Dissertation Report

Awareness and Utilization of Village Health and Nutrition Day (VHND) Services- 'A Community Based Study in Badwani district of Madhya Pradesh'

MBA-Health & Hospital Management

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DECLARATION

I, hereby declare that the project titled "**Awareness and Utilization of Village Health and Nutrition Day (VHND) Services- 'A Community Based Study in Badwani district of Madhya Pradesh**" a record of my own research work during the period of 3 months from February 20 to May 19 2023, under the guidance of Dr.Mamta Chauhan, Professor, IIHMR University -Jaipur,(R.J) and Mr Raju Mishra , Program officer , The Antara foundation, Badwani (M.P)

I declare that this report is my own work, and that I have acknowledged all sources from the published or unpublished work of other people.

Name of the candidate: Dr Ankush Kuchekar

Signed: .....

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RECORD OF SUBMISSION

This project report titled ""**Awareness and Utilization of Village Health Sanitation and Nutrition Day (VHSND) Services- 'A Community Based Study in Badwani district of Madhya Pradesh**" is submitted by Dr Ankush Kuchekar towards fulfilment of the criteria for the MBA- Health and Hospital Administration offered at IIHMR University Jaipur, for the academic year 2021-2023

Name and Signature of student

Date _____

Name and Signature of Guide

Date _____

ABBREVIATIONS

ANC	Antenatal Care
AWC	Aanganwadi Centre
AWW	Aanganwadi Worker
ASHA	Accredited Social Health Activist
CSAM	Community based management of Severe Acute Malnutrition
INHP	Integrated nutrition and health project
IMR	Infant mortality rate
MAM	Moderate Acute Malnutrition
MMR	Maternal Mortality rate
NHM	National Health Mission
PIS	Patient Information Sheet
SRS	Sample registration survey
SAM	Severe Acute Malnutrition
THR	Take home Ration.
UN	United Nations
WHO	World Health Organisation

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1 EXECUTIVE SUMMARY

Village health, Sanitation and Nutrition Day was implemented across India from 2007 with the aim of providing Comprehensive Primary health care services at the grass root level. This study was conducted in predominant tribal block of Badwani district with the objective to assess awareness of VHND services among pregnant and lactating women along with their relatives in Badwani district of Madhya Pradesh and to determine the service utilisation as well as Health seeking behaviour in the community.

Consecutive sampling method was employed to unroll participants at the VHSND days from April 2023 to June 2023. 100 participants were interviewed using a pre-designed and pre-tested semi-structured questionnaire. Out of the 100 beneficiary mothers and their relatives interviewed, 87% (87) were aware of the services provided in VHND. The information regarding conduct of VHSND was provided by ASHA (54%) followed by ANM (16%) and AWW (12%). About 71% (70) of the respondents ever attended VHSND day conducted at their Village subcentre or AWC. Only 22% of them recalled the attendance of PRI members, along with ASHA, ANM and AWW at the VHSND site. About 89% of the participants were aware about the health care facilities (Both government and private) in their village and 45% of them knew about the timings of these facilities. The distance of the facilities in majority of cases (44%) were between 1-2 km from their residence and only 16% of the health facilities were situated greater than 5-km range. Walking was the major means of transport (57%) followed by public transport (28%) to reach the health facility. The major hinderance to access the health care was far from location of the facility (40%) followed by lack of money.

2 CHAPTER -1 BACKGROUND AND RATIONALE OF THE STUDY

According to United Nations (UN), there were total 24 million childbirths in India in 2017 out of which 35000 mothers died during delivery which yielded MMR of 145 per 100 000 live births. This parameter contributed to approximately 12 % of all worldwide Maternal mortality.[6]

World Health Organization (WHO) report shows that the global MMR as dropped considerably from 342 in the year 2000 to 211 in 2017. WHO also reported sharp reduction in Maternal mortality from 451 000 to 295 000 in this timeline.[6] The striking feature of the report was that about 40 percent of the steep decline was due to decrease in maternal mortality rate in India.

Madhya Pradesh recorded MMR of 173 per 100,000 live births according to SRS 2016-18. Also, Infant Mortality Rate (IMR) in Madhya Pradesh in 2019 was among the highest at 46 per 1000 live births.

Ongoing research in different countries has suggested that Strategies of primary care which are based on community-based interventions are successful in reduction of maternal and infant mortality in countries with high death rates, even if facility based treatment are indispensible.[7]

Full participation of the community in the planning and implementation process of the interventions is considered among the prerequisites of the primary care approach.

2.1.1 Rationale

VHSND can bring about the much-needed behavioural changes in the community and induce health-seeking behaviour leading to better health outcomes.[9,10] The government of Madhya Pradesh has also adopted the concept and guidelines (2019) have been issued regarding the planning and the conduct of the sessions. Community based data regarding the awareness of the beneficiaries about the available services in VHSND and any gap in utilization of the services are not well known. Thus, we plan to conduct a community-based study to assess the awareness of VHND services among pregnant mothers, lactating mothers, and their relatives in Badwani district of Madhya Pradesh and to estimate the utilization of services and level of health seeking behaviour in the community.

Research Questions

1) What is the current awareness of beneficiaries about the services provided at VHSND

2) What are the gaps in utilization of services?

3) What is the level of health seeking behaviour in the community?

2.1.2 Objectives of the Study

1) To assess the awareness of VHSND services among rural mothers and their relatives and estimate the utilization of services and gaps in utilization of services.
2) To assess the health seeking behaviour in the community

3 CHAPTER 2 -VILLAGE HEALTH SANITATION AND NUTRITION DAY -VHSND

3.1 VILLAGE HEALTH SANITATION AND NUTRITION DAY -VHSND

The concept of Nutrition and Health Day was developed by the Integrated nutrition and health project[1] which was implemented in two phases, 1996-2001 and 2002-2006. It has been replicated across India as Village health Sanitation and nutrition day under National Health Mission. VHSND provides outreach services like immunization, antenatal care, distribution of THR and supplements, Counselling regarding nutrition, health, sanitation, and family planning methods with the involvement of local community.

VHSND serves as a common platform where different sectors converge. Namely Health, WCD, PRI which strengthens synchronisation of activities and cooperation among each other. Government has introduced several Flagship programmes such as Ayushman Bharat (CPHC through HWCs), Poshan Abhiyan (Nutrition) and Swachh bharat abhiyan (Sanitation) for which VHSND serves as a critical Platform for implementation.[2] Similarly, VHSND aids to other programmes which require community collaboration for their success like, Home-Based New-born Care (HBNC), Home-Based Care for the Young Child (HBYC), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), and Anemia Mukt Bharat (AMB) and Mission Parivar Vikas.[2] Also, there is increased involvement of PRI in community-based planning of Health, nutrition, and sanitation.[2]

VHSND play an instrumental role in providing of Primary health care services to most vulnerable and marginalized population i.e., pregnant women, malnourished children and others belonging to SC, ST and other backward communities.[3] VHSND is usually conducted on two days in a week preferably Tuesday and Friday (varies State to State) at SHC and alternatively in all AWCs which comes under that particular Subcentres so that all the beneficiaries are covered as per their AWC. Sometimes, especially in hilly areas where the settlements are located very far from AWC, VHSND is conducted at an identified place in hamlets.

On the designated day of VHSND, ANM prepares the due list of the beneficiaries mainly the pregnant women for ANC and lactating mothers along with their children for immunisation. ASHA helps in mobilising the beneficiaries to the site as per the duellist along with new eligible couples and other people to the VHSND.[3] AWW takes the weight and height of the pregnant women and children to identify High risk pregnancies,

MAM, and SAM children. AWW also refers the SAM children to NRC in consultation with ANM. She also distributes THR to pregnant women and malnourished children enrolled under CSAM programme. ANM conducts the immunisation of children and ANC of pregnant women, provide supplements, deworming tablets and counsel them regarding nutrition, sanitation and family planning methods.Thus, VHSND is the focal point of Community and Intersectoral coordination and convergence which integrates both preventive, promotive, and rehabilitative aspects of healthcare.[4]

Figure 1: **Components of VSHND**

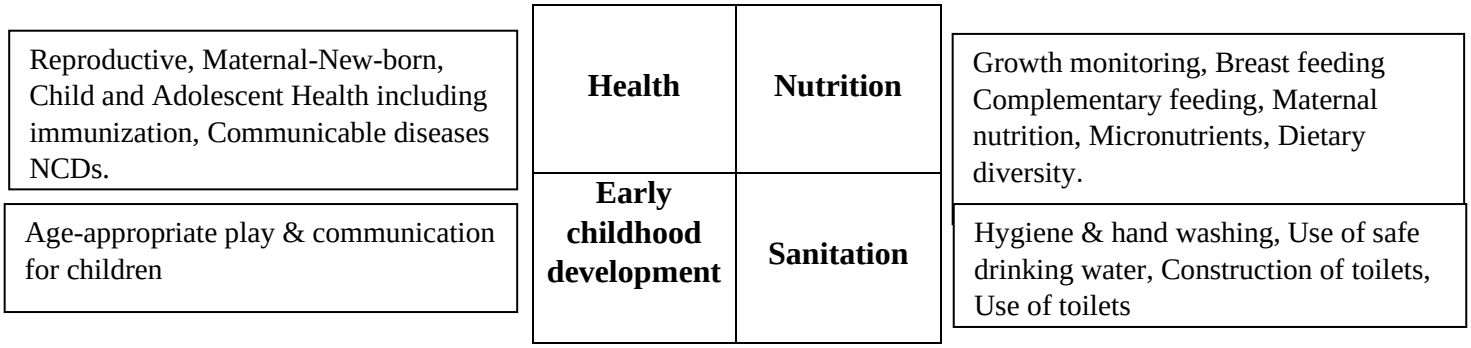

Table 1 **: Services to be Provided at VHSND**

Services	Actions
Antenatal care	• All pregnant women are to be registered. • Registered pregnant women to be given ANC. • Dropout pregnant women identification and tracking
Immunization	• All eligible children are to be given vaccines as per immunization schedule. • All dropout children • Vitamin A to be administered to under-five children
Nutrition	• All under-six children are to be weighed every month and their height to be recorded every quarter, and data to be entered in CAS application and plotted on MCP card simultaneously by AWW. • Underweight and wasted children are to be identified and managed appropriately. • Identified SAM children with medical complications to be referred to the NRC or health facility with pediatric care facilities. • All under-six children to be provided supplementary nutrition
Family Planning	• All eligible couples are to be given condoms, Combined Oral Contraceptives (COCs), Centchroman (Chhaya), Emergency Contraceptives Pills (ECP) as per their choice and referrals made for other contraceptive services
HBV, Syphillis and HIV	• Screening and referral, ensuring confidentiality

4 CHAPTER 3 – LITERATURE REVIEW

4.1 LITERATURE REVIEW

4.1.1 Objective of Literature review

A comprehensive literature review was performed to assess the gaps and gather knowledge about studies which were focused on assessment of functioning, utilisation of services, awareness, and availability of logistics at VHSND in India.

4.1.2 Literature review method

A literature search strategy was adopted to explore studies which focus on VHSND published in last 10 years. The search was done mainly in Medline database via Pub Med using the key terms "VHSND "and "Awareness" and "Service Utilisation". The search strategy was not restricted to any specific population or study design. The language of the publication was restricted to English.

Title and abstract screening were done to short list relevant articles. Studies that reported functioning, utilisation, awareness, and logistics at VHSND were shortlisted for full test review. All eligible studies were critically reviewed, and relevant data were tabulated. They were last name of primary author, Study design, year of publication, objective/title, and results

4.1.3 Results of literature review

A comprehensive but not an exhaustive search of literature yielded 26 articles. After TA screening 8 cross-sectional studies were included in the review.

Majority of the studies were conducted in Northeast India mainly Assam, West Bengal, Jharkhand followed by Jammu Kashmir, MP, and Gujrat.

Out of 8 studies, only one study assessed the Awareness and utilization of VHSND services while others only focused on availability of resources and functioning of VHSND.

Literature review

S.No	Author, year	Title/Objectives	Study design	Results/Conclusion
1	Jha, 2023	Evaluation of Village Health and Nutrition Day Program in a Block of Hooghly District, West Bengal:	Cross-sectional	Among the beneficiaries who attended the sessions; 28.57% were pregnant women, 16.53% were lactating mothers and 17.44% were under-five children. Nonavailability of line-list of adolescent girls and nonavailability of Vitamin A in oil were major observations.
2	Sangara,2020	Assessment of services rendered at village health and nutrition day in rural area of Kathua district, Jammu and Kashmir	Cross-sectional	All the ANMs made a micro-plan ahead of their visits and prepared a list of beneficiaries. Medical officers were available in 18 out of 28 sessions. ANM, anganwadi workers were available in majority of the sessions. Blood pressure apparatus and stethoscope were available in 60.71% and 67.85% sessions
3	Dohare et al ,2019	To assess the functioning of the Village Health and Nutrition Day held at selected villages of district Bhopal and to identify the gaps in services delivery related to the Village Health and Nutrition Day.	Cross-sectional	Major source of drinking water is hand pump (78%), 62.5% VHND sites have toilet facility. Anganwadi workers were present only at 27 (84.3%) sessions. Anganwadi helpers and the ASHAs were present at 29 (90.6%) and 31 (96.8%) sessions respectively. Only 3 (9.3%) of the session sites the supervisors from health and ICDS were present. Hemoglobinometer, KITs for urine examination and Vaccine carriers with ice packs were available in 31 (96.8%), 29 (90.6%) and 29 (90.6%).
4	Johri,2019	Quality Assessment of Maternal and Child Health Services in Health and Nutrition Day (VHND/UHND) in India	Cross-sectional	In the 30 villages randomly selected for inclusion, 36 VHNDs were scheduled but four (11.1%) were cancelled and one VHND was not surveyed. Vaccination and antenatal care were offered at 96.8% (30/31) and child weighing at 83.9% (26/31) of VHNDs.
5	Biswas,2018	Periodical Assessment of Maternal Health Services in Village Health & Nutrition Day in Rural Areas of North 24 Parganas, West Bengal, India	Cross-sectional	Mothers have been registered for antenatal care were 57% (118), 63.8% (132), 66.7% (138) and 72.9% (151) respectively over successively four years and never registered 8.7% (18), 5.3% (11), 3.9% (8) and 2.4% (5) respectively. Home delivery attributed 12.6% (26), 8.7% (18), 5.8% (12) and 3.4% (7) respectively
6	Patel,2016	Availability of drugs and logistics on village health and nutrition day in rural and urban areas of south Gujarat, India	Cross-sectional	Logistics used during Antenatal care like sphygmomanometer, stethoscope, examination table, measure tape and adult weighing scale were available at more VHND session in rural areas compared to urban session sites. Medications like iron folic acid tablets, paracetamol tablets and calcium tablets were present in more than three forth of the session at both urban as well as rural areas

7	Kabita,2015	Awareness and Utilization of Village Health and Nutrition Day (VHND) Services, Assam	Cross-sectional	86% of the respondents were aware of services provided in VHND, 73% respondents ever attended a session, 76% attendees availed antenatal check-up in VHND. Only 44% availed postnatal check-up. 77% of the infants were reportedly weighed in VHND. Only 48% infants had their weights plotted in growth chart. 47% beneficiaries attended Nutrition Health Education Counselling and Demonstration (NHED) sessions.
8	Saxena,2015	Availability of Village Health and Nutrition Day services in Uttarakhand	Cross-sectional	Of the 24 VHNDs observed, blood pressure measurement was done at 11 (45.83%) and weight at 13 (54.17%) sites in ante-natal care services; non-availability of blood pressure instrument and adult weighing machine were 45.83% and 41.66% sites, respectively. Immunization for children was provided at 22 sites; however, availability of other services were poor-vitamin A (three), growth monitoring of children (seven); supplementary nutrition (five); identification of households for construction of toilet (eight).

5 CHAPTER -4 STUDY METHODOLOGY

5.1 METHODOLOGY

5.1.1 Study design

This is a community based Cross-sectional study.

5.1.2 Study setting

This study was conducted with coordination and support of the Antara foundation which is currently working in 8 districts in Madhya Pradesh and study participants were recruited at the VHSND day which is conducted at every Tuesday and Friday across the Badwani District. Five sectors of Sendhwa block namely Bhampura, Jhopali, Mehadgaon, Chachariya and Dhanora were selected for the study. **Figure- 2** shows the map of badwani district of M.P highlighting Sendhwa block and associated sectors. **Table-3** shows the block health profile of Sendhwa block.

Figure 2**: Map of Badwani District (M.P)**

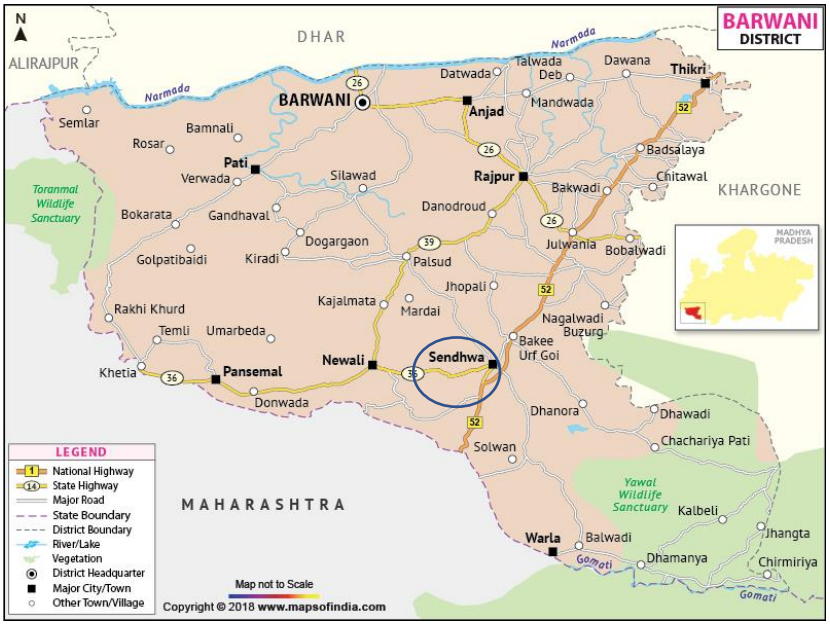

Table 2**: Block Health profile of Sendhwa Block, District Badwani (M.P)**

Population	432047	PHC	06
ST	70.82%	CHC	02
SC	4.68%	Delivery point	11
Sex ratio	950	AWC	342
Male literacy	41.41%	Gram panchayat	108
Female literacy	33.01%	ASHA	262
SHC	91	AWW	341

5.1.3 Study Participants

All the pregnant women aged between 15-49 years, lactating mothers, women who have delivered within 2 years along with their relatives were included in the study. All pregnant women attending the VHSND for ANC services and lactating women who bring their children for vaccination and their relatives were interviewed after taking verbal as well as written consent. Participants with cognitive disorders and those who do not give informed consent were excluded from the study.

5.1.4 Sampling

Consecutive sampling of beneficiaries and their relatives attending the VHSND

5.1.5 Data Collection and Management

Data collection was done after the necessary training by the Antara foundation team. A structured interviewer-administered questionnaire was used to collect information on socio-demography, awareness about VHSND, service utilisation and health seeking behaviour. Data collection was done using google forms at each VHSND site during routine VHSND observation and supportive supervision visits. Data was transferred to Excel sheet which served as the data base were batch wise cleaning of data was undertaken on fortnightly basis. The data was password protected and accessible only to myself and my supervisor.

5.1.6 Ethical consideration

Eligible Participants visiting the VHSND were explained about the study and about risks and benefits of participation in the study by providing the participant information sheet in Hindi language and by explaining to them. In cases where participant was unable to read the PIS and consent form, the third party, mostly the fellow participant or a friend or accompanying relative was asked to read the same for the participant, and a thumb impression of participant was taken if she/he is unable to sign the form. It was ensured that the participation of the patient was voluntary, and he/she can leave the study at any point in his/her own discretion. The Patient information sheet (PIS) was handed over to participant for further reference and consent form was archived. We don't expect any harm due to participation, as there was no clinical intervention involved. Selected photographs were taken with consent of the participant is also non-invasive procedure. Participants are not given any kind of monetary or non-monetary inducements for participating in the study.

5.1.7 Sample size calculation

Sample size of 160 participants were determined based on previous literature review and based on the feasibility considering the limited period of 3 months of dissertation but finally 100 participants were interviewed due to time constraint.

6 STATISTICAL ANALYSIS:

Descriptive analysis was conducted based on the data using Excel and SPSS software. The results were expressed in terms of percentage and numbers in the results table.

7 CHAPTER 5-RESULTS

Between May2023 and June 2023, beneficiaries attending the routine VHSND session were interviewed using online Google questionnaire. Demographic information was collected from the consenting patients (n=100). The demographic characteristics, Awareness and utilization of service and Health seeking behaviour data are shown in tables 3, 4 and 5 respectively for the sample (n=100). The participant characteristics of the subsample were like the overall sample. Most participants (36%) were aged between 20-24 years predominated by females (98%). Of the total participants, 70% were Hindus and 85% of them belonged to ST community. Almost one third of the participants were illiterate and only 34% completed their primary education. Demographic information is shown in **Table 3**

Out of the 100 beneficiary mothers and their relatives interviewed, 87% (87) were aware of the services provided in VHND. The information regarding conduct of VHSND was provided by ASHA (54%) followed by ANM(16%) and AWW(12%). About. 71% (70) of the respondents ever attended VHSND day conducted at their Village subcentre or AWC. Only 22% of them recalled the attendance of PRI members, along with ASHA, ANM and AWW at the VHSND site. Also,77% of the attendees reported the presence of all three frontline health workers (ASHA, ANM and AWW) in the last session as shown in **Table 4**. About 55% of the beneficiaries had the information that VHSND is conducted at Tuesday and Friday in their village.

Some answers regarding Health seeking behaviour of the beneficiaries were also sought in the study. Fever (42%) and Skin diseases (40%) emerged as the most predominant diseases in their area. Nearly two third (71%) of the beneficiaries' visit the government health facilities for healthcare needs. Among those who visit the private facilities, nearly 45% prefer to go to local practitioners followed by Medical shops(34%) to take over the counter medicines. About 89% of the participants were aware about the health care facilities (Both government and private) in their village and 45% of them knew about the timings of these facilities. The distance of the facilities in majority of cases (44%) were between 1-2 km from their residence and only 16% of the health facilities were situated greater than 5km range. Walking was the major means of transport (57%) followed by public transport (28%) to reach the health facility. The major hinderance to access the health care was far from location of the facility (40%) followed by lack of money. The information regarding Health seeking behaviour is shown in Table-5.

Table 3**: Selected demographic variables of respondents. (n=100)**

S.no	Variable	Frequency (%)
1.	Age group	
	<20	7(7)
	20-24	36(36)
	25-29	34(34)
	30-34	17(17)
	>35	6(6)
2.	Gender	
	Male	2(2)
	Female	98(98)
3.	Religion	
	Hindu	70(70)
	Muslim	12(12)
	Others	18(18)
4.	Caste	
	SC	9(9)
	ST	85(85)
	OBC	3(3)
	Gen	3(3)
5.	Education	
	Illiterate	24(24)
	Primary	34(34)
	Middle	28(28)
	High	10(14)
	Graduate and above	4(4)

Table 4**: Awareness and utilisation of service in VHSND (n=100)**

S.no	Variable	Frequency (%)
1.	Awareness about services	
	Yes	87(87)
	No	13(13)
2.	Source of Information	
	ASHA	54(54)
	ANM	16(16)
	AWW	12(12)
	Neighbour	8(8)
	Other	10(10)
3.	Ever Attended VHSND	
	Yes	71(71)
	No	29(29)
4.	Reported presence of	
	ANM, ASHA, AWW	77(77)
	ANM, ASHA, AWW&PRI	22(22)
	Others	1(1)
5	Day of conduct of VHSND	
	Tuesday	14(14)
	Friday	18(18)
	Both Tuesday/Friday	54(54)
	Don't Know	14(14)

Table 5**: Health seeking Behaviour of the Participants (n=100)**

S.NO	Variable	Frequency (%)
1.	Common Health issues	
	Fever	42(42)
	Malaria	12(12)
	Diarrhoea	5(5)
	Skin Disease	40(40)
2.	Where seek care when ill?	
	Govt	71(71)
	Private	29(29)
3.	Preference of Health facility (Private)	
	Private clinic/hospital	11(11)
	Local practitioners	45(45)
	Medical shops	34(34)
	others	10(10)
4.	Knowledge about nearest facility	
	Yes	89(89)
	No	11(11)
5	Distance of the nearest facility	
	Within 1 Km	26(26)
	1-2 km	44(44)
	2-5 Km	14(14)
	>5 km	16(16)
6.	Knowledge of working hours of the facility	
	Yes	45(45)
	No	55(55)
7.	Means of transport to reach. Facility	
	Walking	57(57)
	Public transport	28(28)
	Rickshaw	2(2)
	Private vehicle	13(13)
8.	Major problem in accessing Healthcare.	
	Lack of money	32(32)
	Health facility located faraway.	40(40)
	Longer waiting periods	3(3)
	Unavailability of free Medicines	14(14)
	Language barrier	0(0)
	Bad behaviour from the service Provider	11(11)

8 CHAPTER- 6 DISCUSSION

Comprehensive primary health care is an effective strategy for the reduction of maternal and infant mortality rates especially in vulnerable communities like tribal areas. VHSND should be utilized as effective platform for the delivery CPHC at the village level through mutual coordination between Health, RI and WCD departments with active involvement of community. It is encouraging to observe that about 87% of the beneficiaries were aware about the services given at the VHSND site. Also, ASHA is the major source of information for the beneficiaries among the other frontline workers ANM and AWW.

This study highlights some major gaps in awareness, utilisation and health seeking behaviour among the beneficiaries. About half of the participants were unaware that VHSND is conducted at both Tuesday and Friday. Similarly, involvement of PRI institution is also essential for the success of VHSND which remained quite low (22%). According to VHSND guidelines 2019, Representatives of Panchayat and the VHSNC will help Anganwadi workers and ASHAs to publicize VHSND and display them at appropriate public places. They may also help AWWs and ASHAs in community mobilization especially for the hard to reach and resistant families as well as in logistics arrangements for Village Health, Sanitation and Nutrition Day.

This study was conducted as a part of dissertation project and due to time constraints, we were not able to achieve our target sample size of 160 participants. Also, the results of the study are not generalisable to the whole of the community due to small sample size and specific location. Hence, there is a need to conduct larger studies especially qualitative which can reflect the actual knowledge, attitude, and practice among beneficiaries. Access to health facilities, socio-economic status and perceived quality of service have been found to be significant influencers of health seeking decisions among different population segments.[11,12,13.] Positive health seeking behaviour will result in increased utilization of health services including VHSND.

The study only touched this aspect in exploratory manner. This becomes more significant in difficult terrain and geographical areas especially tribal hotspots like Badwani district of Madhya-Pradesh. Further studies are recommended in this regard.

9 CONCLUSION

The present study leads to the conclusion that the complete packages of services in VHND were not utilized to the optimal extent by beneficiaries. Presence of all the three frontline health workers in any session was reportedly found lacking. Organization of the Village Health, Nutrition & Sanitation Day on a regular basis as per the guidelines will result in increased coverage of vulnerable, marginalized, and difficult to reach population. especially pregnant women and children. Increased awareness about the determinants of health

such as nutrition, sanitation, will ensure positive health seeking behaviour in the community due to improved knowledge about the services and benefits offered under the various nutrition, health and sanitation Programmes.

10 RECOMMENDATIONS

Greater community involvement is required to generate demand for essential services like growth monitoring and nutrition and health education. Monitoring and supervision need to be regularized for effective organisation of VHND. Skill building training of the frontline health workers with emphasis on quality of care in service delivery can be useful to optimize the utilization of the available services in VHSND.

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12 APPENDIX 1

Link to Questionnaire: https://forms.gle/agyTW2mihuut3eGo6