Assessment of VHND Sessions in Ikauna Block of Shrawasti District, U.P.

By

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Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2014-2016

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TO WHOMSOEVER MAY CONCERN

This is to certify that **Md.Ataullah** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at India Health Action Trust from February 16' to April 16'.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.
I wish him all success in all his future endeavors.

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The certificate is awarded to

MD.ATAULLAH

In recognition of having successfully completed her
Internship in the department of community process.

He has successfully completed his Project on

Assessment of VHND sessions at shrawasti district, U.P

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INDIA HEALTH ACTION TRUST, LUCKNOW

He comes across as a committed, sincere & diligent person who has a
Strong drive and zeal for learning.

We wish him all the best for future endeavors.

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Assessment of VHND sessions in Ikauna block of Shrawasti district, Uttar Pradesh** and submitted by **MD.Ataullah Enrollment** No 0162 19th Batch under the supervision of **Dr.Neetu Purohit, Associate Professor, The IIHMR University, Jaipur, India** for award of MBA Hospital and Health Management of the university carried out during the period from **Feb – 2016** to **April – 2016** embodies my original work and has not formed the basis for the award of any degree, diploma associateship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Md. Ataullah

Signature

MD.Ataullah
19th Batch
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Acknowledgements

The internship was started with a vision to be able to learn about the practical aspects of healthcare delivery system in a detailed manner. I hereby take this opportunity to express my deep sense of gratitude to all those who have been instrumental in the successful completion of my internship. Any accomplishment requires efforts of various individuals and this work is no exception

Firstly, I would like to thank Dr. S.D. Gupta, Director - Institute of Health Management Research, Jaipur, and all the faculties, for the education imparted which has made me the person I am today, and IHAT UP-TSU for believing in my abilities.

This project would not have been completed without the tremendous contribution of my Guide, Dr.Neetu Purohit right from the onset lending a helping hand at every step.

Bharat lal pandey (State Team Leader)-Community Process deserves gratitude for always guiding me through difficulties.

Leela Nath Mishra (Zonal Community Specialist), my Supervisor and guide at IHAT UP-TSU has been supportive all along my tenure in the organization and allowed me the freedom to express myself.

I would like to express my sincere thanks to Dr.Saim Mohd. Khan (District Technical Specialist) and Ms. Vinod Srivastav (Block Community Specialist) for their kind support.

I would also like to specially thank all of my study participants (ANMs of Shrawasti district) who have been co operative in participating and responding well during the assesment.

Finally, and most importantly, I would like to thank God for allowing me to complete my project, my beloved parentsfor their blessings and my friends for their help and wishes for the successful completion of this internship.

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List of Abbreviations

ANC : Ante Natal care
AWW : Anganwadi worker
ASHA : Accredited Social Health Activist
SHG : Self Help Group
VHND: Village Health Nutrition Day
VHSNC : Village Health Sanitation and Nutrition Committee
PRI : Panchayat RajInstitutions
BCS : Block Community Supervisor
BCPM : Block Communityprocess Supervisor
GoI : Government of India
IHAT : India Health Action Trust
IIHMR: Indian Institute of Health Management and Research
AEFI : Adverse effect of following immunization
UP : Uttar Pradesh
UP-TSU : Uttar Pradesh-Technical Support Unit
VVM : Vaccine Vial Monitor

DISSERTATION REPORT

Assessment of VHND sessions in Ikauna block of Shrawastidistrict, Uttar Pradesh.

Abstract

Study on Assessment of VHND sessions in ikauna block of Shrawasti district in Uttar Pradesh

Md.Ataullah

Keywords: VHND, VHSNC, FLW, AEFI

Background: 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).and Shrawasti is one of the poorest in health indicator in entire Uttar Pradesh. MMR is 368 per 100,000 live births and IMR is 98 per 1000 live births (AHS 2013). Prevalence of under nutrition and anemia is very high. Almost 97% population of Shrawasti district lived in rural areas, so VHND can be successfully used as a platform for providing first-contact primary health care in this state.

Objective: The objectives of the present study were:

1.To assess the services being provided in VHND session site.

2. To assess the availability of drugs and supplies at VHND sites.

Methodology: cross sectional descriptive study was carried in ikauna block. 48 session sites were selected randomly. Checklist to assess the VHND sessions was prepared to collect the data and collected data was analyzed by using MS-Excel.

Findings: From the findings we can drive that out of 48 sessions only 18 sessions (38%) were conducting abdominal examination. Availability of IFA small tablet at session site were (32%) and availability of albendazole were (66%) at the session site. Only 40% of availability of condoms at the session site.18 sessions were observed for conducting urine test for protein and sugar. There were no proper management of AEFI and list of drop out and left out cases.

Conclusion: From the above study, it can be concluded that services being provided during VHND were poor and availability of drugs and supplies were not adequate and performance of ANMs during vaccination and Antenatal Care were not satisfactory.

1.1 Introduction

Health and nutrition go hand in hand, thus the concept of conducting Village Health and Nutrition Day is a very promising strategy for achieving better health through increased focus on nutritional behavior of the people in the community. The task of inter-departmental convergence, i.e. between health and ICDS departments, and consequently improved coverage of Maternal and child health services is however a complex task and needs detailed micro-planning as well. But VHND sessions have been adopted by many states and therefore different projects are being run in these states for improving the service delivery. Government of Uttar Pradesh has also adopted the concept and guidelines have been issued regarding the planning and conduct of the sessions. The VHND can be successfully used as a platform for providing first-contact primary health care in this state, as evidence is growing that primary care strategies centred on community based interventions are effective in reducing neonatal and maternal deaths in countries with high mortality rates, even if institutional approaches are necessary to reduce themfurther. It can thus also be seen as an interface for interaction between the community and the health system. 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. The aim of the VHND is to create awareness about various health facilities available at village and subsequent levels, enhancing healthy behaviour practices among villagers and providing nutrition and primary health care services for women and children especially to marginalized and vulnerable communities; that will improve the health and nutrition indicators of the state.

Main Objectives of VHND:

VHND was introduced with an aim that it could 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 are:

- 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.

 To render quality health and nutrition services to beneficiaries at door step through home Visits, referrals services and follow ups.

Components

Basic components of primary healthcare services includes early registration, de-worming, counselling on early breastfeeding, identification and referral of high risk cases of children and pregnant women, as well as basic ANC and PNC to be provided at community level in order to address the essential requirements of pregnancy, delivery, referral, childhood illnesses and adolescent health.

1.2 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. There have been innumerable experiences throughout the world with programmes ranging from large scale, national programmes to community based initiatives (pruss-ustun, bosr, WHO, 2008).

The data reflects that the VHND sessions are being organized as per the immunization session roaster of the villages and the services related to immunization are only being provided rather than providing basic health care services (http://mpnipi.org/Immunization.html).

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. This has an impact on the participation of the community in VHND. Quality entails a number of aspects –

a) Investment of the organizer's
b) Common understanding among the stakeholders about how VHND is to be organized and services that are to be offered.
c) Pre-service mobilisation and post service follow up.
d) Publicity and preparation for the VHND.
e) Instrument and required equipment for VHND.
f) Information shared during sessions.

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. The case can be used to discuss the challenges in convergences between different government departments in planning the services to be offered for VHND, generating demand for the services through IEC/Counselling and actually providing services on the VHND.

1.3 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).and shrawasti is one of the poorest in health indicator in entire Uttar Pradesh. MMR is 368 per 100,000 live births and IMR is 98 per 1000 live births(AHS 2013). Prevalence of under nutrition and anaemia is very high. Several studies done have shown 30–40% prevalence of under nutrition amongst different age groups and 80–90% prevalence of anaemia amongst children, adolescent and adult population living in the state (RSOC 2014). High prevalence of common infections like Diarrhoea, and helminthic infestations indicates compromised water and sanitation facilities amongst population living in rural areas. There was evidence that lack of awareness about health, nutrition, hygiene and sanitation is responsible for such poor outcome (Costello A, Osrin D,Manandhar D.BMJ.329:1166-1168). Therefore, there is a need for the assessment of VHND Sessions in the villages of Uttar Pradesh to identify the gaps in service provision on Village Health and Nutrition Day.

1.4Research Questions

What is the status of health services being provided at VHND sessions site?

1.5Objectives

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- To assess the services being provided at VHND sessions site
- To assess the availability of drugs and supplies at the VHND sites.

1.6Methodology

Study Design - Cross Sectional Descriptive Study
Study Area - Ikauna block of Shrawasti district
Study Period - 3 months
Sampling Design - Random Sampling
Sample Size - 48 VHND sites

Data Collection Technique-Interview with ANMs

Data Collection Tool- VHND checklist

Data Analysis Plan:

The data or information is compiled using MS Excel. Data is enter manually into the application and analyzed. Graphs and charts are being made using MS Excel package.

1.7Ethical 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 will be removed from the data during all stages of analysis.

1.8Results

The results have been present based on the data collected through VHND checklist and analyzed by MS-Excel.

1.8.1 Assessment of VHND sessions related to ANC services

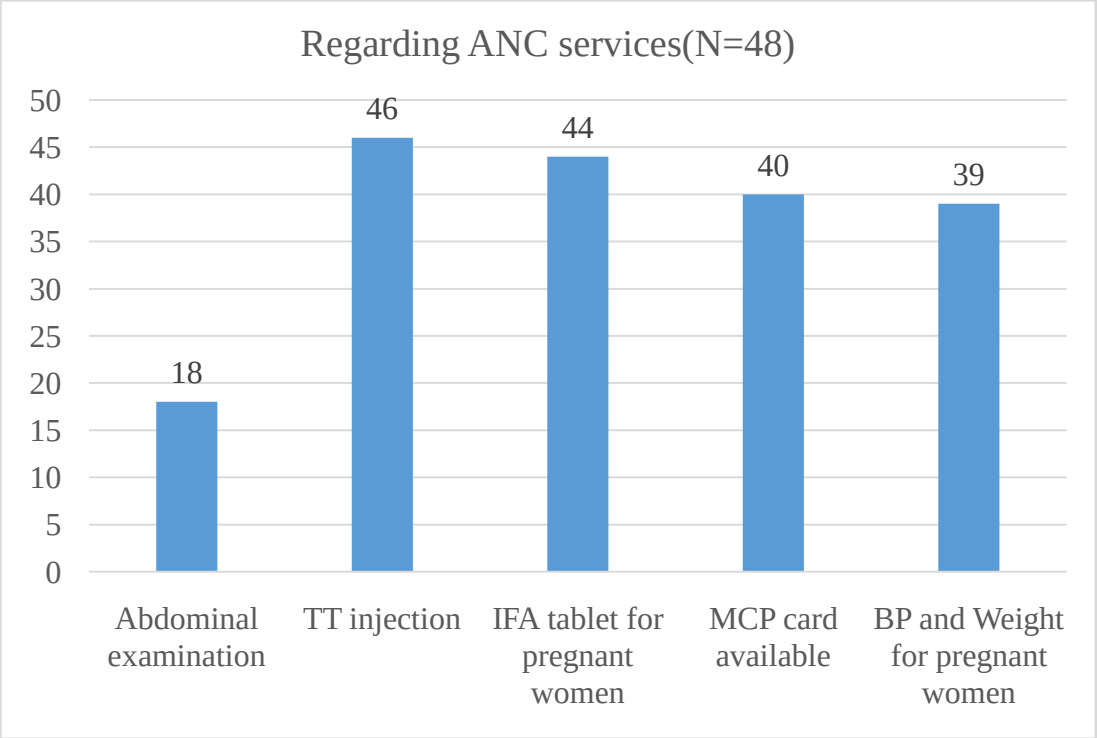


Fig (a): regarding ANC services at VHND sessions.

The above figure shows that out of 48 sessions only 18 sessions (38%) were conducting abdominal examination at session sites. Only 39 sessions were observed for measuring BP and Weight for pregnant women. Out of 48 sessions, (83%) MCP card were available at session site.

1.8.2 Regarding availability of Drugs at VHND session.

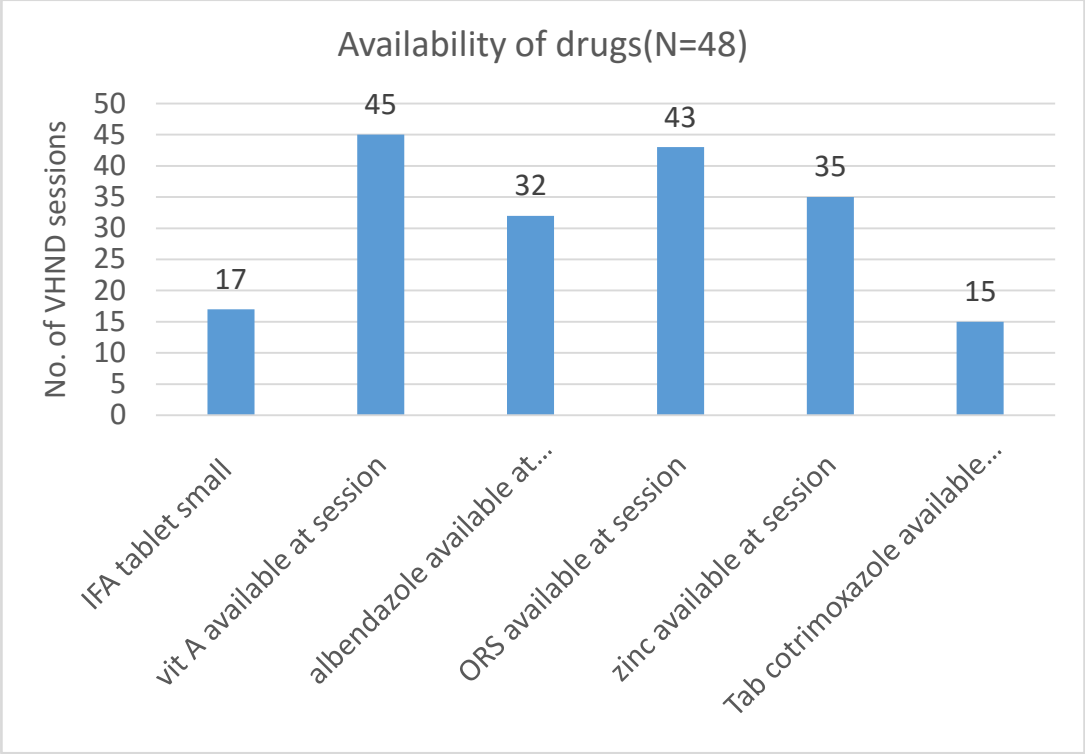
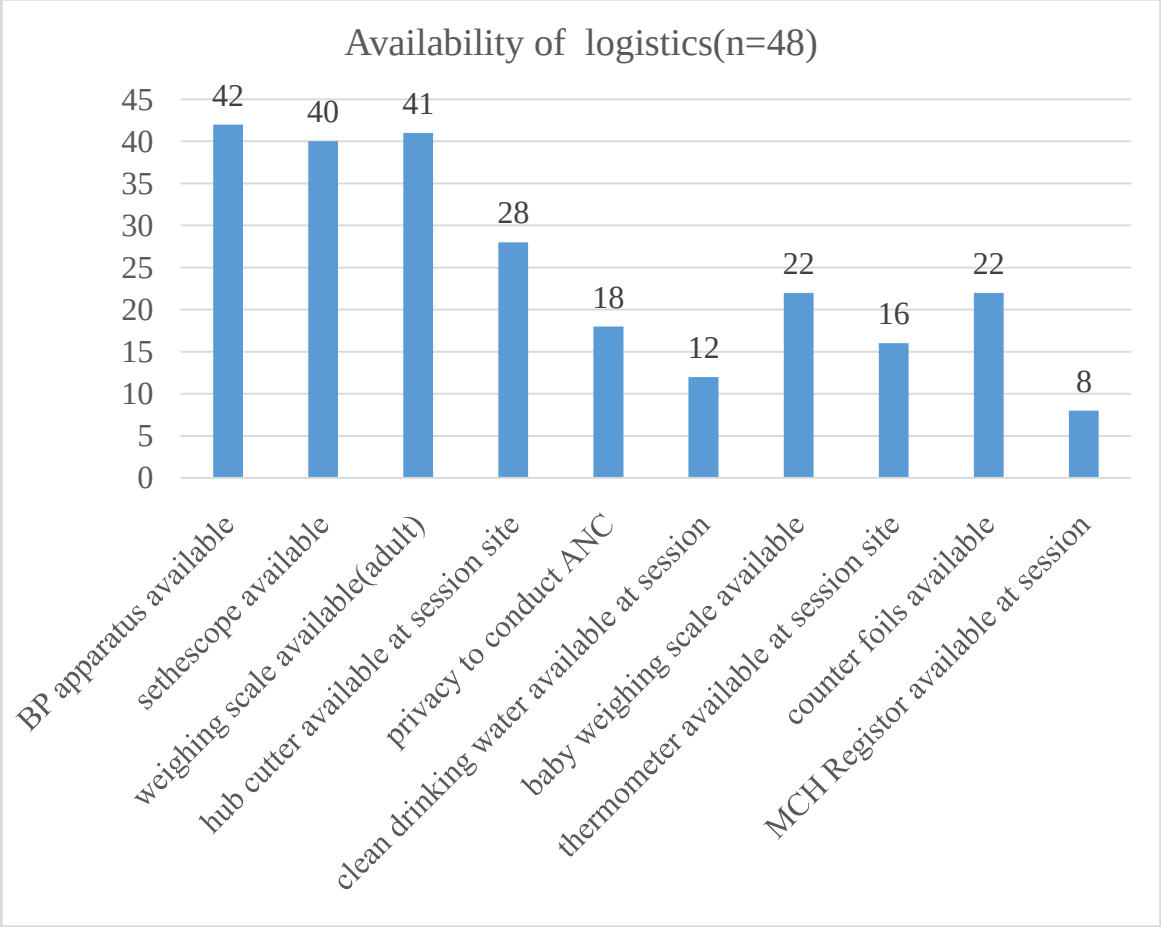


Fig (b): Availability of drugs at session site

The above figure shows out of 48 sessions only (38%), availability of IFA small tablet at session site and only (32%), and availability of cotrimoxazole at the session site and Availability of albendazole were poor at the session site. (66%).

1.8.3 Regarding availability of logistics at VHND session



Fig(c): Regarding availability of logistics at VHND sessions

The above figure shows, out of 48 sessions, only at 18 sessions (38%) were observed were privacy was maintained to conduct abdominal examination. Only 12 sessions (25%) were observed where there was availability of clean drinking water. Only 8 sessions (17%) sessions, observed were there was availability of MCH register at session site.

1.8.4 Regarding family planning services at VHND sessions.

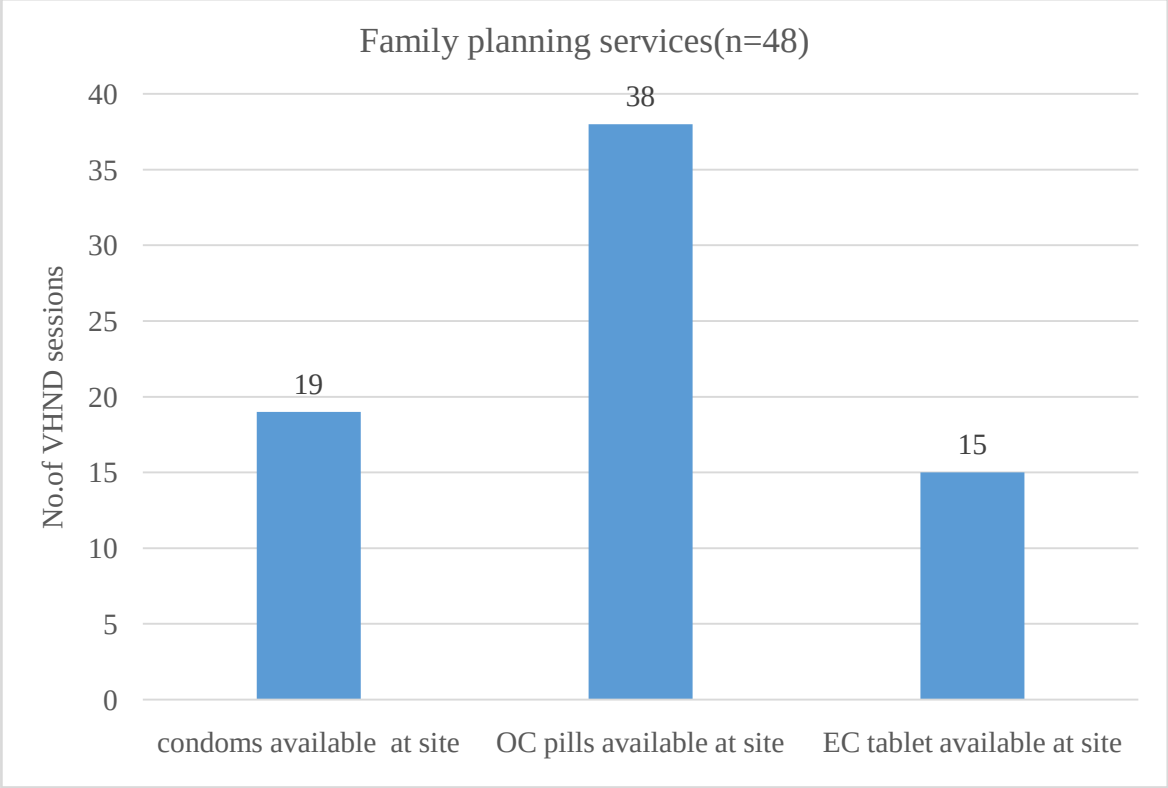


Fig (d). Regarding family planning services

The above figure shows that availability of oral contraceptives were (39%), whereas availability of emergency contraceptives were only (31%) at the session site.

1.8.5.Regarding general observation at session.

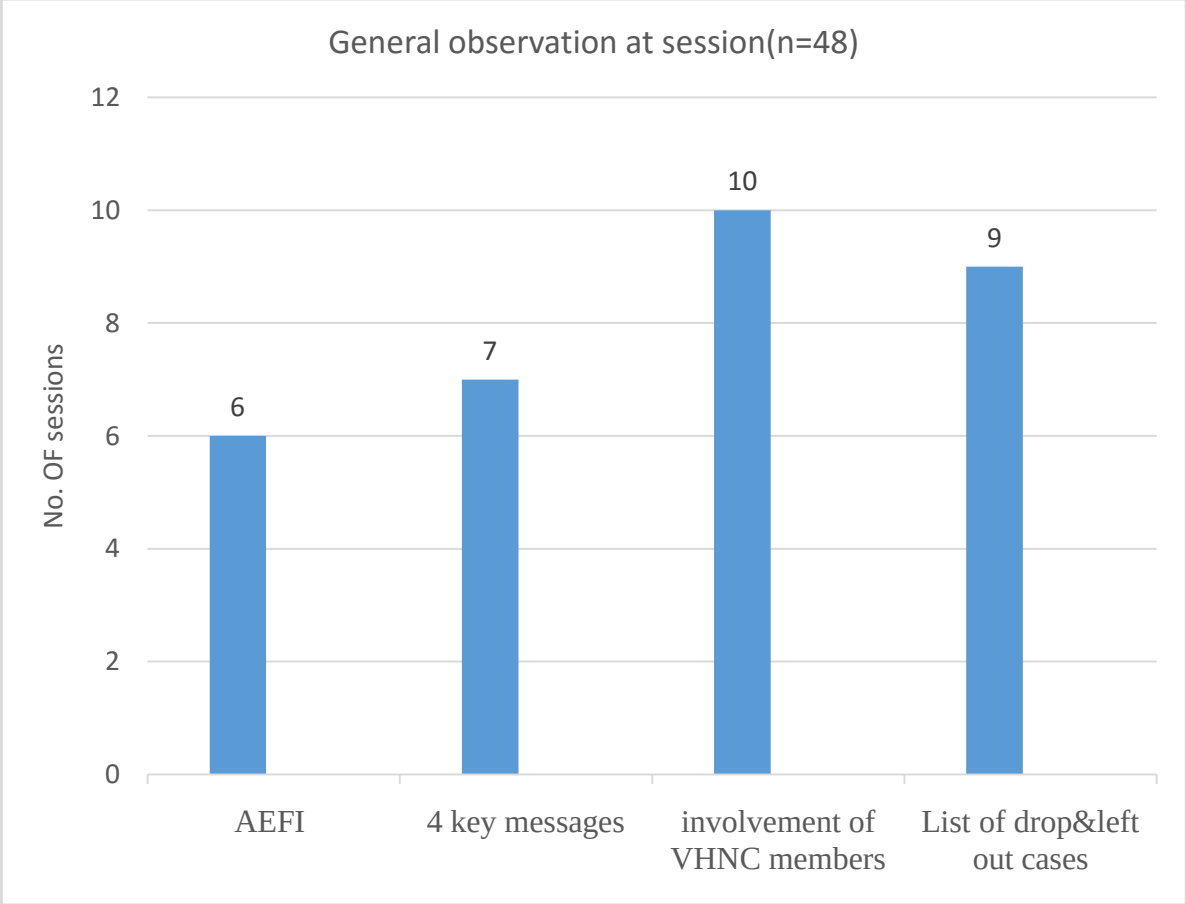


Fig (e): Regarding general observation at session

The above figure shows that out of 48 sessions, only 6 sessions (13%) were observed for Proper management of AEFI.,Only 7 sessions (15%) wereobserved regarding 4 key messages were delivered during vaccination at VHND session site, Only 10 sessions (21%) observed were there was involvement of VHSNC members at the session site.

1.8.6 Regarding various test at VHND sessions

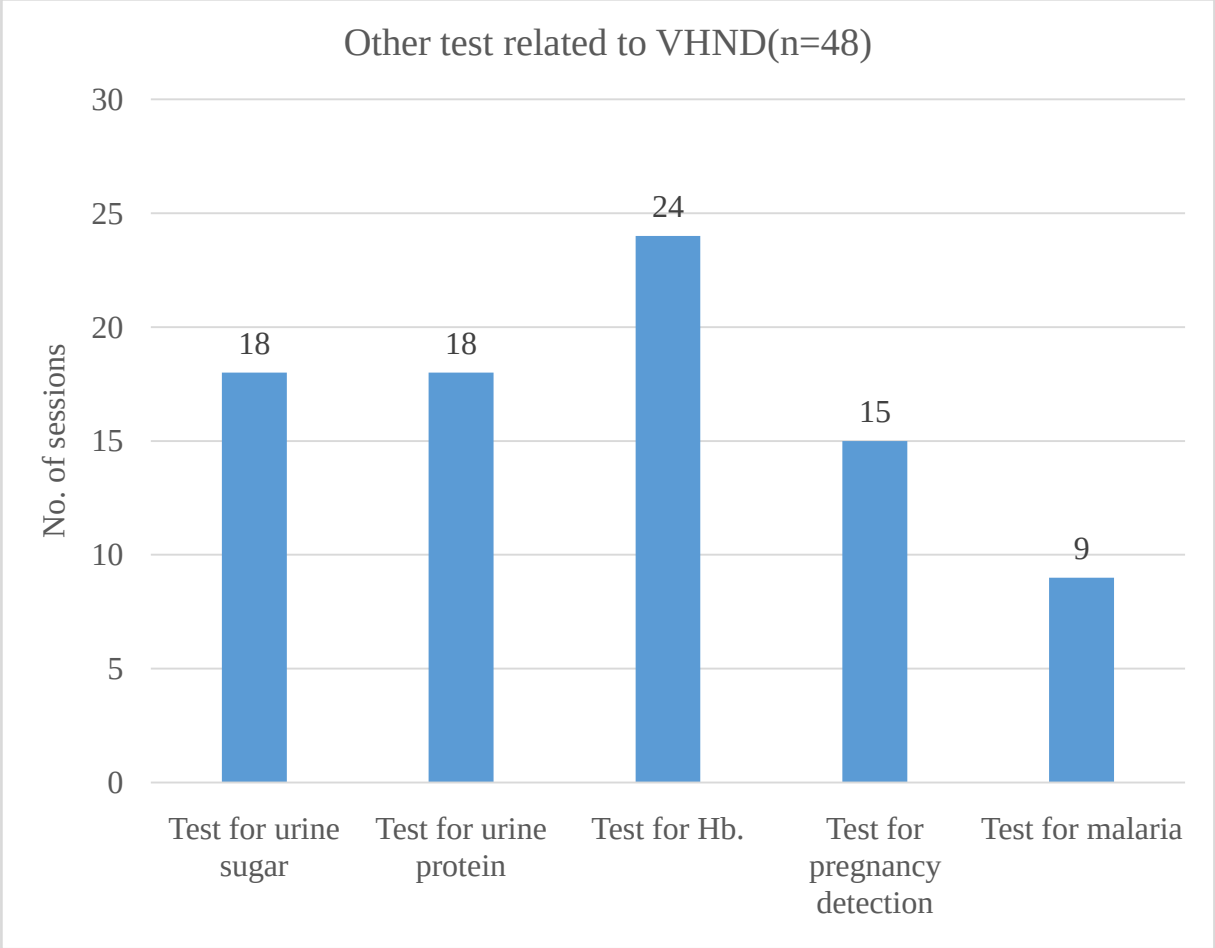


Fig (f): various test during VHND session

The above figure shows that out of 48 sessions only 18sessions (38%) were observed urine test for protein and sugar were conducted. Only 15 sessions (31%) were observed for malaria test at session site, Only 15 sessions (31%) were observed for testing pregnancy.

1.8.7 Regarding counselling status at VHND sessions

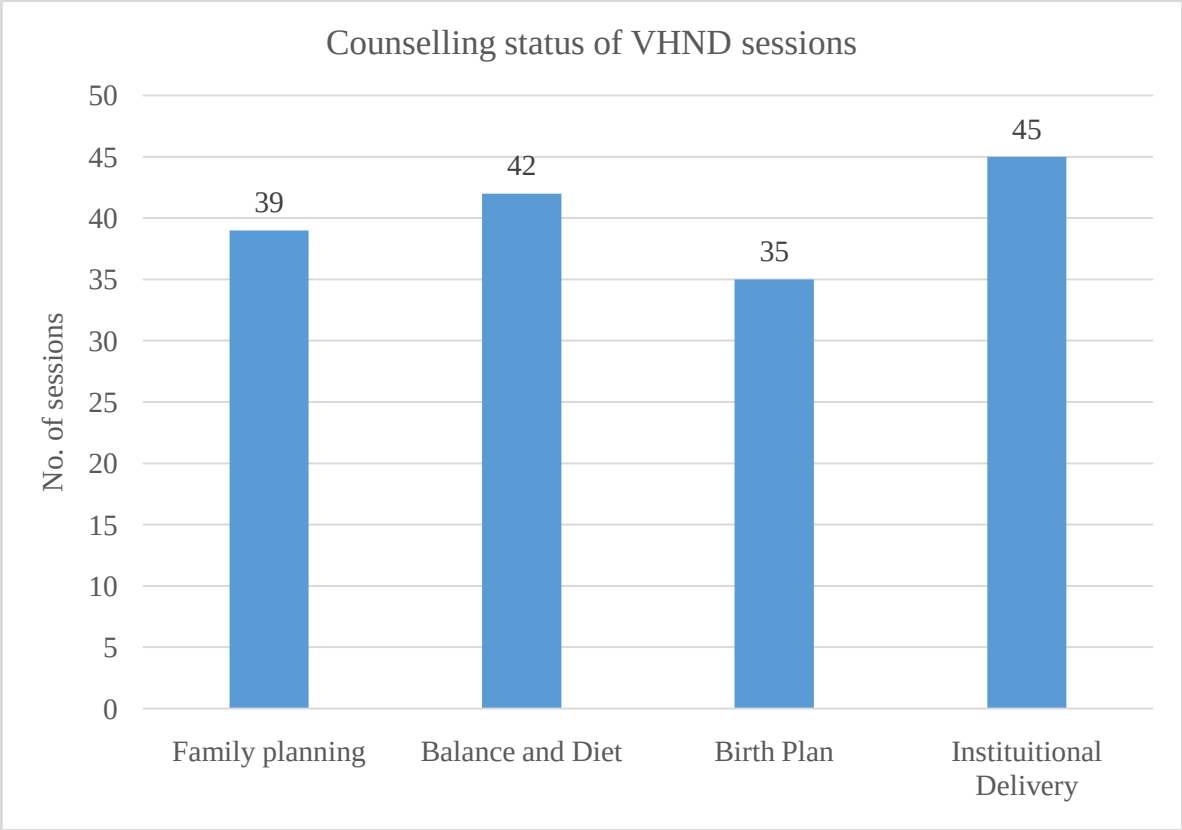


Fig (g): counselling status at VHND sessions

The above figure shows that out of 48 sessions only 35 sessions were observed were counselling for birth plan conducted, 39 sessions were observed for family planning counselling.

1.8 Suggestion

- Privacy is required to conduct abdominal examination for pregnant women.
- Proper supply of logistics in each and every VHND sessions in adequate in number.
- Proper delivery of key messages and instruction by ANMs during vaccination.
- Counselling sessions need to be given more importance at VHND sessions.
- There should be proper involvement of VHSNC members during VHND sessions.
- Proper and timely monitoring of VHND sessions by MOIC, BCS and BCPM.

- Proper listing of pregnant women and children and preparation of duelist for particular area before conducting VHND sessions.

1.10 Limitations of the Study

- This study is done in 1 block of the district Shrawasti, and the sample collected is small.
- Time constraints for the various activities of the Project.

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Annexure

Questionnaire

VHND checklist

District_____ Name of the Block_____ Name of the Sub center_____ Name of the Village where VHND held_____
Date of visit _____

General observation at session

1. Session held as per micro plan (date and place) Yes /No
2. Banner and poster is displayed at the session Yes /No
3. Are all vaccines available Yes /No
4 VVM stage usable on OPV Yes /No
5. 0.5 ml AD syringes used for all vaccines except BCG Yes /No
6. 0.1 ml AD syringe used for BCG Yes /No
7. List of drop out and left out at the previous sessions. Yes /No
8. Is hub cutter available at the session site? Yes /No
9. Are the weight of the children being taken at session and advice related to AEFI Yes /No
10. Are nutritional advises being provided to the mother whose children are Under weigh by AWW Yes /No
11. Have the AWW identified any malnourish child in the last four sessions Yes /No
12. Whether members of VHSC providing assistance at session site? Yes /No

ANC Care

13. ANM performing Ante Natal Checkup Yes /No
14. TT available for the ANC services Yes /No
15. IFA tablets are being provided to the pregnant women Yes /No
16. Mother and Child cards are being available at the session Yes /No
17. Is Counseling done to the pregnant women for Ante Natal Care and for institutional delivery Yes /No?
18. Is the ANM maintaining B.P records, weight of the pregnant women Yes /No?

Drugs availability

19. Is Tab IFA small available at session? Yes /No
20. Is Tab IFA large available at session? Yes /No
21. Vitamin A available at session Yes /No
22. Vitamin A given with the spoon accompanying the bottle? Yes /No
23. Is Tab Albendazole available in the session Yes /No

24. Is ORS available at the session Yes /No
25. Is Tab Zinc available at the session Yes /No
26. Is tablet Cotrimoxazole (paed) available at the session Yes /No
27. Drugs for minor illness available Yes /No

Availability of other logistics

28. B.P apparatus available Yes /No
29. Stethoscope available Yes /No
30. Weighing scale available (Adult) Yes /No
31. Availability of a privacy (bed, screen) for conducting the ANC checkup. Yes /No
32. Clean drinking water available at session site Yes /No
33. Is the Baby weighing machine available Yes /No
34. Is thermometer available at the session site Yes /No
35. New Immunization card is available at the session Yes /No
36. Counter foils of the Immunization Cards of the previous sessions are
Available at the session site Yes /No
37. Is UIP Master Register is available Yes /No
38. Is MCH Master Register is available Yes /No

Family planning services

39. Are condom available at the session site Yes /No
40. Are OC pills available at the session site Yes /No
41. Are the beneficiaries being motivated for Sterilization?
NSV.IUD insertion Yes /No
42. Are emergency contraceptive tablets being available Yes /No
43. Are counselling being done to eligible couples on contraception. Yes /No

Other Service delivery

44. Drugs for malaria is available at session sites Yes /No
45. Are RDK kits available Yes /No
46. urine test for protein and sugar yes/No
47. Hemoglobin test yes/No

Sanitation

48. Where hand washing being demonstrated during the session. Yes /No
49. Counselling for household latrines being conducted. Yes /No
50. Counselling given on household purification of water. Yes /No