Study on assessment of Village health and Nutrition day in four blocks of Jhabua district, Madhya Pradesh.

By Dr. Meena Chavan

Dr.Anoop Khanna
Guide

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Introduction

- The Village Health and Nutrition Day has been launched as a primary health care strategy.
- It delivers a specific integrated package of preventive public health intervention.
- It is considered as platform for inter-sectorial convergence.
- It is managed by workers from both health and WCD departments and seeks the support of community institutions like SHGs, Adolescent girls groups etc
- The VHND is to be organized once every month (preferably on Tuesday/Friday, and for those villages that have been left out, on any other day of the same month) at the AWC in the village.
- VHND is a priority intervention under the National Rural Health Mission (NRHM), Government of India which emerged from attempts to increase coverage of basic health & nutrition services in rural areas.

Cont.

The services provided during VHND

- All pregnant women are to be registered in first trimester.
- Registered pregnant women are to be given ANC.
- All eligible children below one year are to be given vaccines against six Vaccine-preventable diseases.
- All dropout children who do not receive vaccines as per the scheduled doses are to be vaccinated.
- Vitamin A solution is to be administered to children.
- All children are to be weighed, with the weight being plotted on a card and managed appropriately in order to combat malnutrition.
- Anti-TB drugs are to be given to TB patients.
- All eligible couples are to be given condoms and OCPs as per their choice and referrals are to be made for other contraceptive services.
- Supplementary nutrition is to be provided to underweight children, Pregnant women, lactating mother and adolescent.

Literature Review

- A study, “Evaluation of new alternate vaccine delivery in Shivpuri District of Madhya Pradesh” done by PFHI says
- VHND should be organized more regularly with complete service packages available to meet the objectives of this program.
- A study “Evaluating the Fixed Nutrition and Health Day (FNHD) program in the rural area of Shamirpet, Ranga Reddy District and the urban area of Dabeerpura, Hyderabad District.” shows
- VHND services take place regularly and people are satisfied with the available services;
- there is still a long way to deliver truly convergent service and efforts should be made at policy level.
- sufficient resources allotted to deliver more and better services through VHND program.
- A study done by UNICEF consultant, “Documentation of motivation, attitudes and capacities of front line workers towards counseling during VHNDs.” conclude that counselling is considered to be one of the most vital of all services provided during the VHND

Cont

- A STUDY “Utilization of Antenatal Services by Pregnant Women Attending Mamta Divas in Rural Areas of Bhavnagar District of Gujarat (2012)”done by Dr. Vibha Gosalia et all NJIRM, shows that
- All pregnant women should be counselled for institutional deliveries & all components of Antenatal care.
- More emphasis should be put on identifying the danger signs, examining the abdomen, & Hb and urine examination during visit at VHND site

Objective

- General objective

- To assess Village health nutrition day in four blocks of Jhabua district.

- Specific objective

- To assess resources available at the Village health nutrition day in four blocks of Jhabua district.
- To assess the services provided at Village health nutrition day in four blocks of Jhabua district.

Methodology

- **Type of study –**

It is an Descriptive study blending both qualitative and quantitative data

- **Study area –**

Four blocks of Jabhua District, in state Madhyapradesh.

Name of the Block	No. of villages
Kalyanpura	15
Thandla	15
Rama	10
Meghnagar	10

Sampling procedure -

Purposive Sampling

- **Sample size -**

50 VHND sites of Jhabua district.

- **Study period -**

February 2014 to May 2014

- **Technique-**

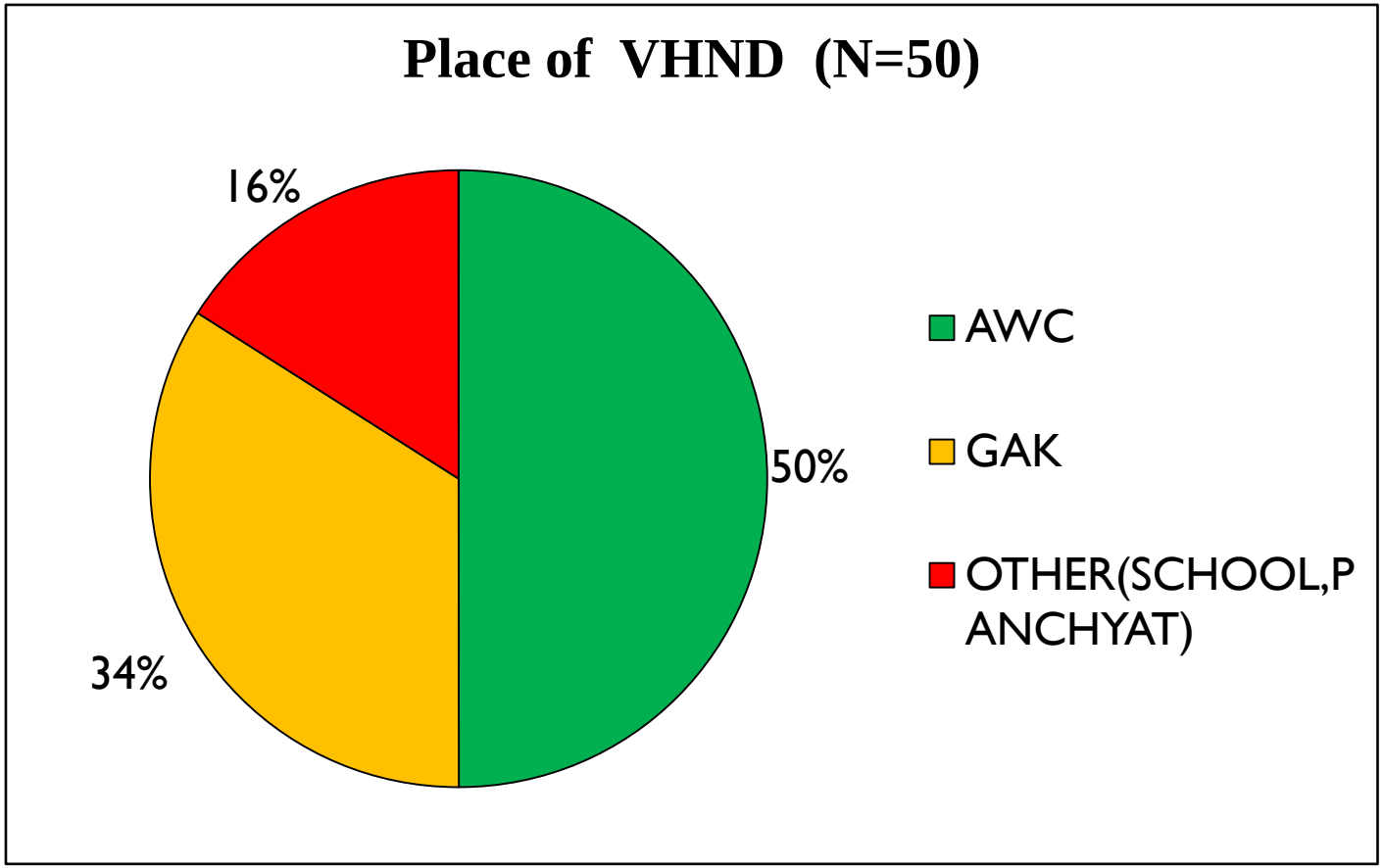
Both qualitative and quantitative data collection technique used.

- Observation of VHND Sessions.
- In-depth interview with ANM

- **Tools-**

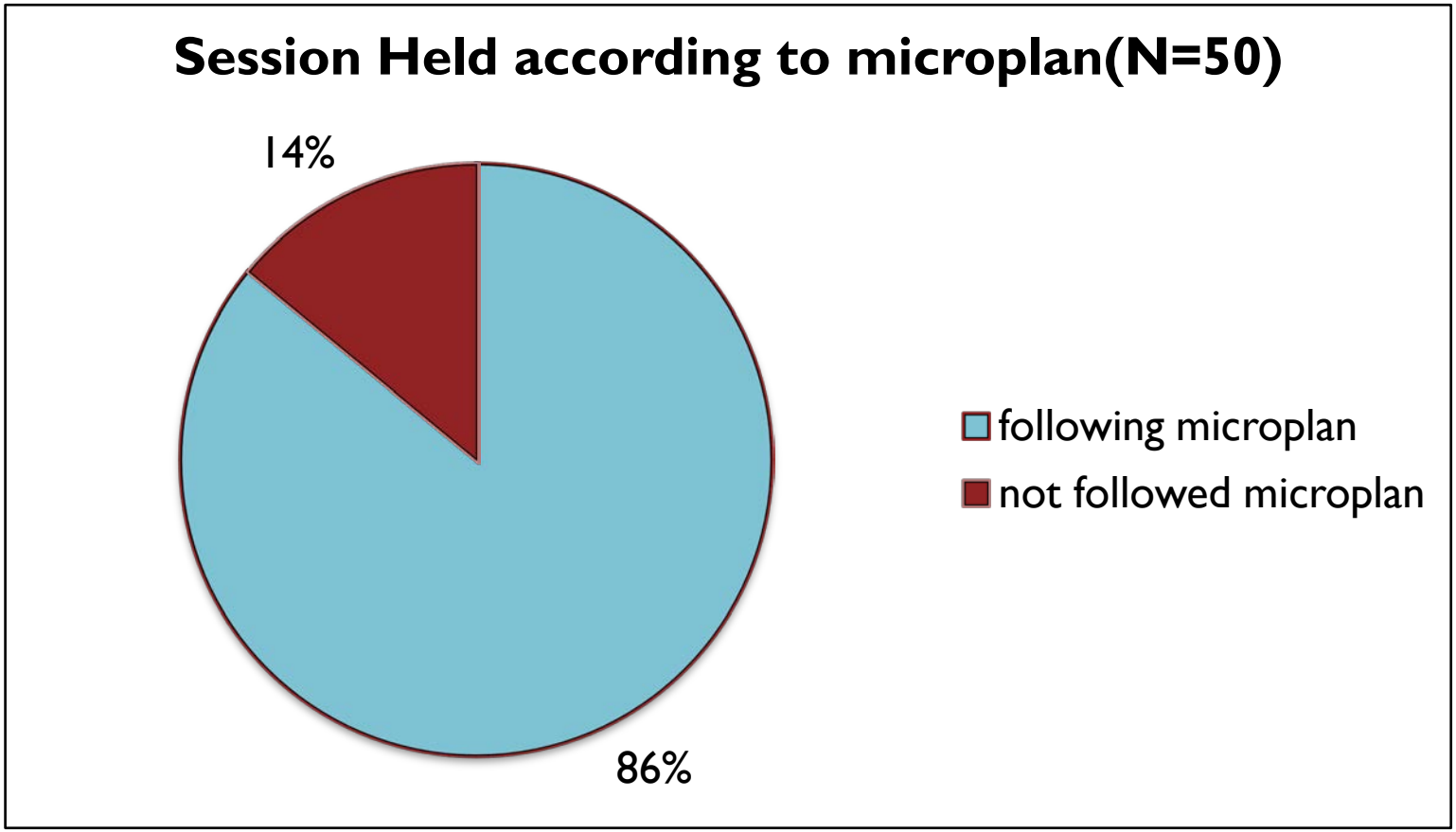
- Semi- structured Questionnaire.

Results



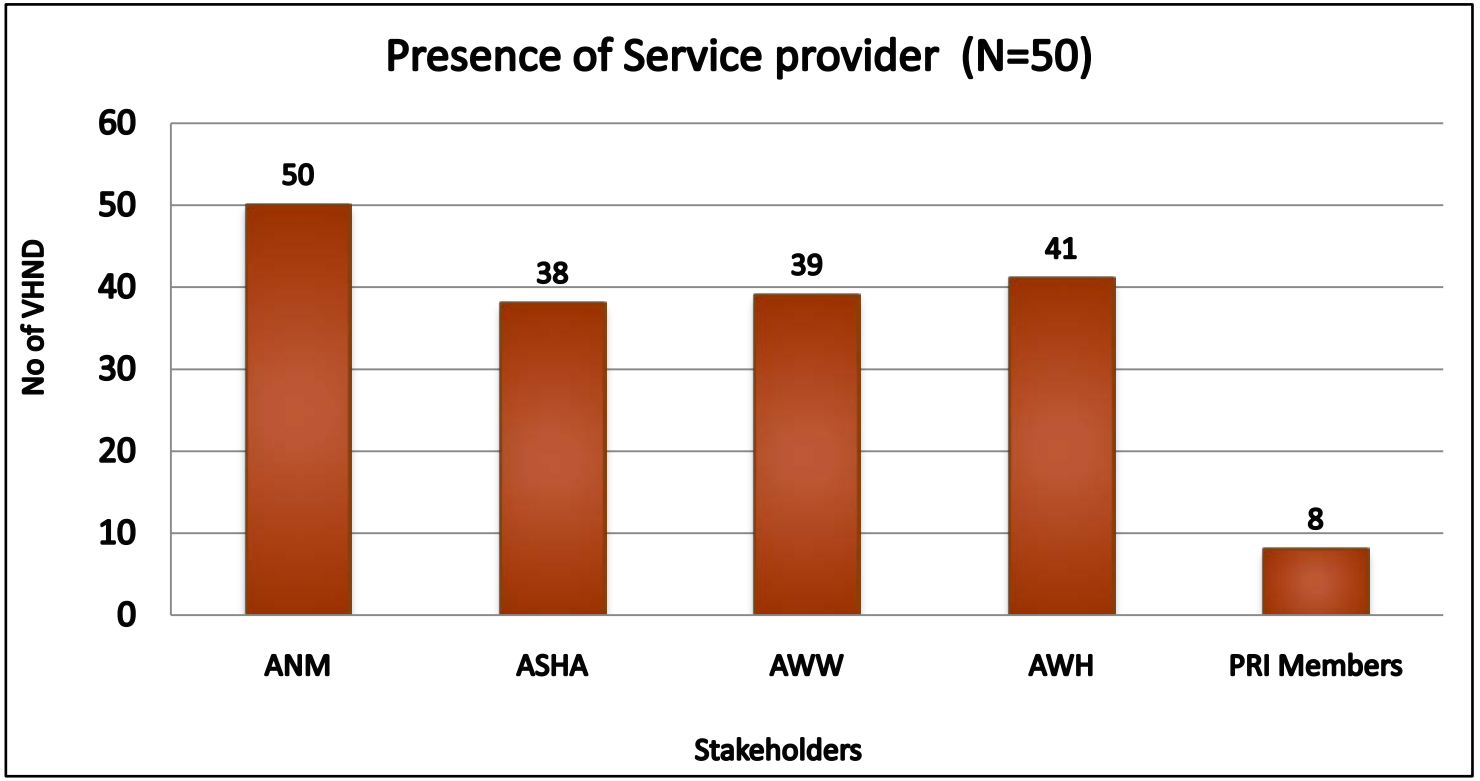
As shown in the pie chart most of the VHND session were held at AWC, but still there were 8 sites(such that school, panchayat bhavan, temple etc),where it is difficult to provide all the services

Result



As Pie chart is showing that7 sessions were not held according to micro plan because of election, functions etc.idealy VHND session should be held according to the micro plan.
No printed due list found at VHND sites.

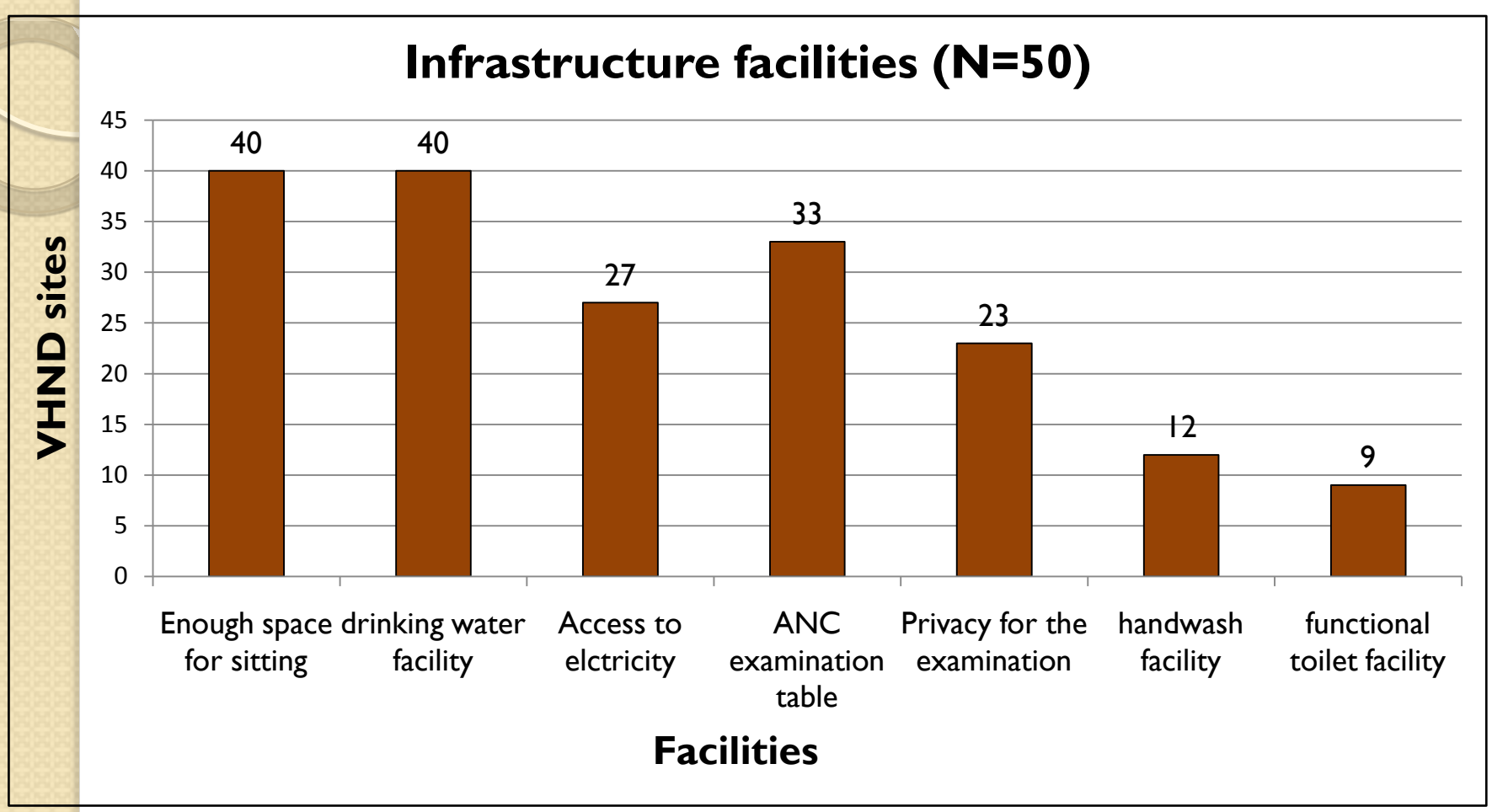
Results



VHND is a good platform for the inter-sectoral convergence, but it was found that only 39 AWW & 38 ASHA were present on 50 VHND session held.

No Active involvement of PRI members as there were only 8 session found where PRI member were attended VHND session

Result



all the infrastructure facilities are needed to deliver the effective services but figure shows that most of the VHND site didn't have access to all these facilities

Availability of Equipments (N=50)

Name of the equipments	Percentages
BP Instrument(Functional)	80
Adult Weighing Machine(functional)	88
Child Weighing Machine(functional)	84
Stethoscope(Functional)	72
Fetoscope	40
Gloves	22
Hemoglabin test kits(Sahlis Haemoglobinometer)	70
Uri sticks for Urine examination	68
Slides for Malaria	90

Availability of Equipments(N=50)

Name of the equipments	Percentages
Vaccine carriers with ice pack	100
UPT kit	100
Hemoglobin estimating strips	100

Availability of Drugs (N=50)

Name of the drugs	Percentage(%)
IFA for Adults	100
IFA for Children	48
Iron Syrup	40
ORS	98
Zinc Tab	84
Cloroquine	78
Albandazole	76
Paracetamol	84
Methlorgmethocyn Tab	80
Methlorgmethocyn Injection	8
Dyclomyn Tablet	28
Clorofenical IE Ointment	46
Ointment Providine Iodine	48
Cotton Swab	74
Cotton bandage	56

Cont.

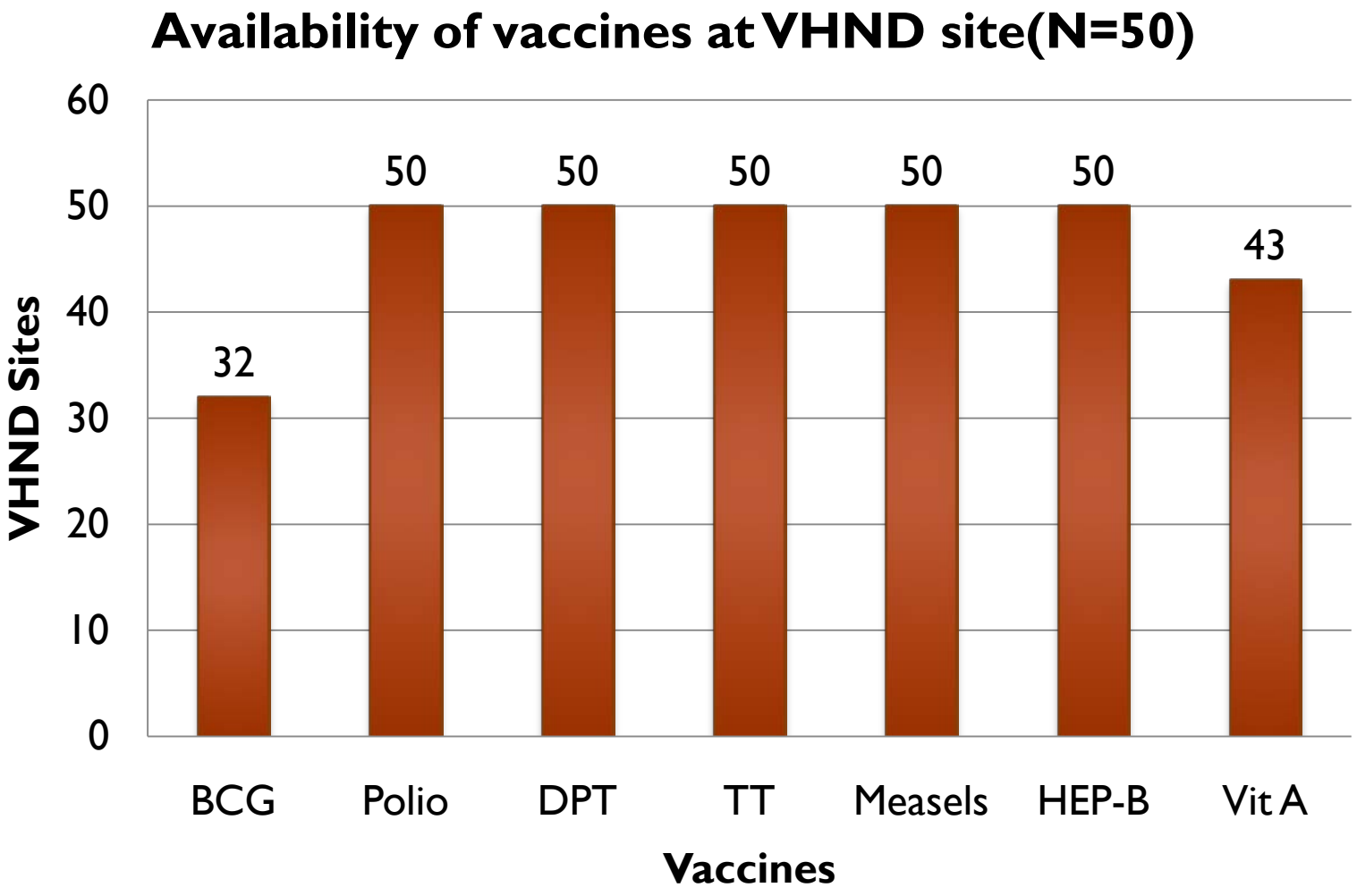
Availability of Contraceptives(N=50)

Name of contraceptives	Percentage
Mala-D	86
Condoms	70

Availability of the records (N=50)

Name of records	Percentage
Availability of Referral Record	38
Availability of High Risk cases details	32
Availability of MCP card	68
MCP card completed(N=34)	46
Availability of MCTS tracking format	70
Availability of Immunization Registers	100
Availability of Gram Swasthya Register	68
Availability of line list of children <2.5 Kgs	50
Availability of Home visit planner for ANM	0
Availability of Home visit planner for AWW	30

Availability of the Vaccines

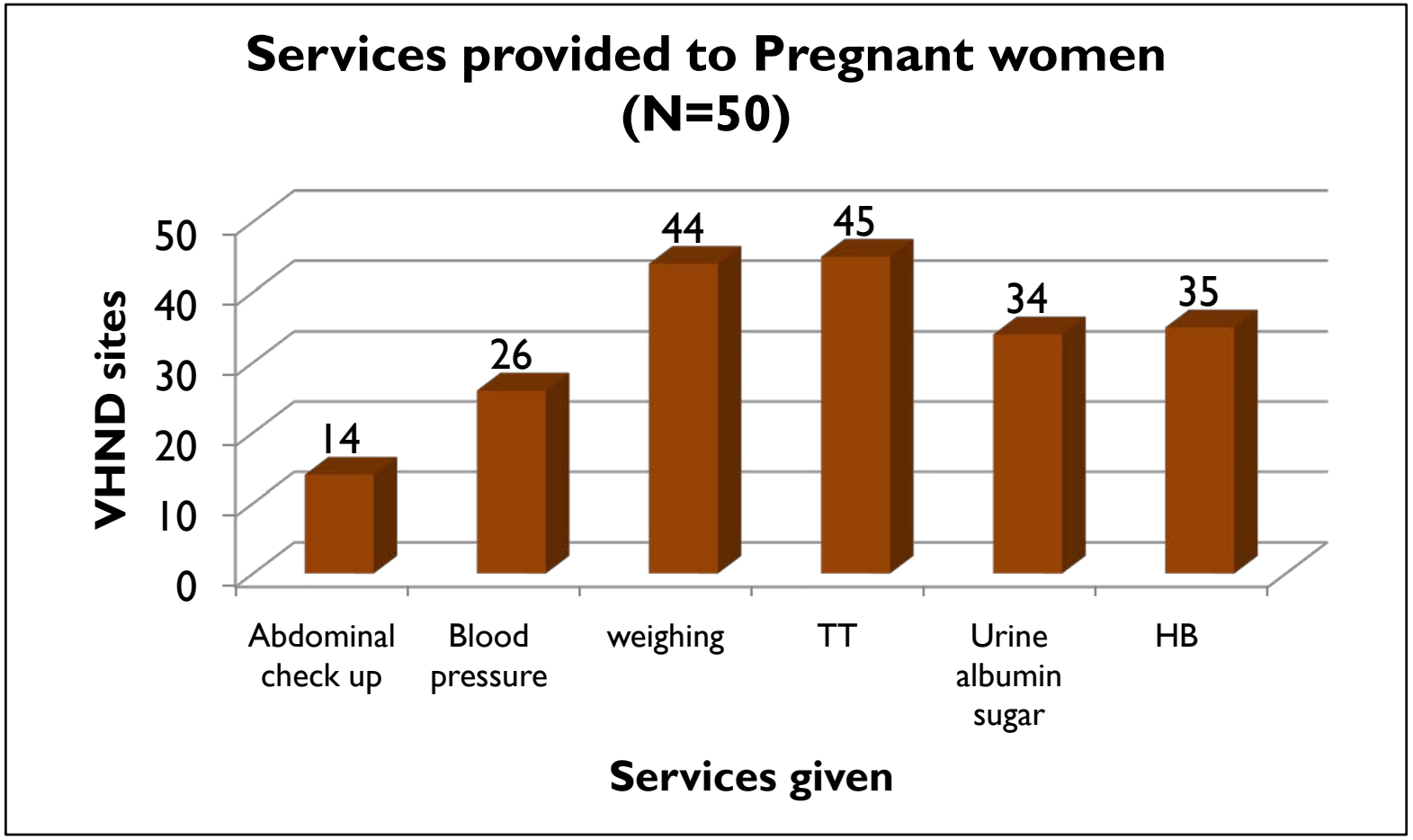


Nutritional Supplements (N=50)

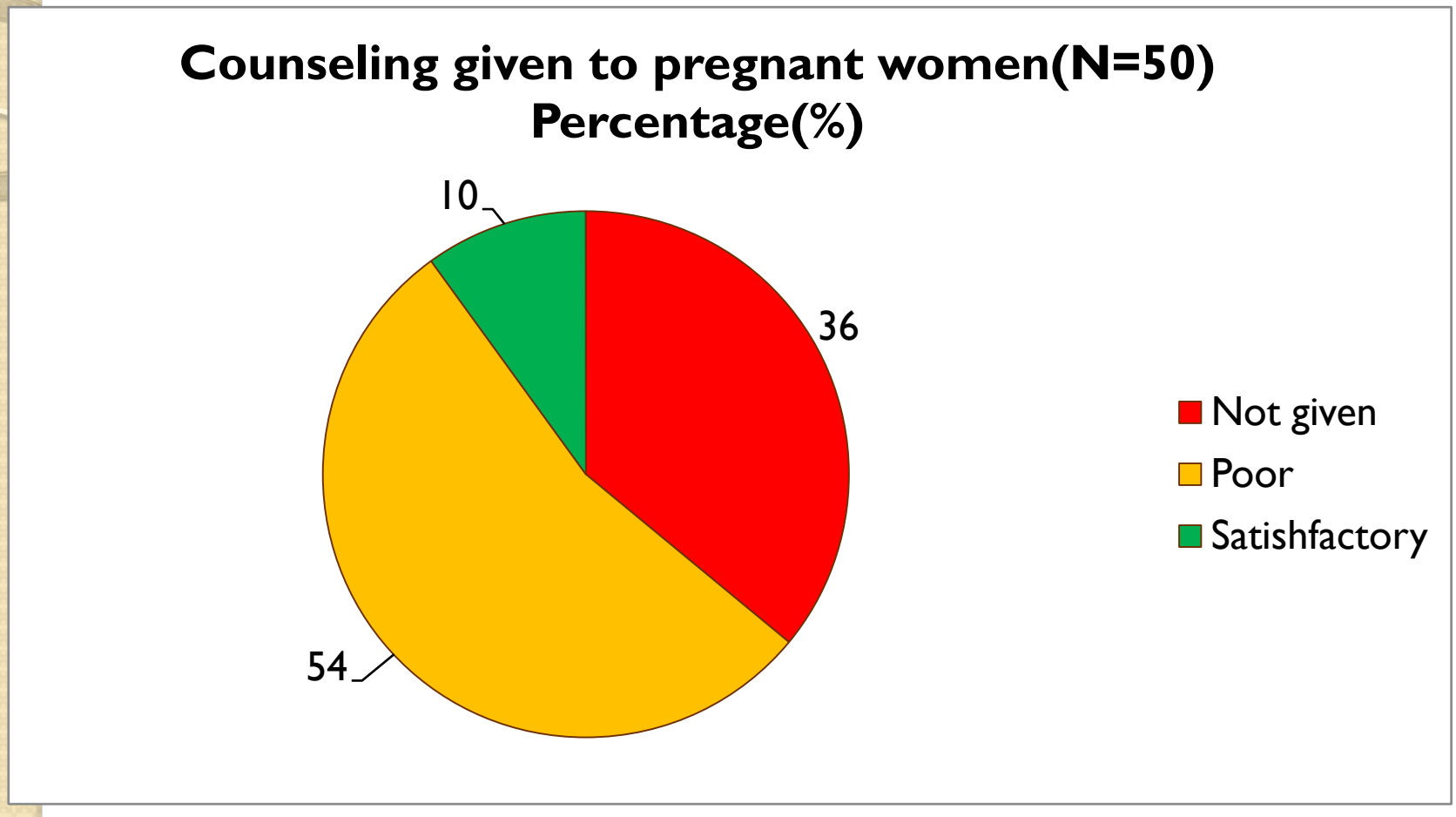
Nutritional Supplement	percentage
THR available	88
THR distributed	61
Hot cooked meal	82

Service Provided to pregnant women

- At all VHND sites IFA was given pregnant women.



Counseling given to pregnant women



Satisfactory-covering Minimum three component (ANC visit, nutrition, institutional delivery, dangerous symptoms, family planning)

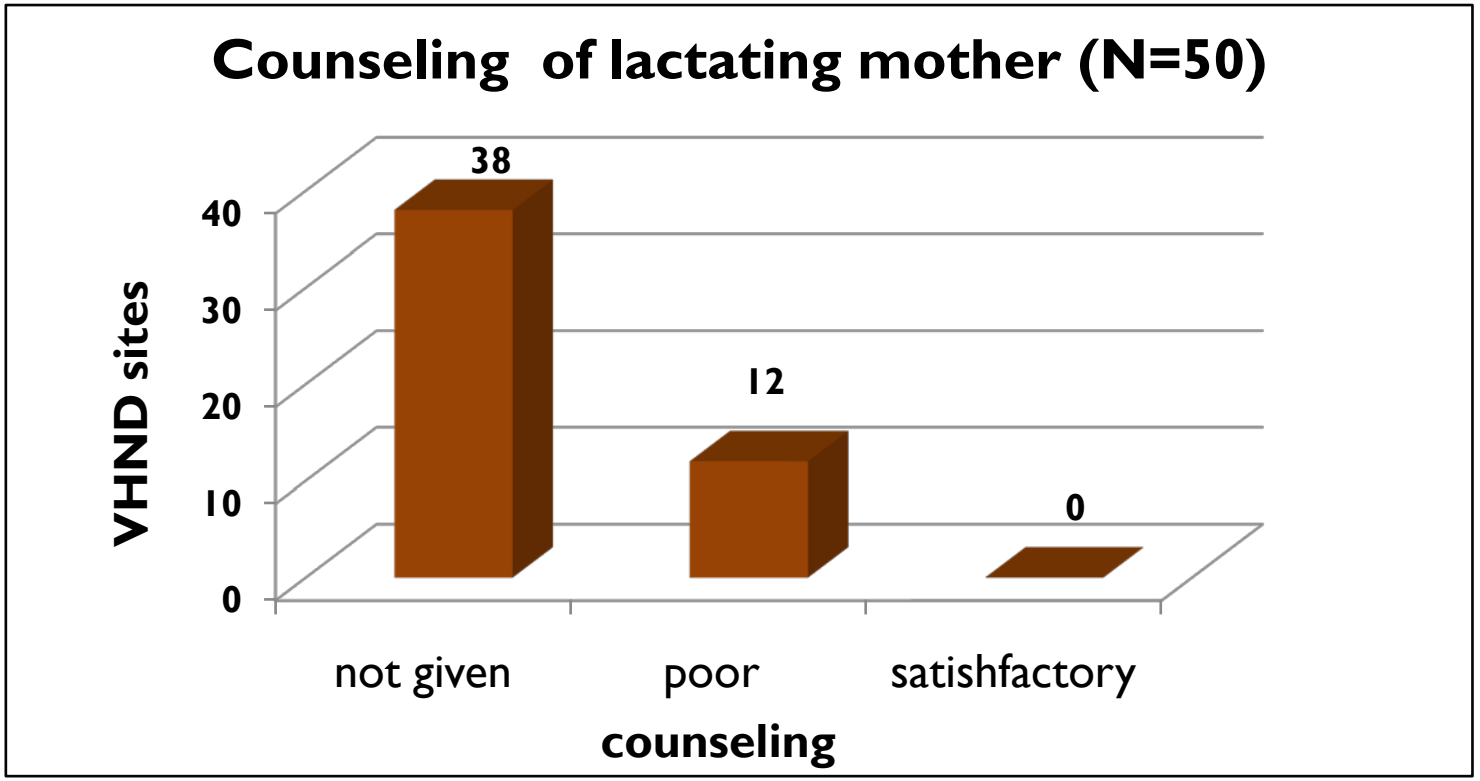
Poor-less than three services (mentioned above)

Services provided to Lactating mother(N=50)

Services given	Percentage
Postnatal check up	0
IFA tablets	100
THR	54
Hot cooked food	82

Counseling on Postnatal care

- Satisfactory counseling- minimum three components (Counseling on postnatal visit, family palnning,nutritional counseling, breast feeding practices, Immunization.)
- Poor counseling-less than three component(mentioned above)



Services provided to children(N=50)

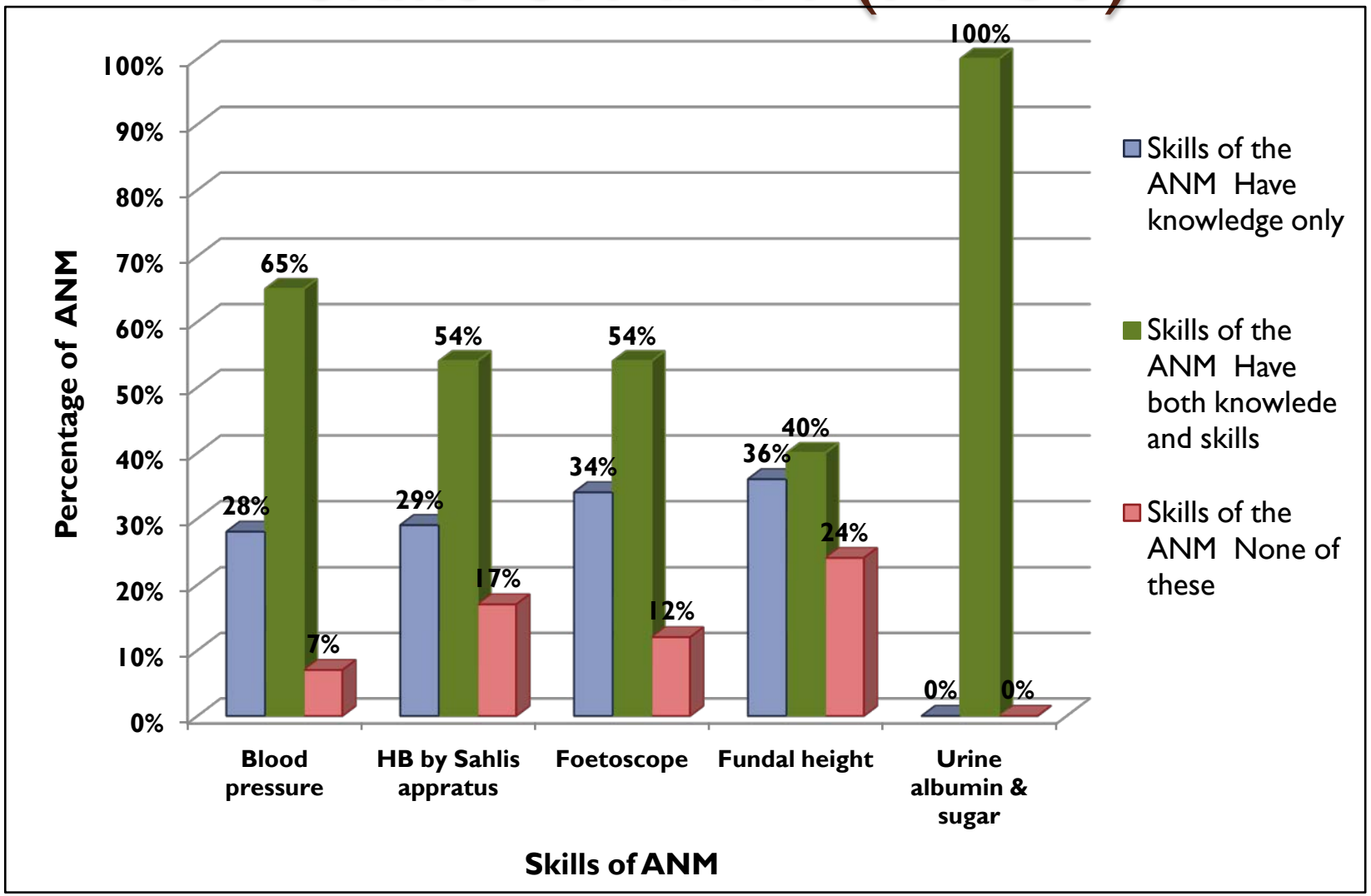
Services given	Frequency
Nutritional supplement	27
Weighing of children	31
Vaccine(BCG)	32
Vit.A syrup	43

Vaccines DPT,OPV,HEP B,TT and Measles were available at all the VHND sites and they were giving to the children.

Services provided to adolescent girl

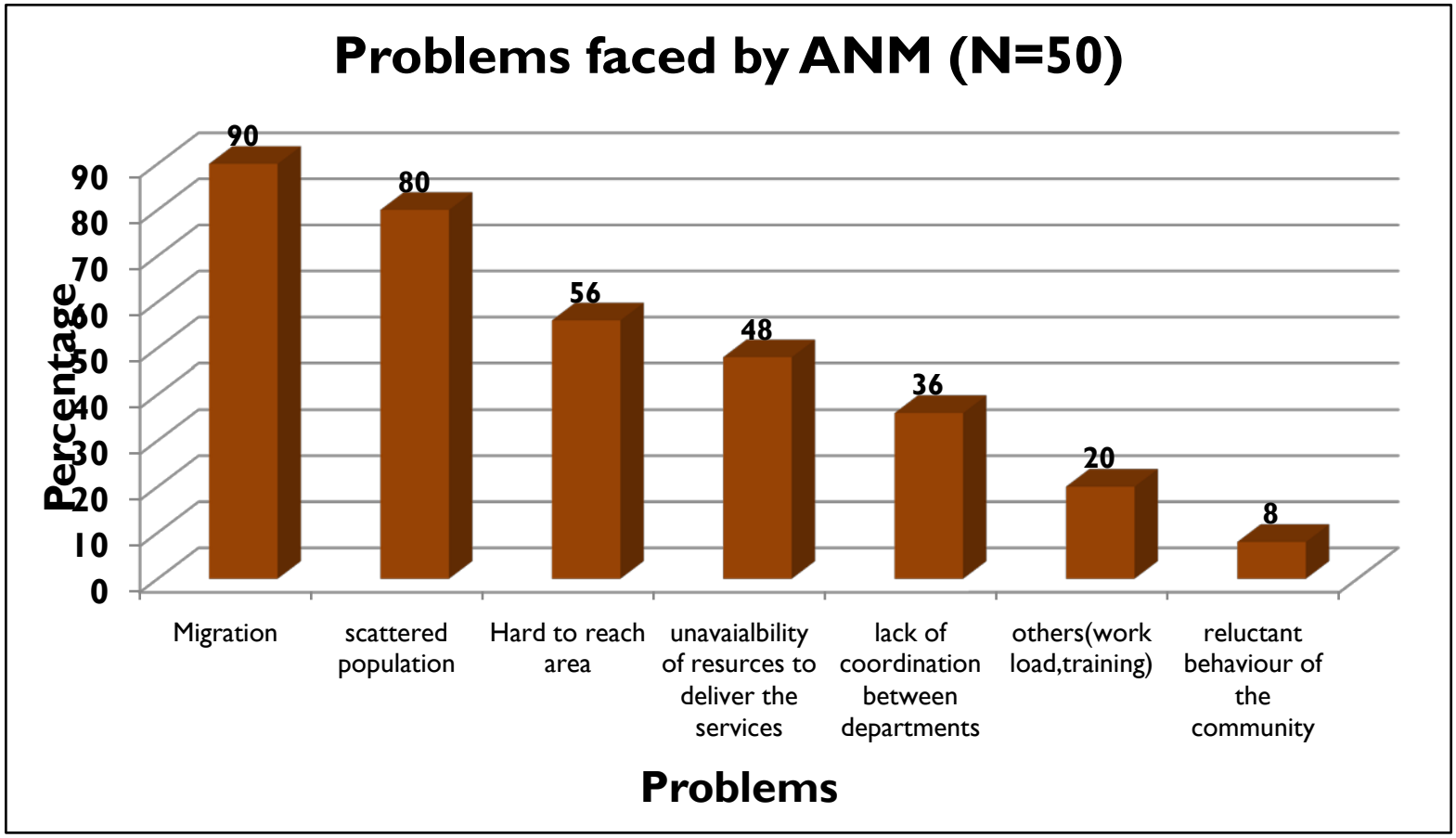
- At all VHND site adolescent girls were given IFA tablets.
- Sanitary napkins was not been provided at any of the VHND sites
- Poorest thing is that no counseling found on adolescent health,menustral hygiene, STD etc.
- TT injection were not given at any of the VHND sites

Skills of ANM (N=50)



- All ANMs were have both skills and knowledge on estimating HB by HB strips and UPT(Urine Pregnancy Test) by Nischay kit

Problems faced by ANM in delivering services



(Multiple response were allowed)

- Other reasons are more work load on VHND day, lack of refresher training etc)

Conclusion

- VHND is a convergence platform for Health and ICDS, still poor convergence is found among the service provider
- Capacity building of ANM is necessary as she performs key role in delivering the services
- active participation of PRI member was found low.
- Most of the non GAK sites were not provided with all equipments and supplies
- Lack of supportive supervision and hand holding support was lacking.
- Poor counseling on maternal and child health. No counseling on communicable diseases, STD, Hygiene practices, chronic diseases etc

Recommendation

- There should be clear cut instruction from the both departments (Health and ICDS),not to convene any training/meeting on the day of VHND
- All the essential equipment's, drugs and supplies should be provided to non GAK AWC and block officials should ensure availability of necessary supplies and equipments.
- Basic amenities like drinking water, Functional toilet facility & electricity should be made available at VHND site.
- Regularly updating MCTS work plan.
- Active involvement of PRI is necessary to deliver effective services
- Training should be imparted to bring conceptual clarity among front line workers like ANM, ASHA and AWW on VHND.

Cont.

- Roll clarity on VHND session among the front line worker is necessary.
- Capacity building of ANM on maternal health for better service delivery
- There should be common VHND assessment checklist for supervisory cadre of both ICDS and Health department so that quality of services and data can be maintained.
- There is need to develop IEC material related to feeding, nutrition and sanitation for better counseling of beneficiary at all the VHND site