Awareness and Utilization of Village Health, Sanitation and Nutrition Day (VHSND) Services- ‘A Community Based Study in Badwani district of Madhya Pradesh’

Under the Guidance of

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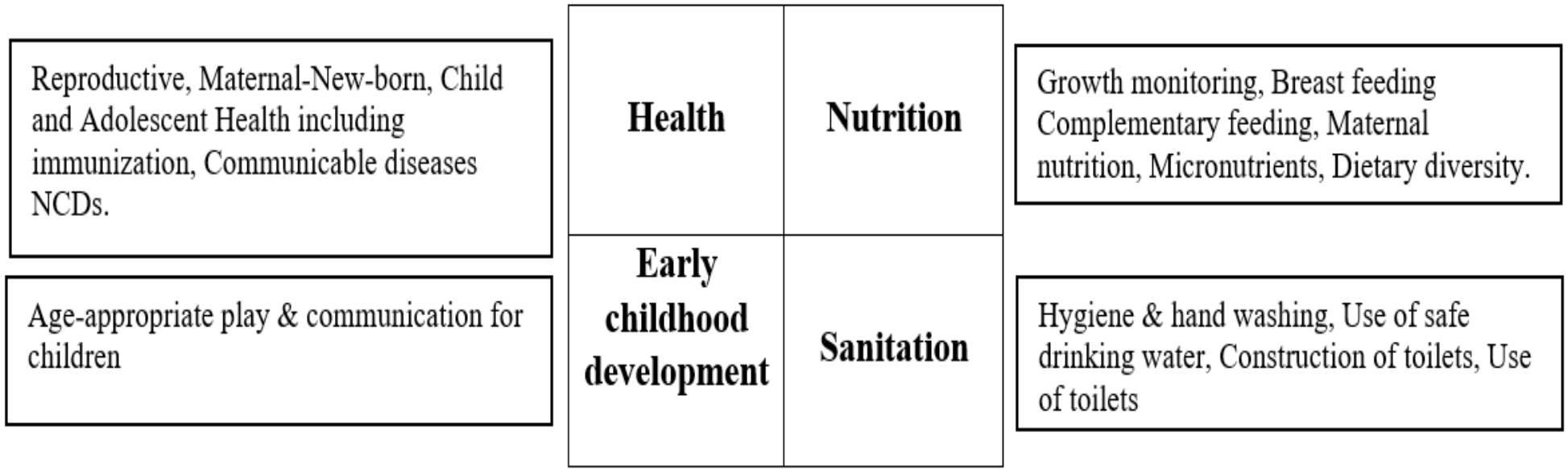
Table of contents

Introduction

- Village health Sanitation and Nutrition Day (VHND) is being implemented across the country since 2007
- VHSND serve as community platform, connecting the community and health systems and facilitating convergent actions -Health, WCD, PRI
- Strengthens synchronisation of activities and cooperation among each other.
- Platform for implementation of Govt Flagship programmes eg
    - Ayushman Bharat (CPHC through HWCs)
    - Poshan Abhiyan (Nutrition)
    - Swachh Bharat Abhiyan (Sanitation)
    - Home-Based New-born Care (HBNC)
    - Home-Based Care for the Young Child (HBYC)
    - Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)
    - Anemia Mukt Bharat (AMB)
    - Mission Parivar Vikas
- Provides 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.

Source : National VHSND guidelines 2019

Components of VHSND



Source : National VHSND guidelines 2019

Services 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

Source : National VHSND guidelines 2019

Literature review

Objective	Review Method	Results
➢ 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.	➢ The search was done mainly in Medline database via Pub Med using the key terms “VHSND “and “Awareness” and “Service Utilisation”. ➢ The language of the publication was restricted to English ➢ 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	➢ 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 table

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%).

Literature review table- continued

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

Literature review table- continued

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).

Background

- World Health Organization (WHO) report shows that the global MMR as dropped considerably from 342 in the year 2000 to 211 in 2017[1]
- WHO also reported sharp reduction in Maternal mortality from 451 000 to 295 000 in this timeline.[1]
- 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.[2]**
- 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**.[3]
- **Full participation of the community in the planning and implementation process** of the interventions is considered among the prerequisites of the primary care approach.

1. WHO. *Trends in Maternal Mortality 2000 to 2017: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. Geneva, Switzerland: World Health Organization; 2019.
2. Registrar General India, Centre for Global Health Research. *Maternal Mortality in India: 1997–2003 Trends, Causes and Risk Factors* [Internet]. New Delhi, India: Registrar General India, Centre for Global Health Research; 2006 [http://www.cghr.org/wordpress/wp-content/uploads/RGI-CGHR-Maternal-Mortality-in-India-1997–2003.pdf
3. Costello A, Osrin D, Manandhar D. Reducing maternal and neonatal mortality in the poorest communities. BMJ2004; 329(7475):1166-68. [Online]. 2004 Nov [cited 2004 Nov11]; Available from: URL:http://dx.doi.org/ 10.1136/bmj.329.7475.1166

Rationale

- **Madhya Pradesh recorded MMR of 173 per 100,000 live births according to SRS 2018-20.** Also, Infant Mortality Rate (IMR) in Madhya Pradesh in (SRS-2018-20) was among the highest at **46 per 1000 live births**.
- VHSND can bring about the **much-needed behavioural changes in the community and induce health-seeking behaviour leading to better health outcomes**.[1,2]
- 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 conducted 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.

1. Sangamad S, Devagappanavar G. A Mixed-Method Study on Assessment of Village Health Nutrition Day Sessions in Rural Areas of South India. 2020;(4).
2. Editorial Health Seeking Behaviour in Context; 2003. Available from: http://www.ajol.info/index.php/eamj/ article/viewFile/8689/1927.

Research questions and Objectives

- **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?

- **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

Methodology

- **Study design -** This is a community based Cross-sectional study.
- **Study setting -** Five sectors of Sendhwa block namely Bhampura, Jhopali, Mehadgaon, Chachariya and Dhanora
- **Study Participants** –
  - **Inclusion :** 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.
  - **Exclusion:** Participants with cognitive disorders and those who do not give informed consent were excluded from the study.
- **Sampling** -Consecutive sampling of beneficiaries

  and their relatives attending the VHSND

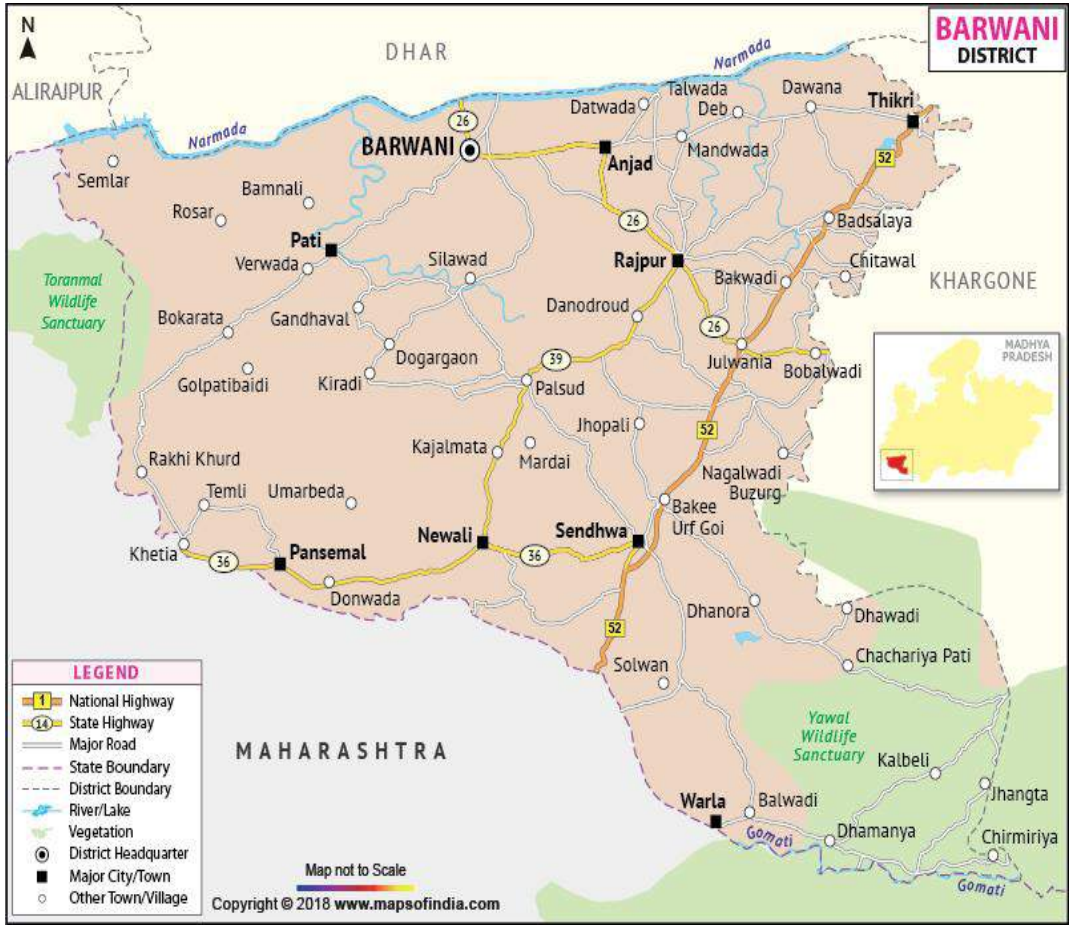


Image source : www.mapsofIndia.com

Methodology

Data Collection and Management

- 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.

Ethical Considerations

- 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.
- 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.

Sample size and Data Analysis

Sample size calculation

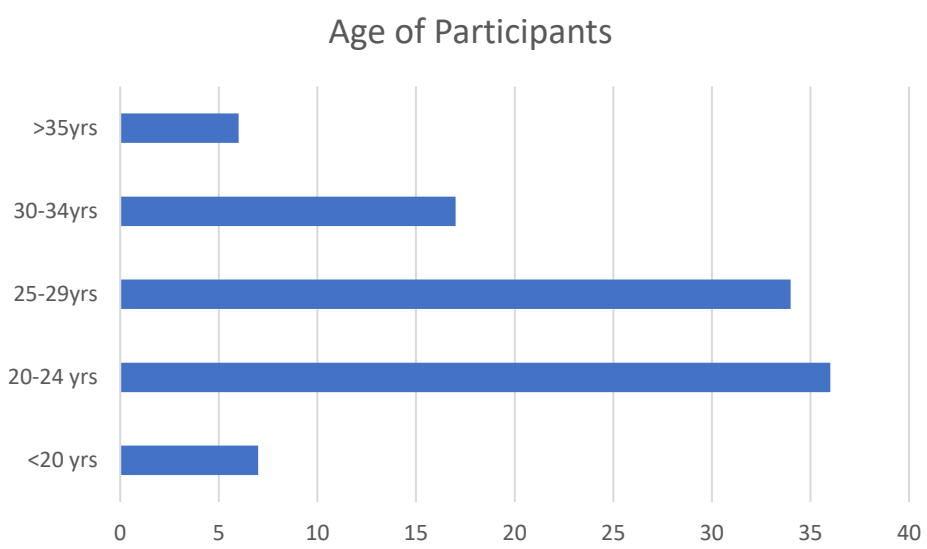
- Sample size of 160 participants were determined based on previous literature review and based on the feasibility considering the limited period of 3 months of dissertation. However due to time constraint **100** participants were interviewed.

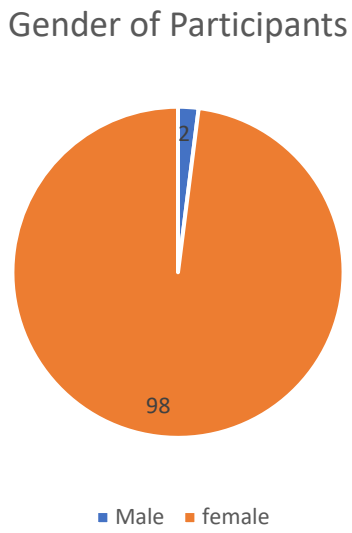
Statistical Analysis

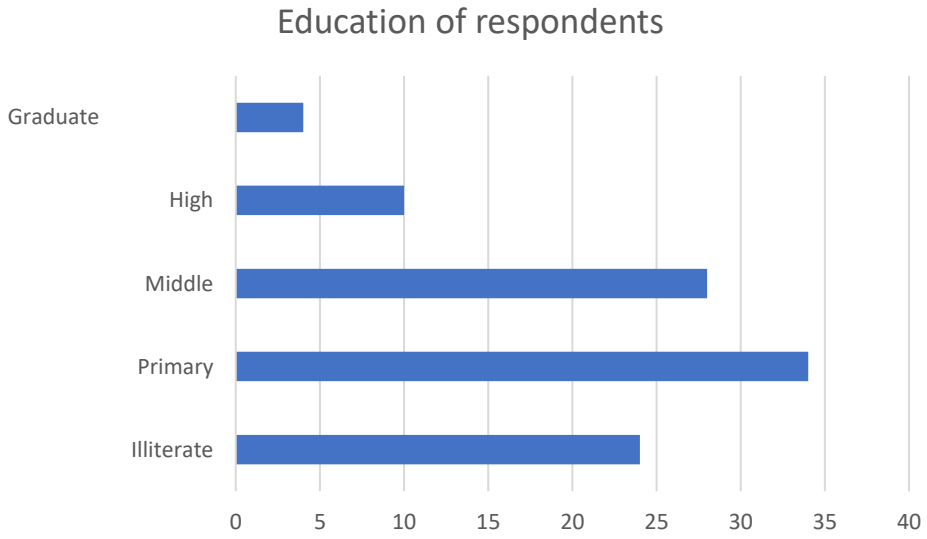
- Descriptive analysis was conducted based on the data using Excel and SPSS software. The results were expressed in terms of percentage and numbers in the results table.

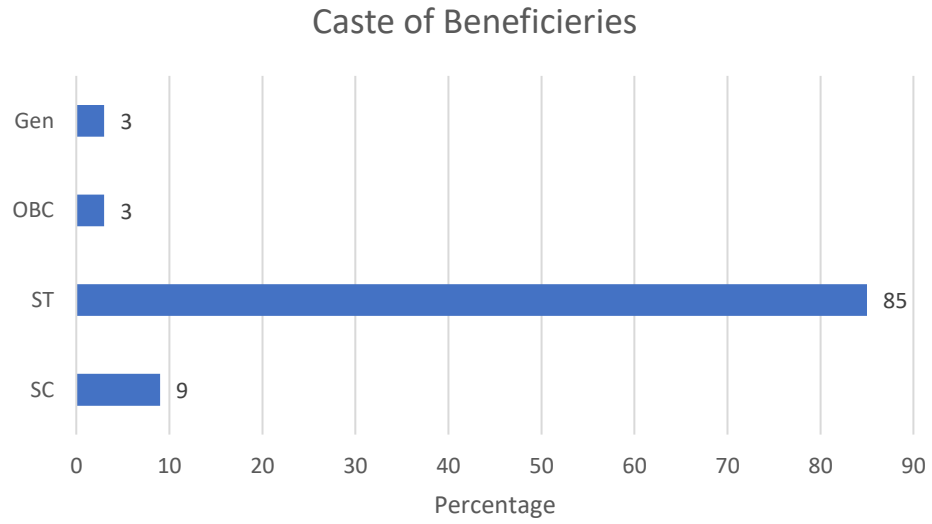
Results

Demographic Information of the participants

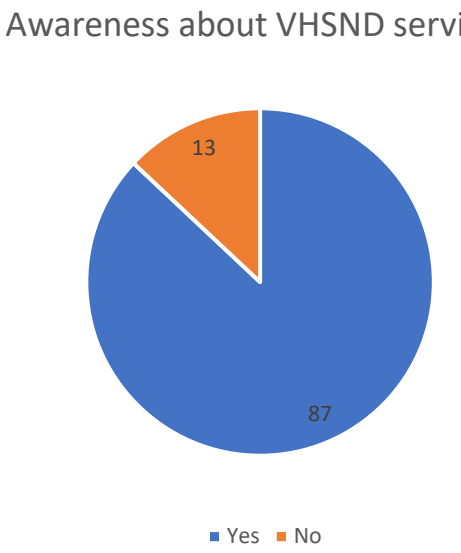


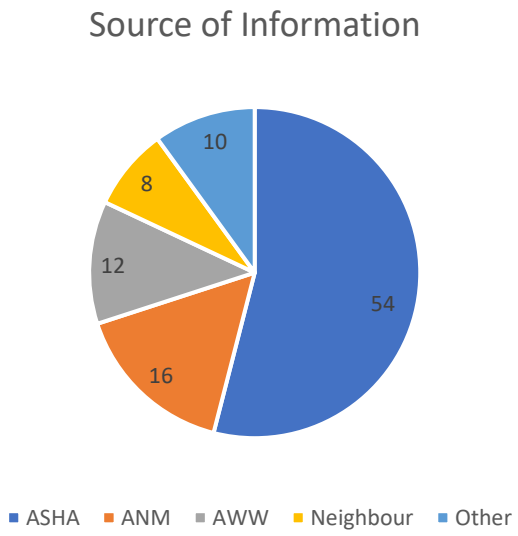


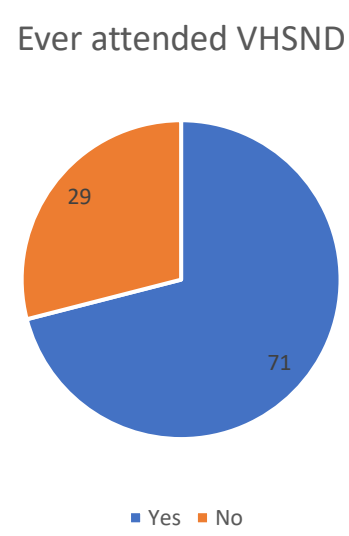


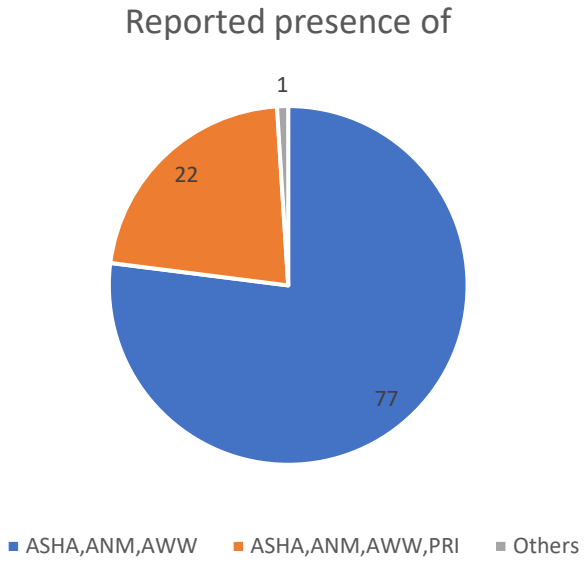


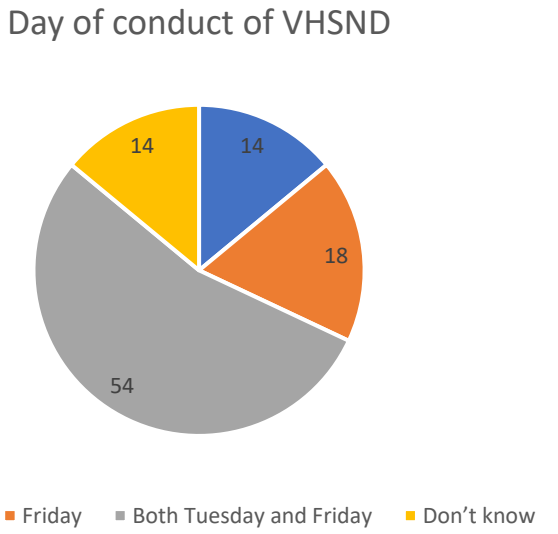
Awareness about VHSND services





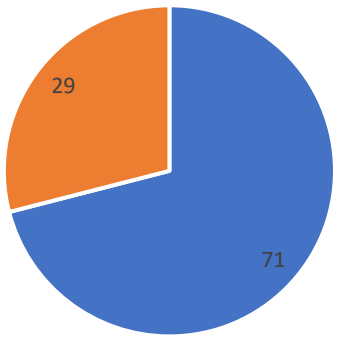




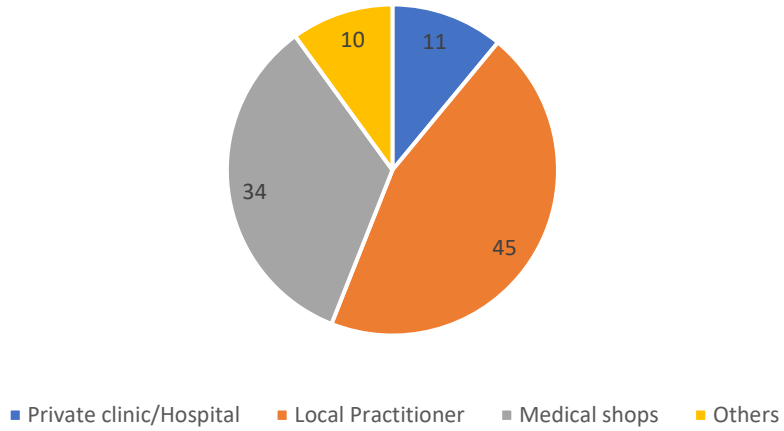


Health seeking behaviour

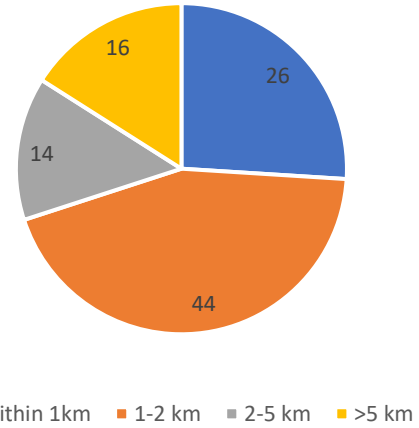
Where seek care when ill



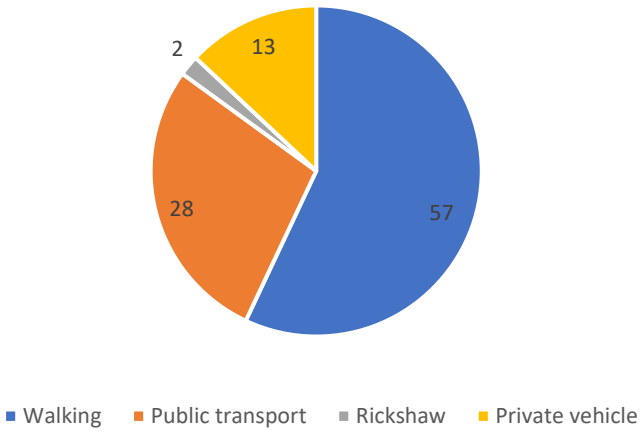
Preference of Private health care



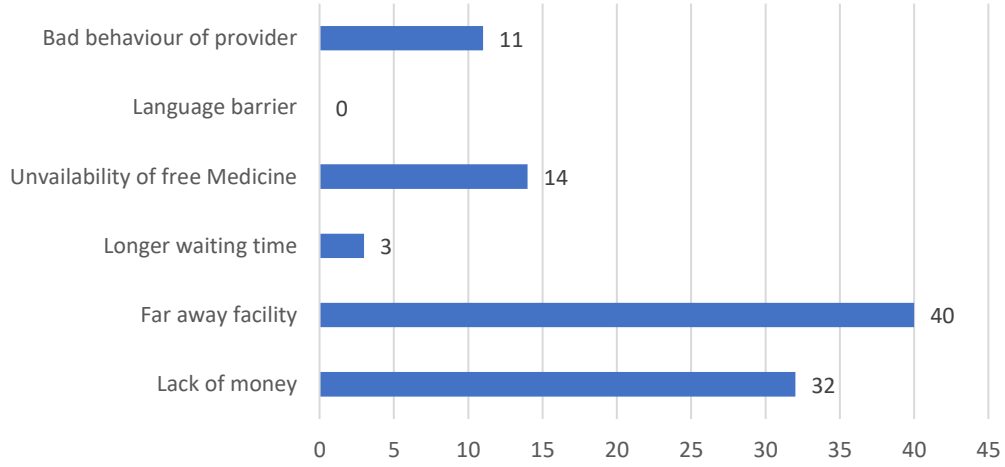
Distance of nearest facility



Means of Transport



Problem in acessing Healthcare



Discussion

- This study suggested that **about 87% of the beneficiaries were aware about the services given at the VHSND site**.
- **ASHA is the major source of information** for the beneficiaries among the other frontline workers ANM and AWW.
- 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.**
- 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.[1,2,3.] Positive health seeking behaviour will result in increased utilization of health services including VHSND.**

1. Gao W, Dang S, Yan H, Wang D. Care-seeking pattern for diarrhea among children under 36 months old in rural western China. PloS one. 2012;7(8):e43103. [PMC free article] [PubMed] [Google Scholar]
2. Worku AG, Yalew AW, Afework MF. Maternal complications and women's behavior in seeking care from skilled providers in North Gondar, Ethiopia. PLoS One. 2013;8(3):e60171. [PMC free article] [PubMed] [Google Scholar]
3. Babalola S, Fatusi A. Determinants of use of maternal health services in Nigeria-looking beyond individual and household factors. BMC pregnancy and childbirth. 2009;9(1):43. [PMC free article] [PubMed] [Google Scholar]

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.

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.

THANK YOU!