. Proper counselings regarding sanitation should be given during VHND sessions.
8. All beneficieries should be involved during discussions during VHND. The communication should be in both way.

LIMITATIONS OF THE STUDY

- This Study is done in 4 blocks of the Sant Kabir Nagar district.
- Time constraints for the various activities of the Project.

Thank You