Dissertation on
“Assessment of quality of VHND sessions”

Submitted by: Dr. Priya Bhat
Roll no. 0191
MBA Health Management
Under the guidance of
Dr. S.D Gupta

Introduction & Rationale

- introduced by National Rural Health Mission
- an initiative to improve maternal, new born, child health and nutrition in rural areas.
- held once in a month in every village at the Anganwadi centre
- Anganwadi centre is the main hub to carry out the services provided on VHND.
- Anganwadi workers (AWWs) and Accredited Social Health Activists (ASHAs) bring the villagers to the Anganwadi centre
- task of Auxiliary Nurse Midwife (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.
- VHND acts as a platform to bring under privileged community closer to the health system
- In India, maternal and child malnutrition is persistently on a higher scale.
- Expectants usually have low Body Mass Index (BMI) due to severe malnutrition resulting in low birth weight babies, still births and children under 5 years of age are stunted, wasted and severely underweight and anaemic

- period of pregnancy in mother and the first two years of life of a child that is from conception till child’s second birthday, lack of good nutrition and healthy growth practices can be quite fatal.
- Underweight and malnourished mothers have a serious threat during pregnancy due to anaemia, folic acid deficiency
- . Also underweight, wasted and stunted are more prone to death from pneumonia, measles, diarrhoea and other infectious diseases
- Lack of ante-natal care in remote in the remote areas can increase the chances of complications during labour and sometimes even lead to death of both mother and the new born.

- **Research Question:**

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

- **Objective:**
- To quantify the availability of logistics in the VHND
- To assess the effectiveness of service delivery at VHND sessions.

Methodology:

Study Design: cross sectional Descriptive study

Study Location: selected 4 TSU blocks from district Faizabad (where IHAT is going to start the project Nutrition), Uttar Pradesh.

Sampling: simple Random sampling

Sample size: 4 Technical Support Unit blocks were selected. Each block is divided into 3 – 4 clusters. 8 villages were selected randomly from each cluster to observe the VHND session.

Total no. of clusters = 13

No. of villages from each cluster = 8

Total no. of VHND sites =92

Study Duration: 3 months

Data Collection Tool: VHND Assessment Tool

Method of data collection: The methodology adopted was:

- Participant observation
- Site observation.

- **Methodology of data collection**

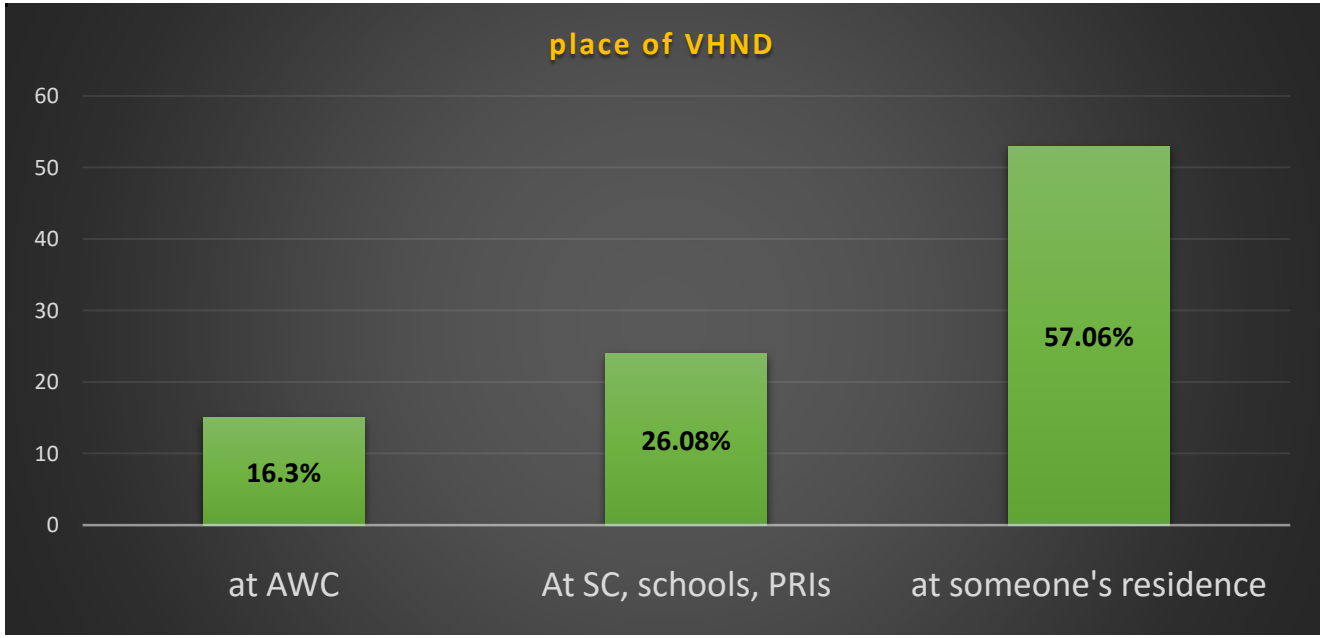
Data collection was done by the individual as well as the Community Resource Persons who were initially oriented on how to collect the data. CRPs are the community level team introduced by TSU to provide Hand Holding support to the Frontline workers.

Results:

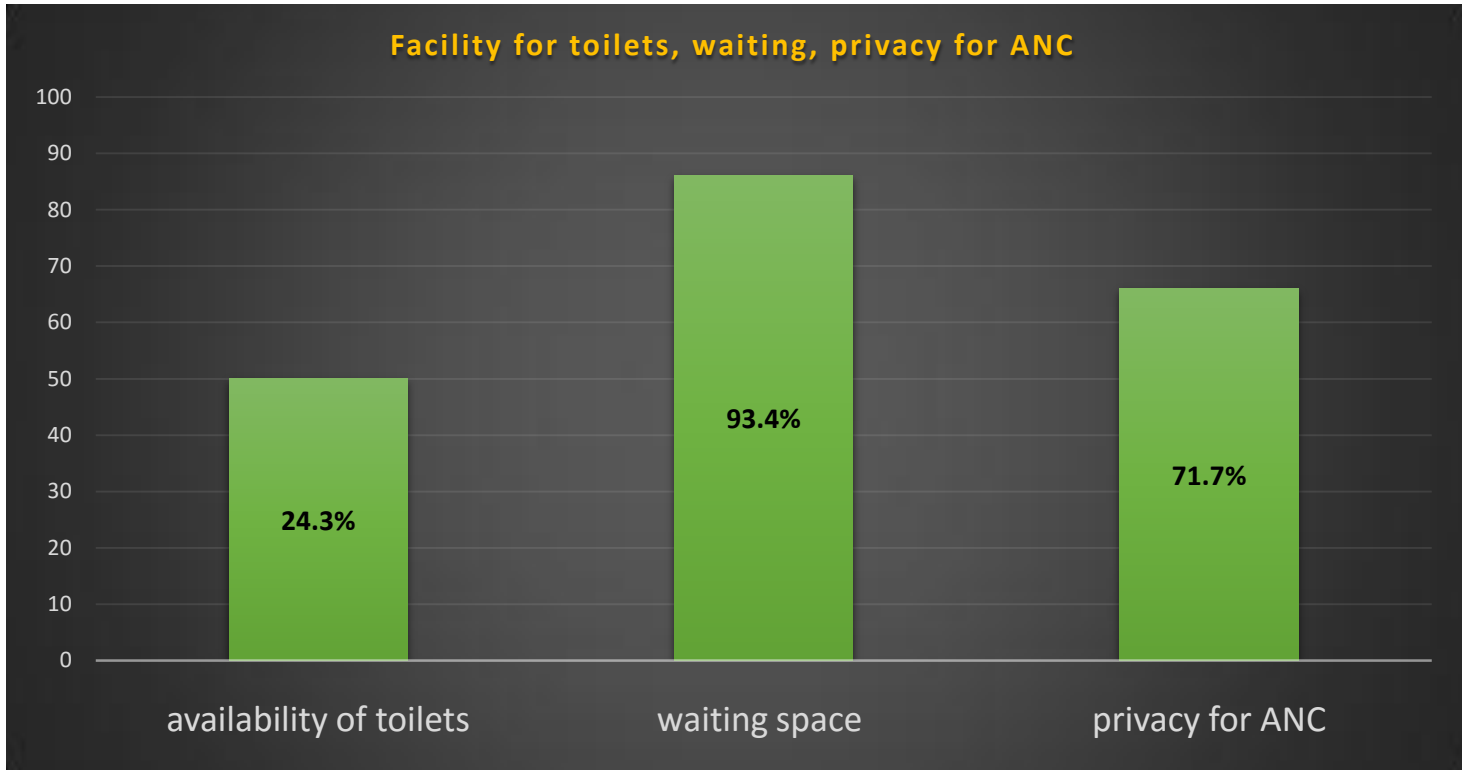
- A total of 92 VHND sites were assessed in 4 blocks of district Faizabad, Uttar Pradesh. Out of 92 VHNDs, 80 VHNDs were held as per micro plan.

- **<u>Parameters of Assessment</u>**

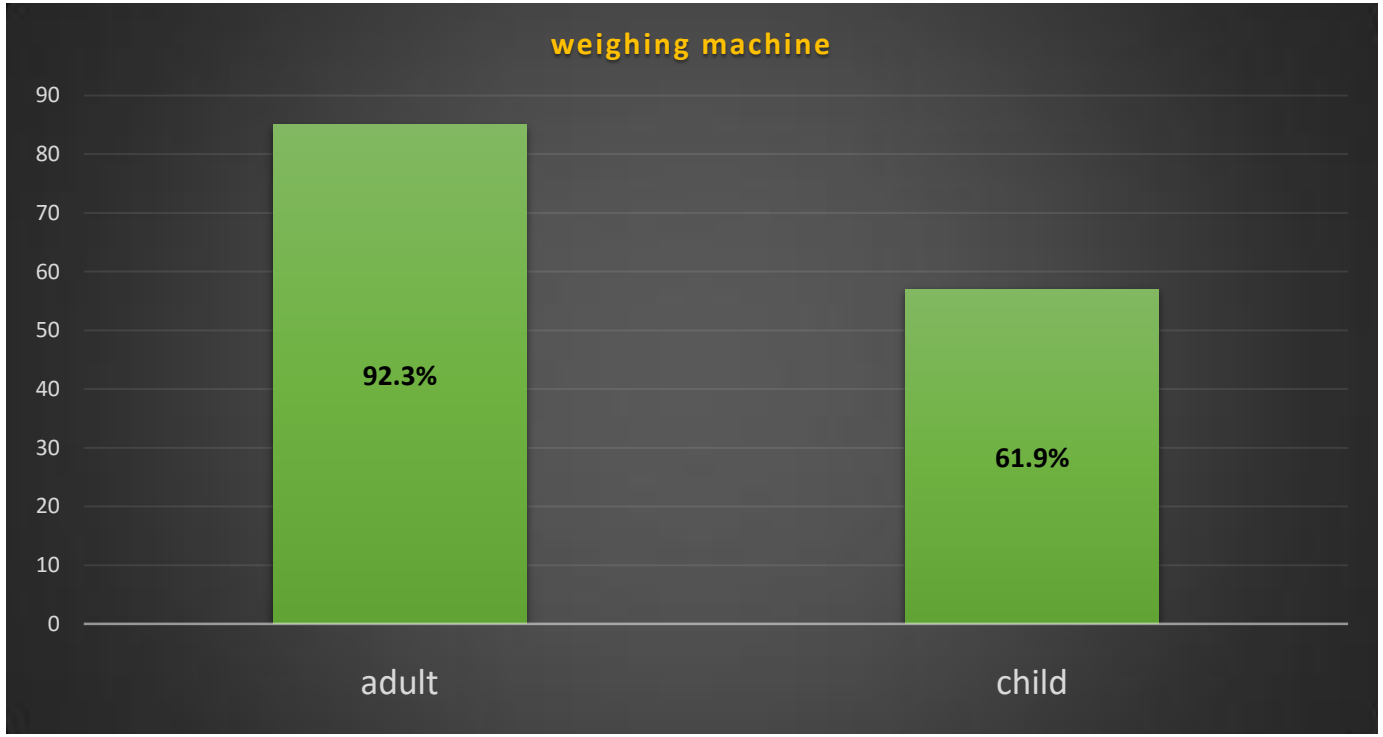
1. Place of VHND



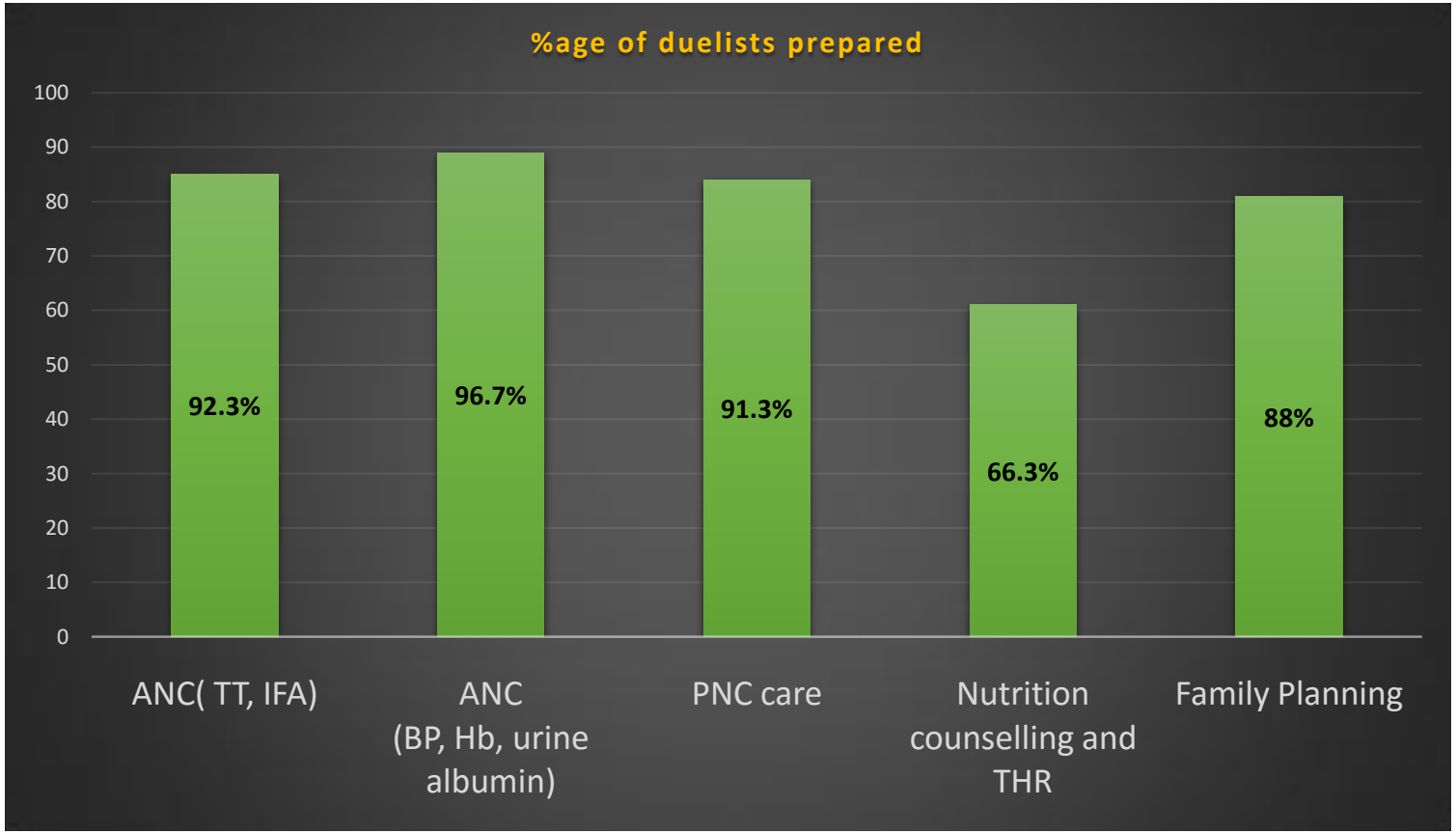
2. Availability of toilets, waiting area and privacy for ANC



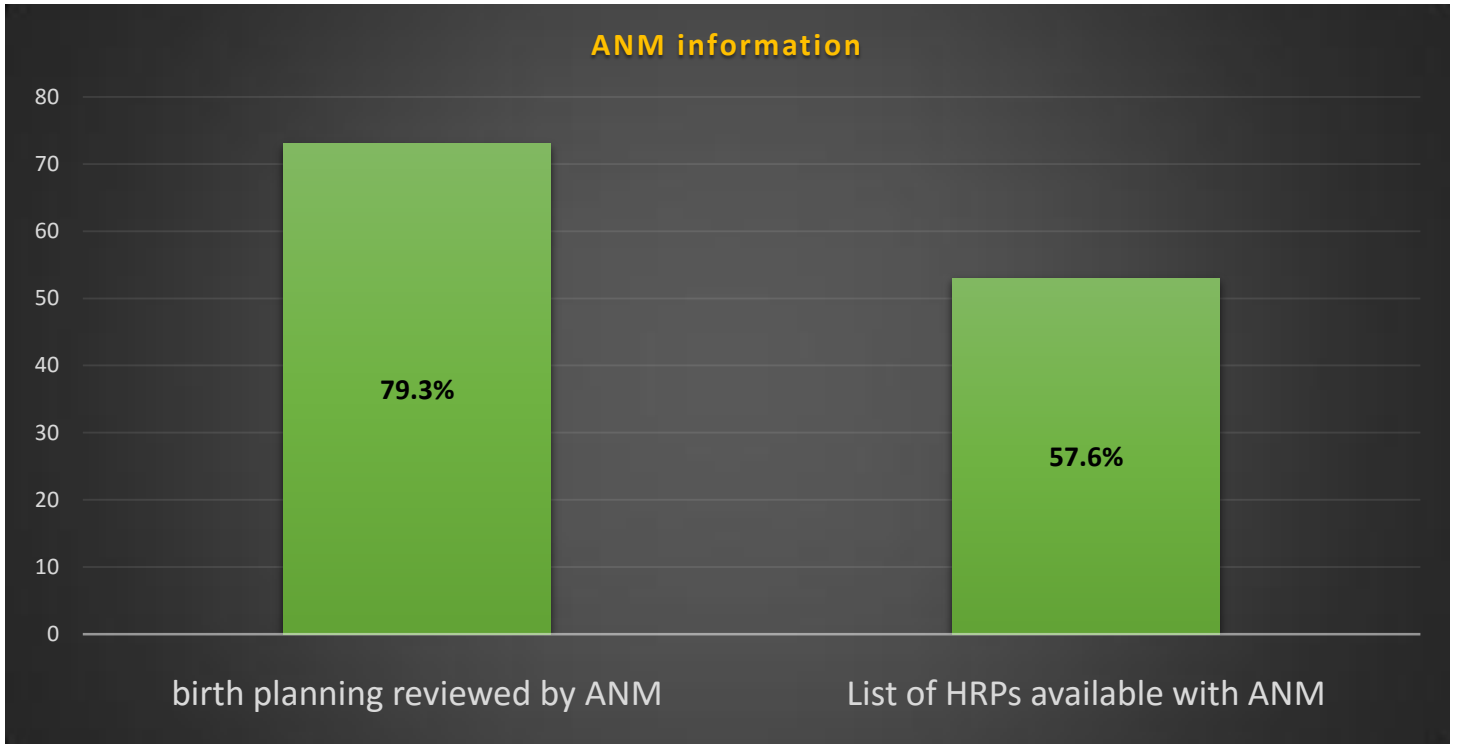
3.Availability of weighing machines



4.Preparation of due lists

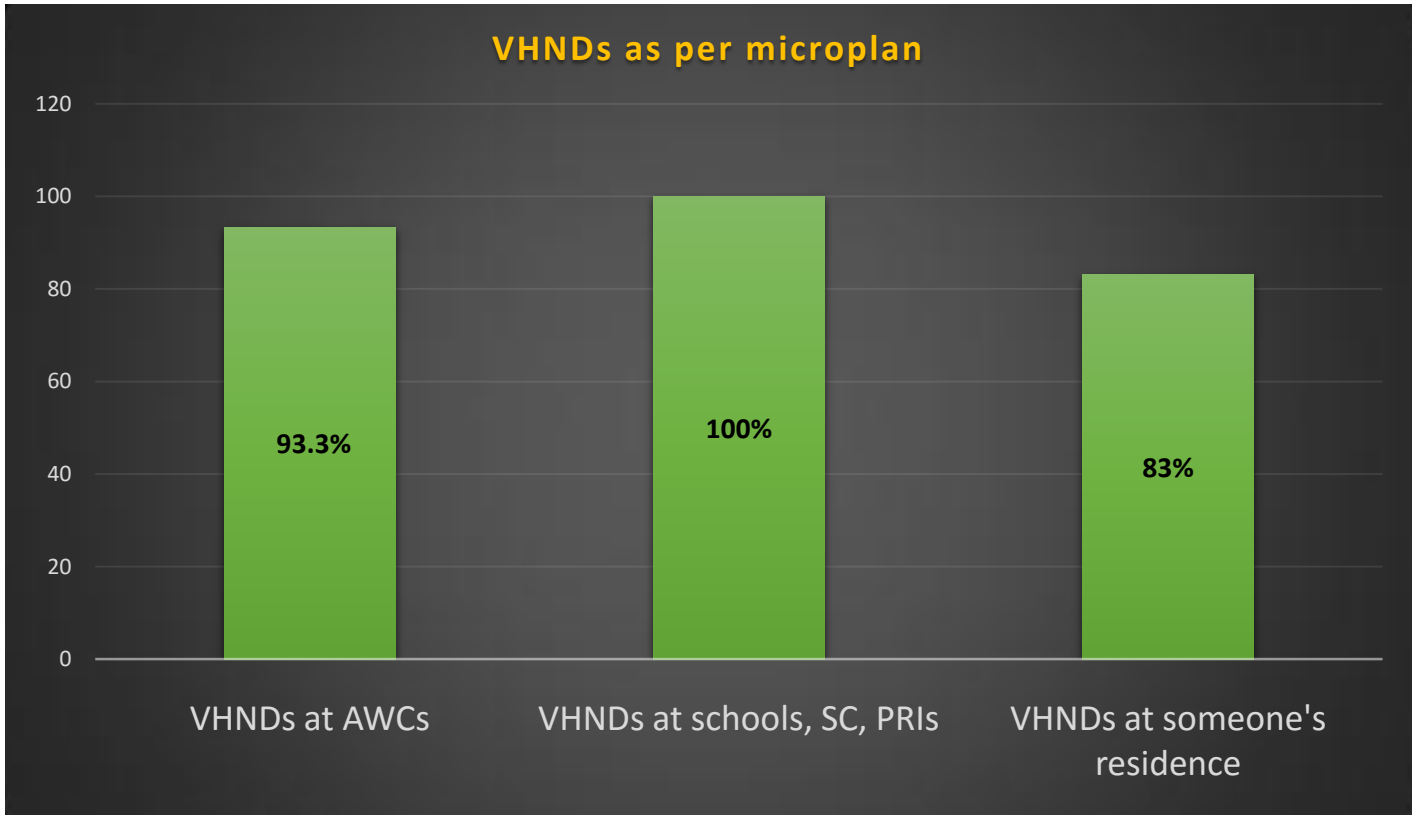


5. ANM information

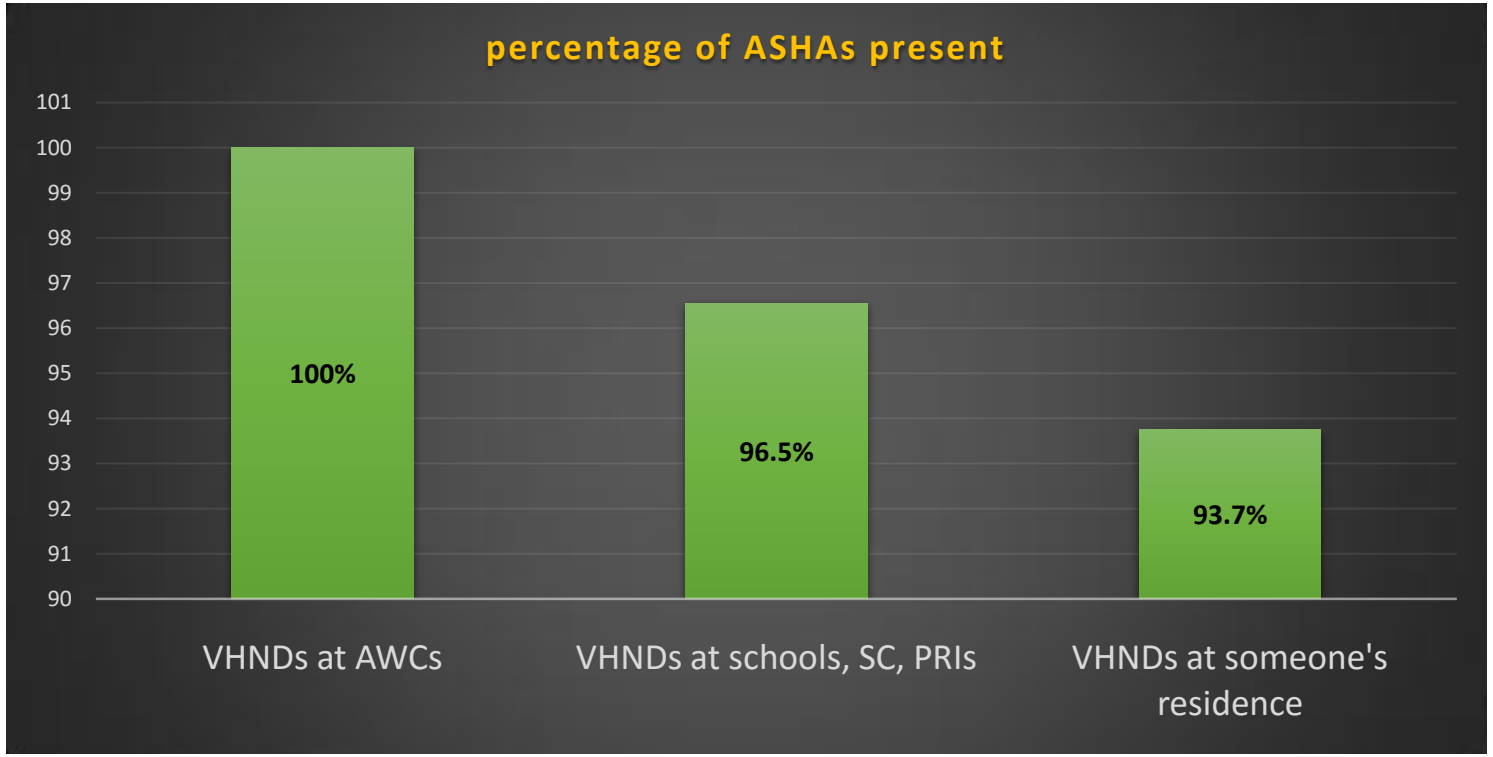


Comparison of VHND sessions at AWCs; SC, schools, PRIs; someone’s residence

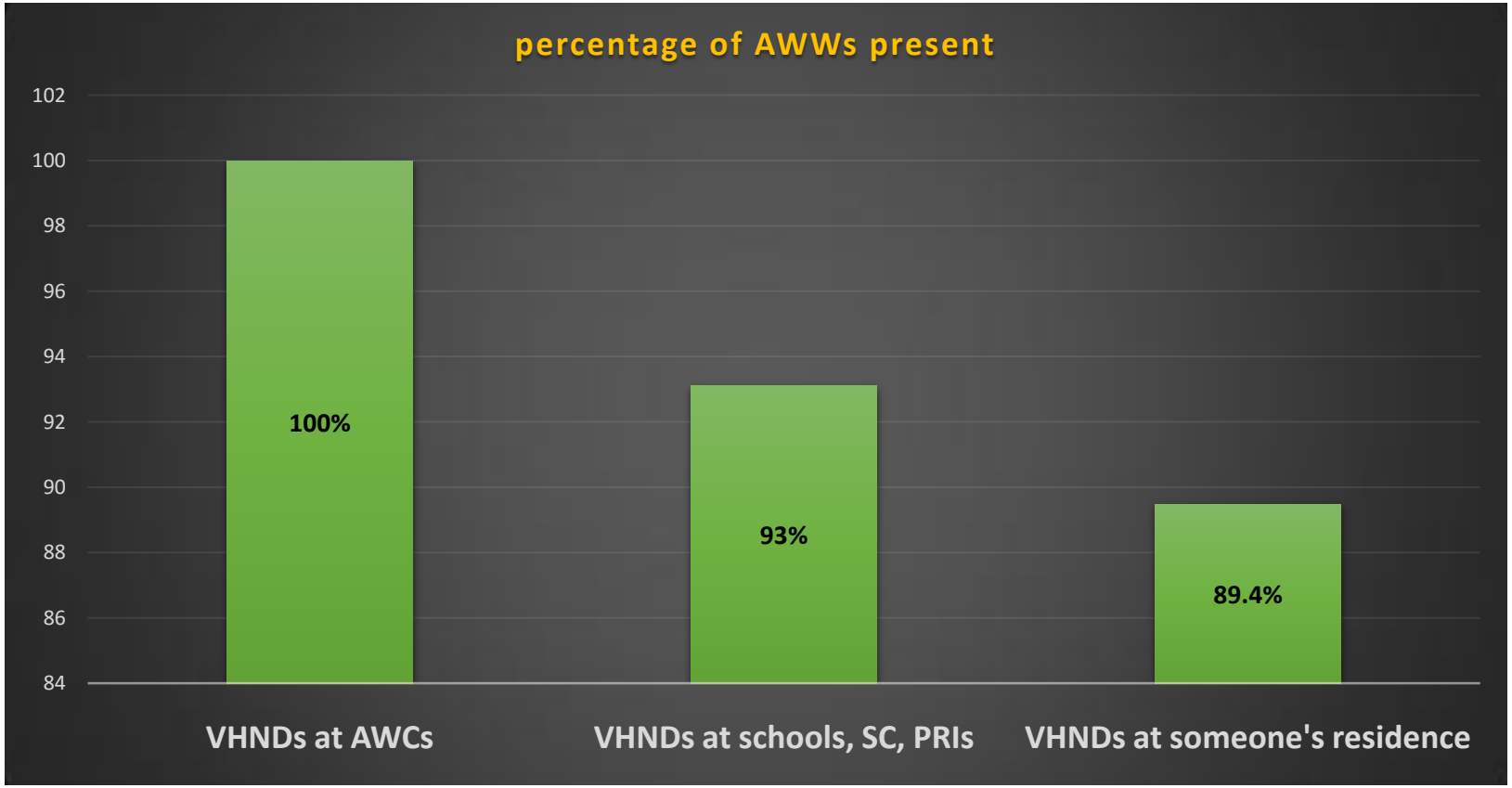
1. VHNDs as per micro plan



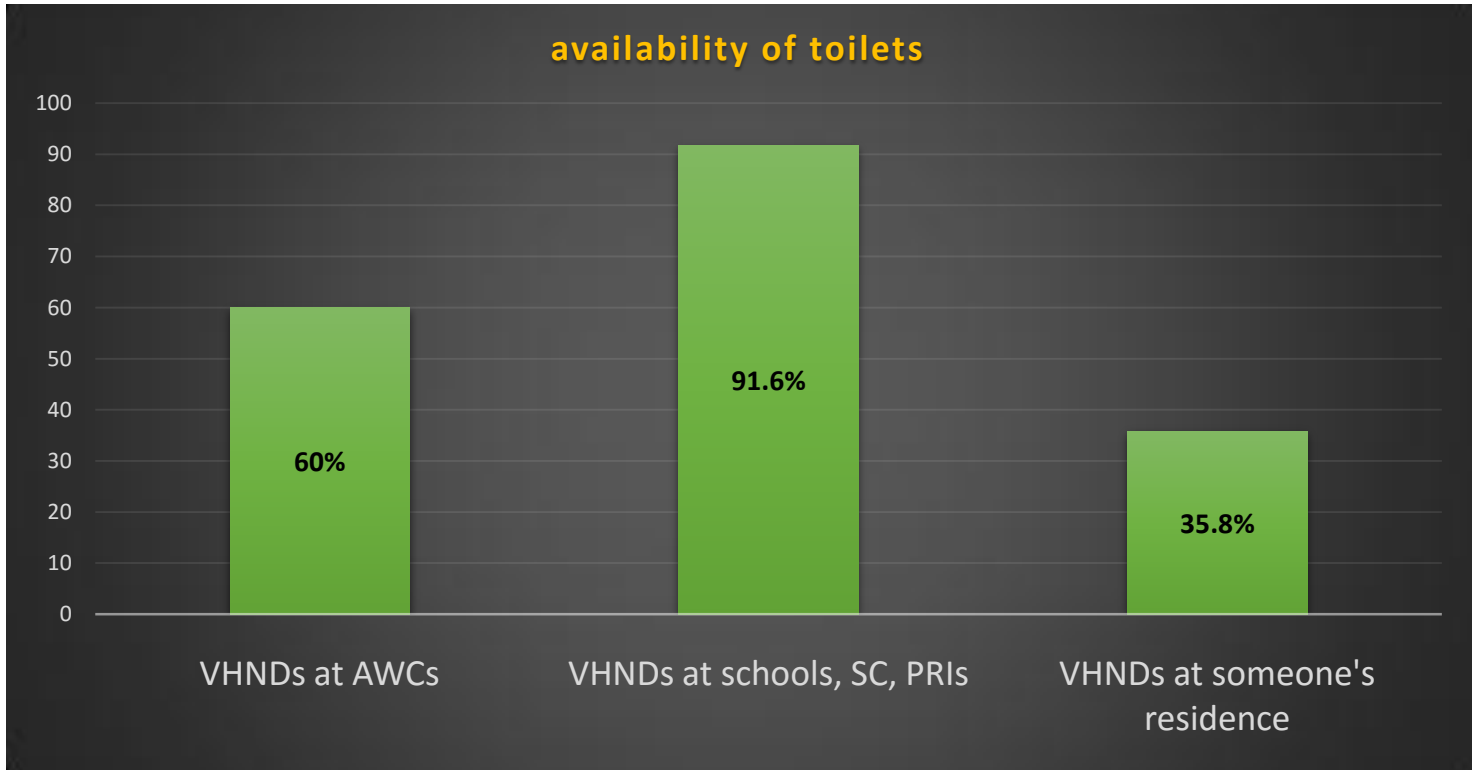
2. Presence of ASHAs:



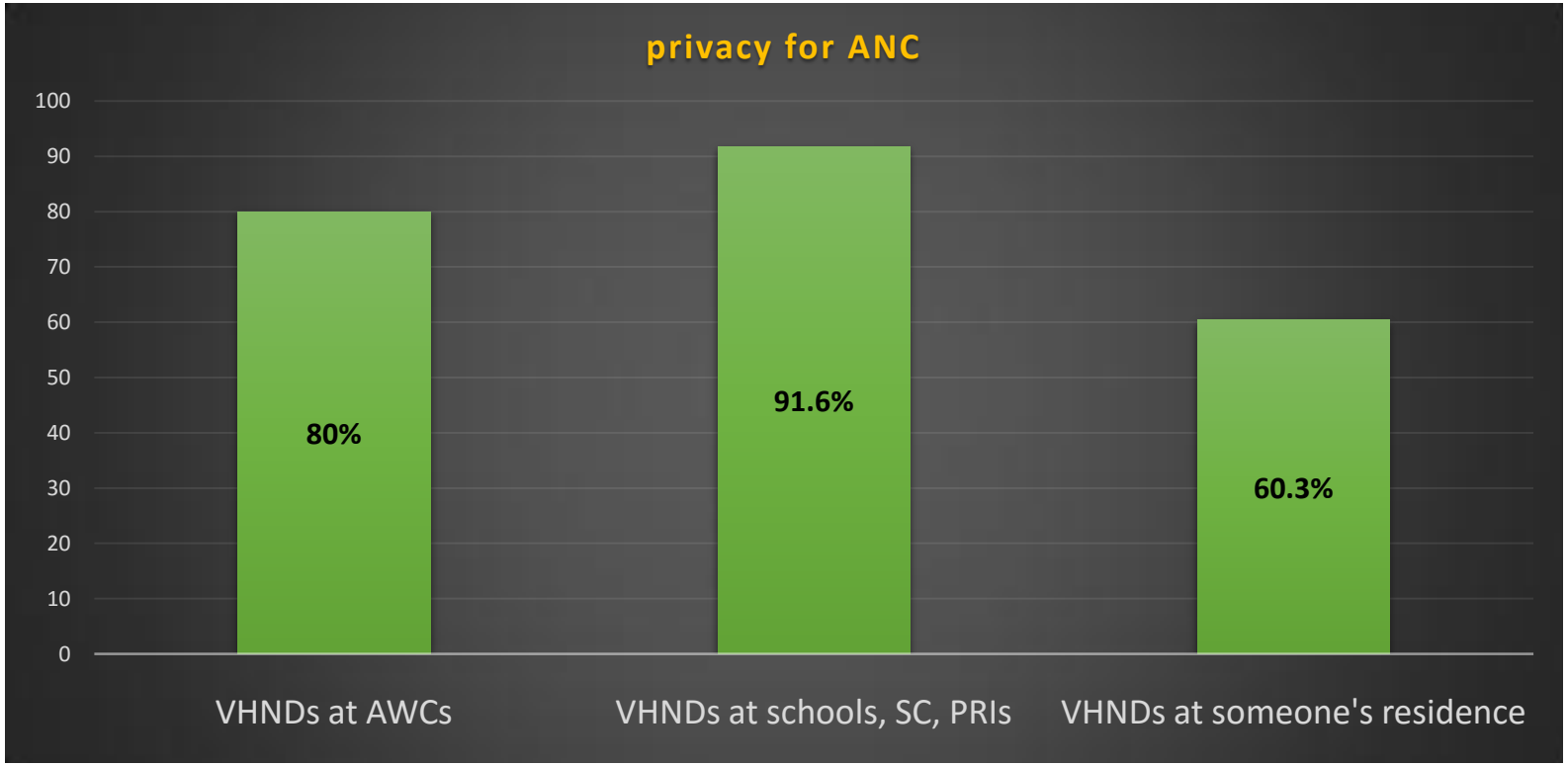
3. Presence of AWWs



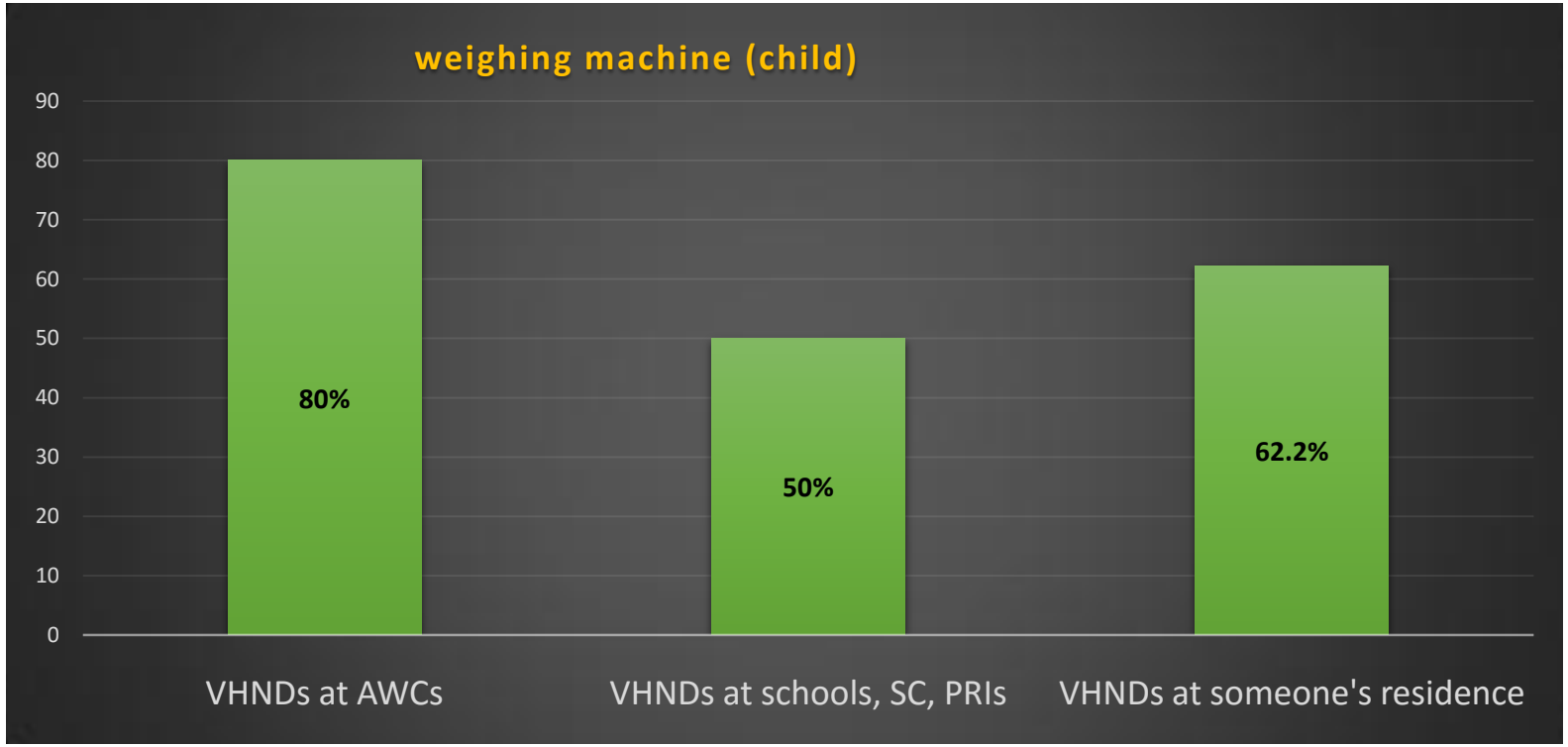
4. Availability of toilets



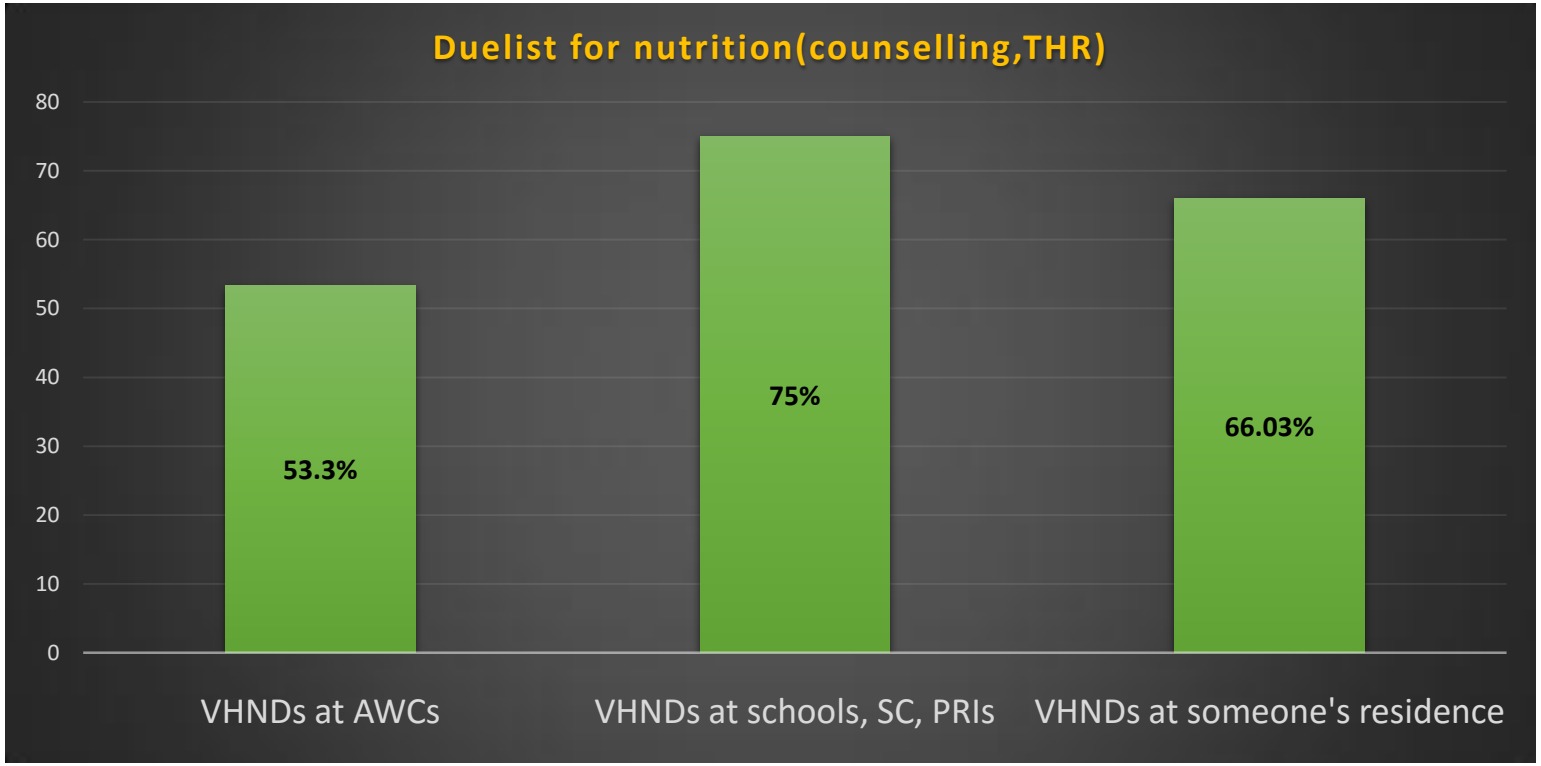
5. Privacy for ANC



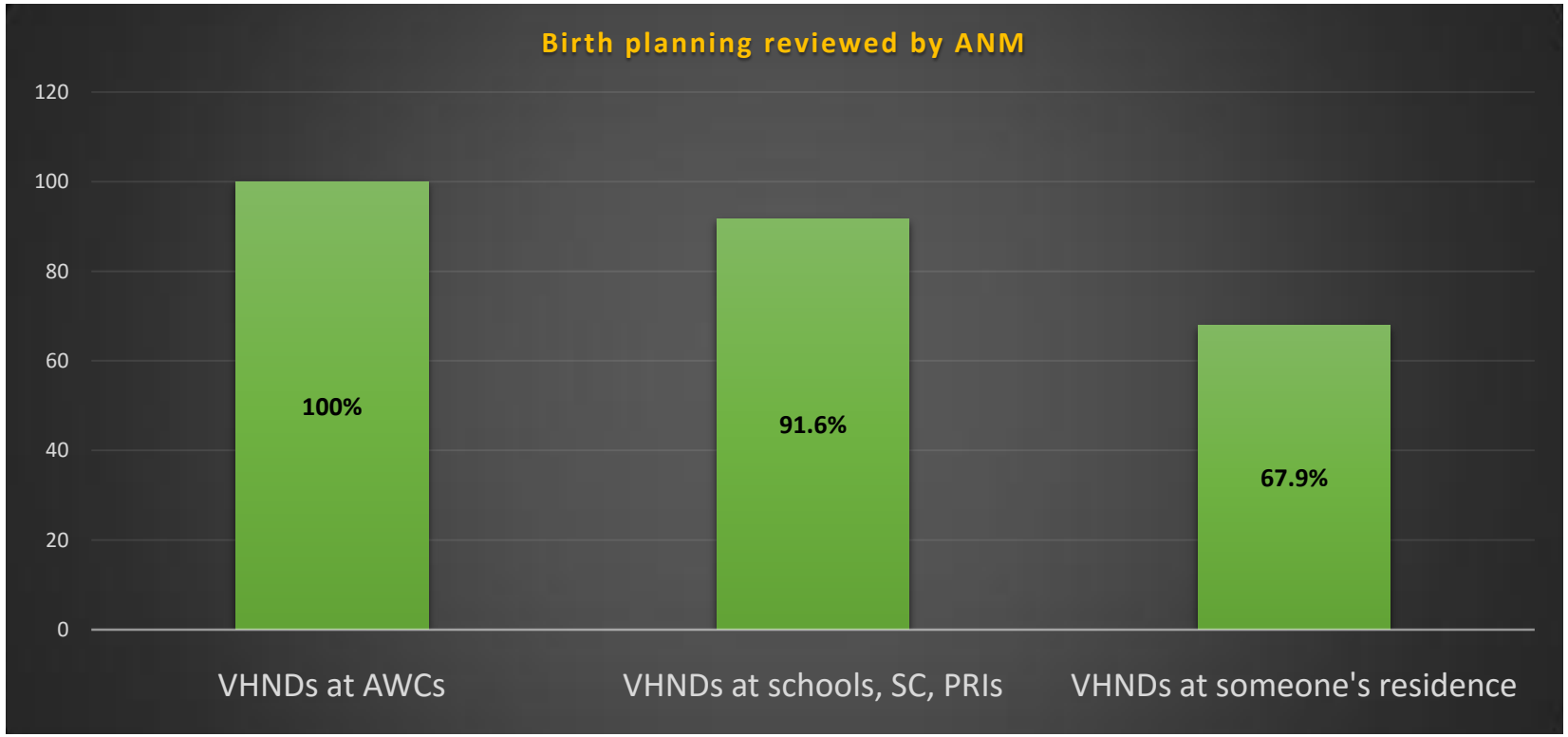
6. Availability of weighing machine (child)



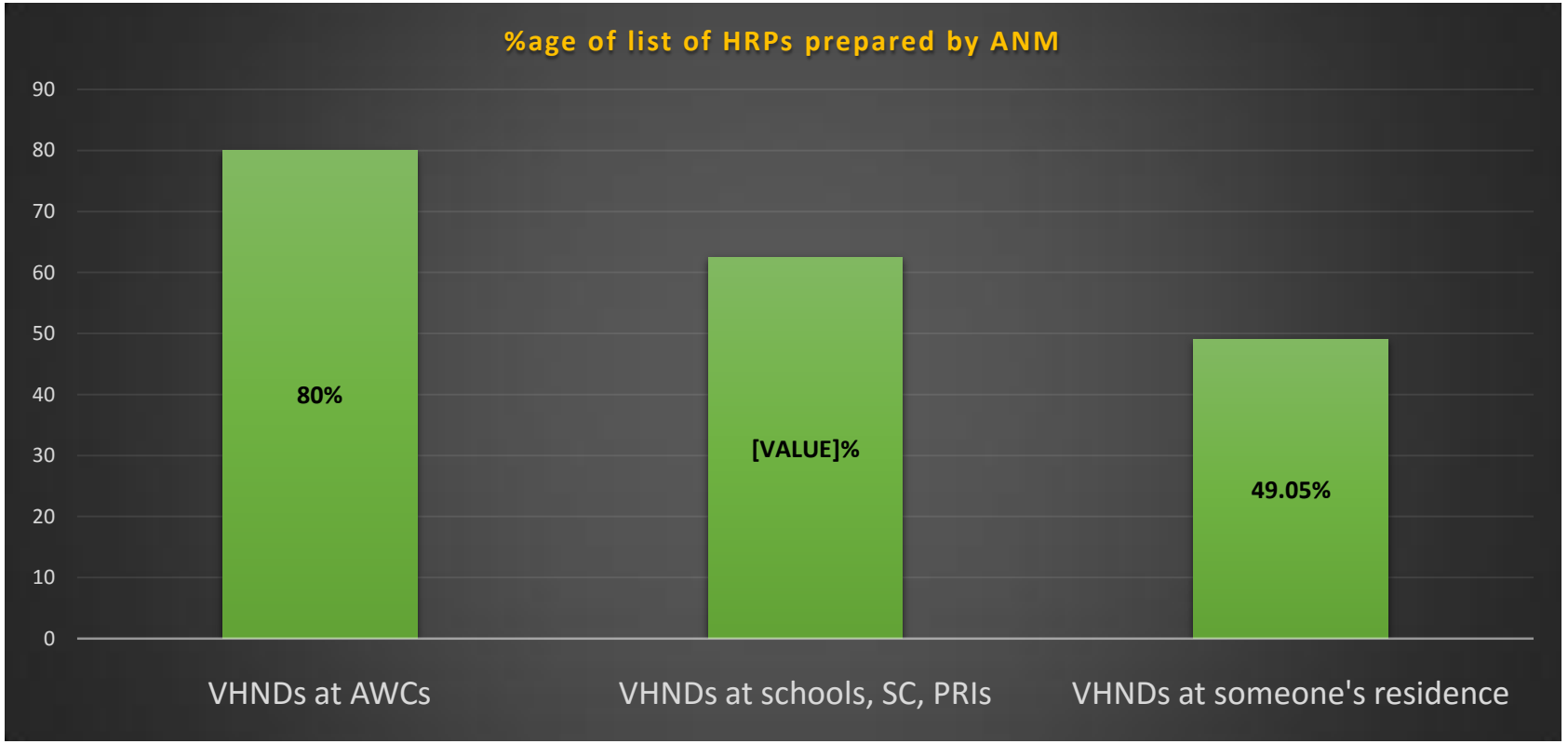
7. Due list for nutrition (counselling, THR)



8. Review of Birth Plan



9. Line listing of High Risk pregnancies



Conclusion

Current services	required services
Ante natal check up • Registration of pregnant women • Weighing • BP, Hb, urine examination • Abdominal check up • T.T • IFA	• Height to be measured • Ensuring early registration of PW to get first ANC in first trimester • Monthly tracking of +90 IFA consumption • Counselling on danger signs, birth planning
Weighing and plotting of children under 5 years • Growth monitoring • Counselling of parents • Preparation of food for children • Liquid IFA supplementation of children	• Weighing and plotting of children in 0-3 years instead of 0-5 years • Separate day to be fixed for weighing of children of 3-5 years • Involvement of mothers in growth monitoring of children • Identification and referral of SAM children with complications

Suggestions

- Supervisory visit to ensure proper weighing and plotting on the spot
- Ensure follow up of referral children by supervisory visit.
- Assessment of quality services through concurrent monitoring

Thank you