Study on the Practices and Quality of Village Health and Nutrition Day (VHSND) Sessions in Rohtas, Bihar

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DISSERTATION AT CARE INDIA

Introduction to VHSND:

The specific objectives of VHSNDs are to:

· Improve the availability of health, nutrition, early childhood development and sanitation services at the community level

· Provide information and generate awareness about entitlements and government schemes related to health, early childhood development, nutrition and sanitation

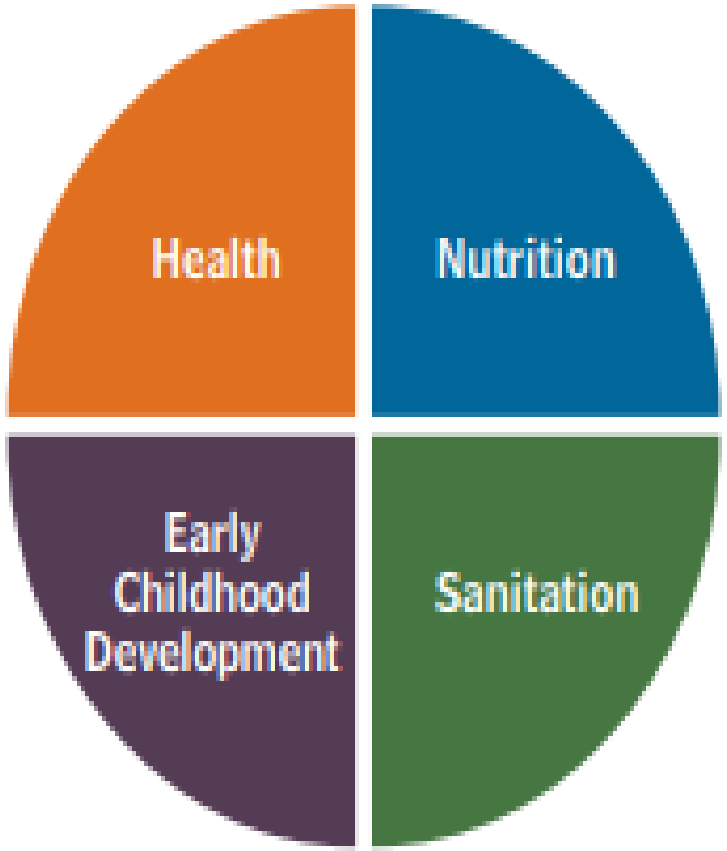
· Act as a platform for counselling to bring improvement in health, nutrition and sanitation practices at individual, family and community level

· Identify cases requiring referrals or families requiring support and link them with appropriate service providers in the relevant sector.

Figure 1: Components of VHSND

- Reproductive, Maternal, Newborn, Child and Adolescent Health including immunization
- Communicable diseases
- NCDs

- Growth monitoring
- Breast feeding
- Complementary feeding
- Maternal nutrition
- Micronutrients
- Dietary diversity



- Age appropriate play & communication for children

- Hygiene & hand washing
- Use of safe drinking water
- Construction of toilets
- Use of toilets

Research Questions:

How is the quality of conducting Village health and nutrition days in Rohtas district?

What is the effectiveness of VHSND in addressing health and nutritional needs of pregnant women, lactating mothers, children (0-5 yrs.) grass root level?

Research Objectives:

The current study was undertaken to achieve the following objectives-

1. To Assess the quality of services in the process of implementation of VHSND

2. To Analyze the need, awareness and satisfaction related to the services provided with this program among beneficiaries,

3. To Identify any demand and supply gaps related to this program.

4. To assess the effectiveness of VHSND in addressing health and nutritional needs of pregnant women, lactating mothers, children (0-5 yrs.) grass root level.

Research Methodology:

Sr. no.	Method	Purpose
1.	Observation of the VHSNDs	□ To observe status of infrastructure and its environment. □ To observe the quality of service delivery □ To observe active participation of beneficiary, service provider and community members.
2.	Interaction with beneficiaries	To understand the satisfaction level of beneficiaries on quality of service delivery
3.	Review of Records	□ To Review quantitative information on beneficiary coverage, availability of equipment's, medicines and service delivery.
4.	Recording of Information	□ To document information and observations for data analysis and report preparation.

Sample Size:

- The assessment was done 4 blocks in Rohtas district. Method followed for the study is simple random sampling from every PHC area, 6 sub centers have been selected randomly, and 4 session sites from every sub center area.
- Sample have been decided from the micro plan available for VHSND in the blocks
- out of 96, only 78 VHSND Sites were visited for observation as sample, rest could not be observed because these sessions were not conducted for multiple reasons

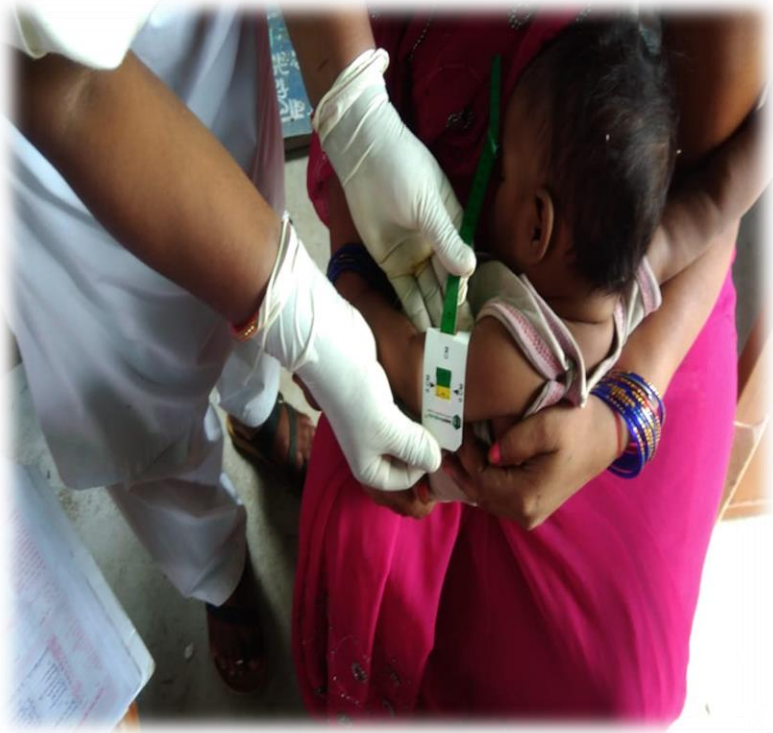
Indicator	Number	Total
Total Blocks selected for study	4	4
Total PHC	4	4
Total HSC (6 per PHC area)	6 × 4	24
Total sites as Sample (4 per HSC area)	24 × 4	96
Total VHSND Sites Observed	78	

Process flow of Dissertation:

1. Development of the questionnaire and guidelines for the assessment.
2. Schedule preparation for the sessions.
3. Observation of VHSND session site along with the collection of data.
4. Interview with beneficiaries and FLWs
5. Data Compilation, Analysis & Report Preparation at district level
6. Sharing of the observation reports with the higher supervisory such as Do H& FW and Do W& CD.


Dawath
Suryapura
Bikramganj
Kochas
Dinara
Sanjhauli
Karakat
Kargahar
Nokha
Rajpur
Nasriganj
ROHTAS
Akorhi Gola
(Sasaram)
Dehri
Sasaram
Chenari
Sheosagar
Tilouthu
Rohtas
Nauhatta

Study Area:

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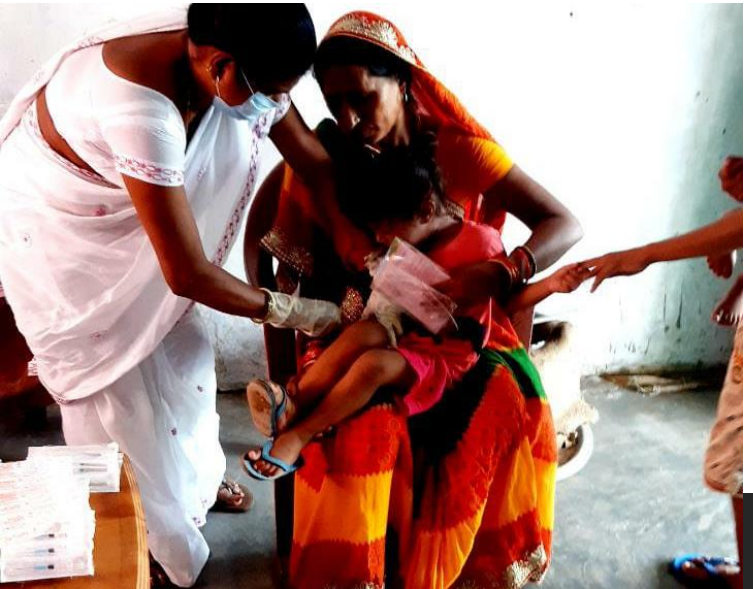
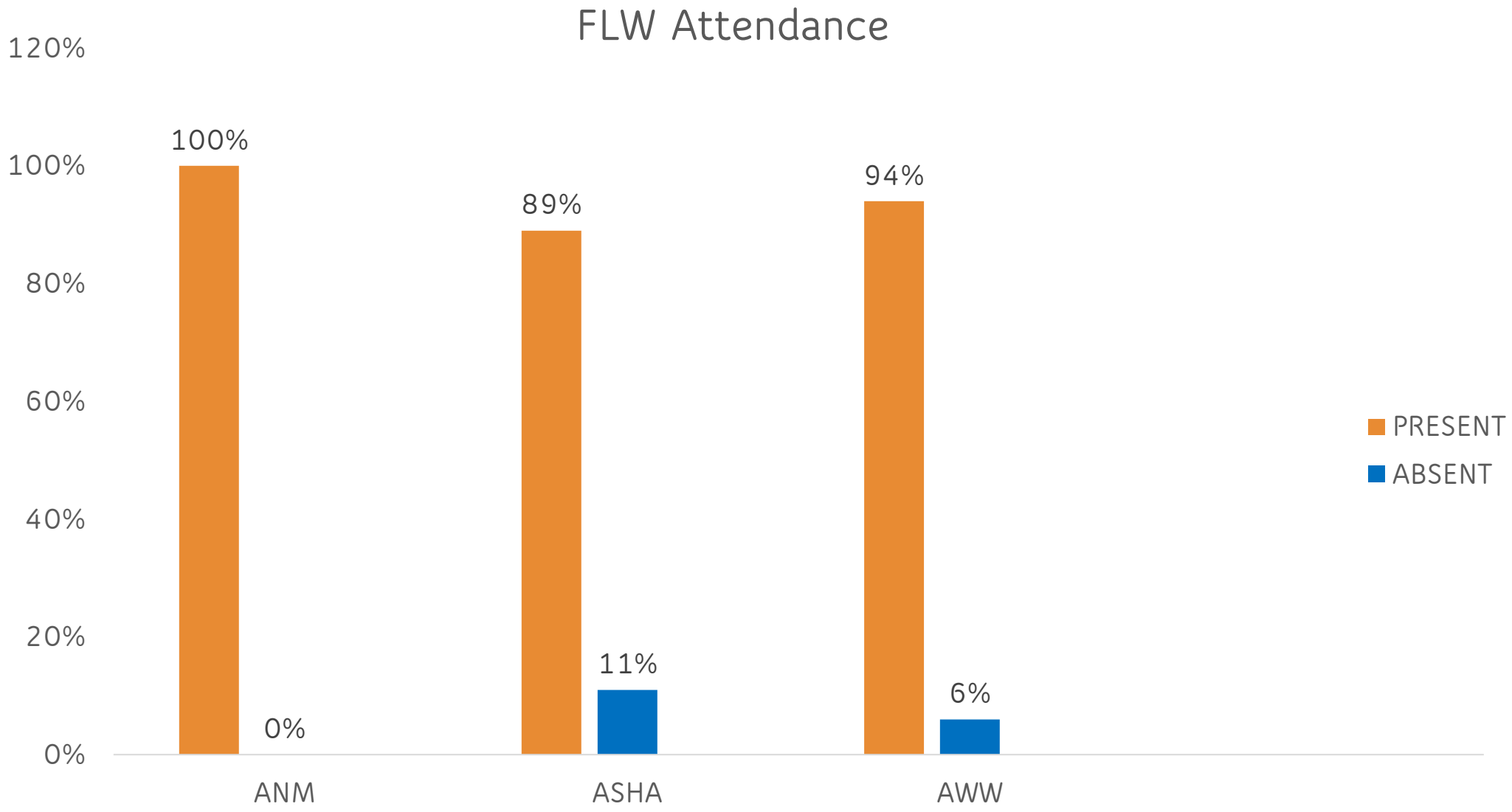
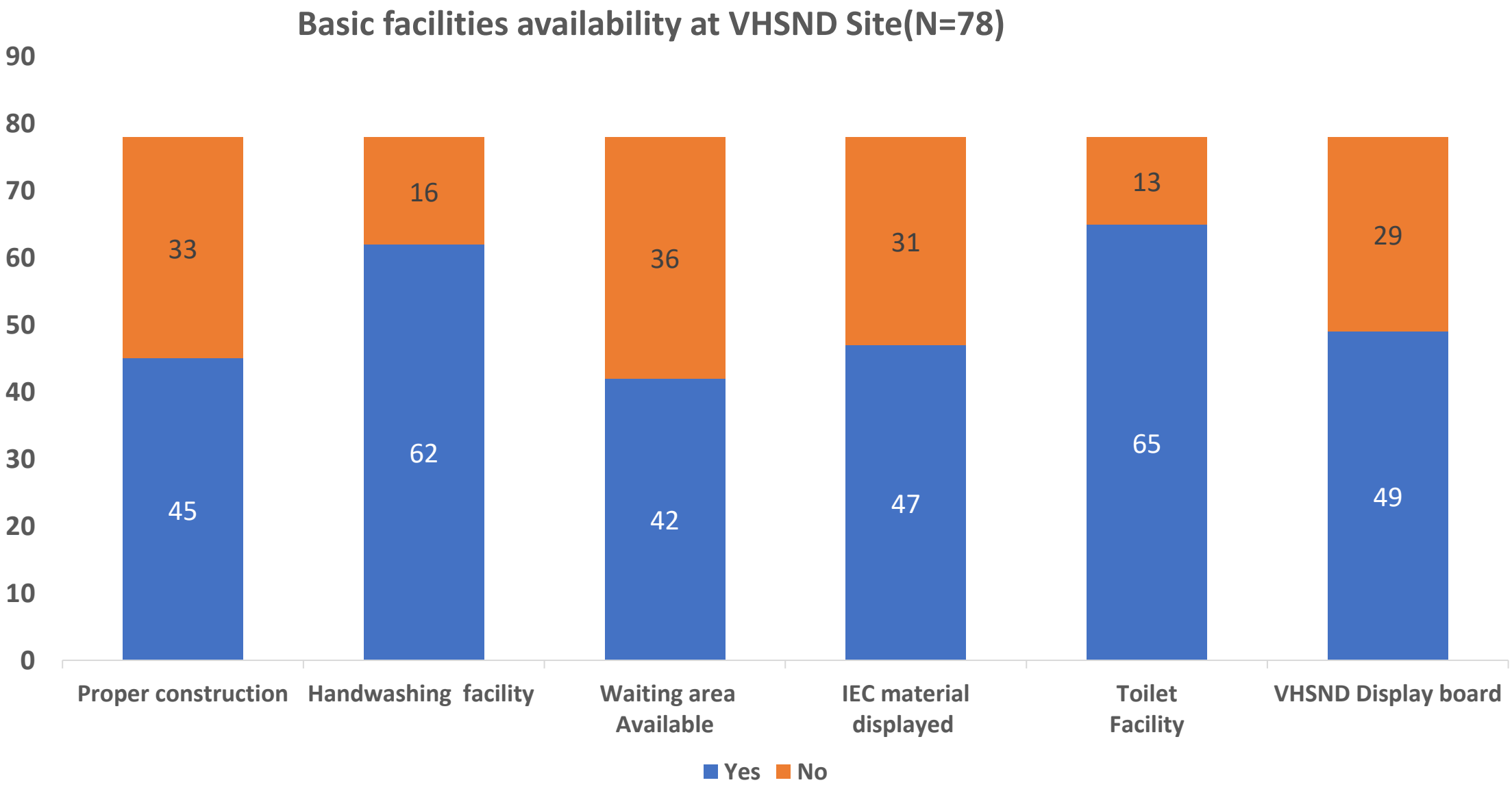
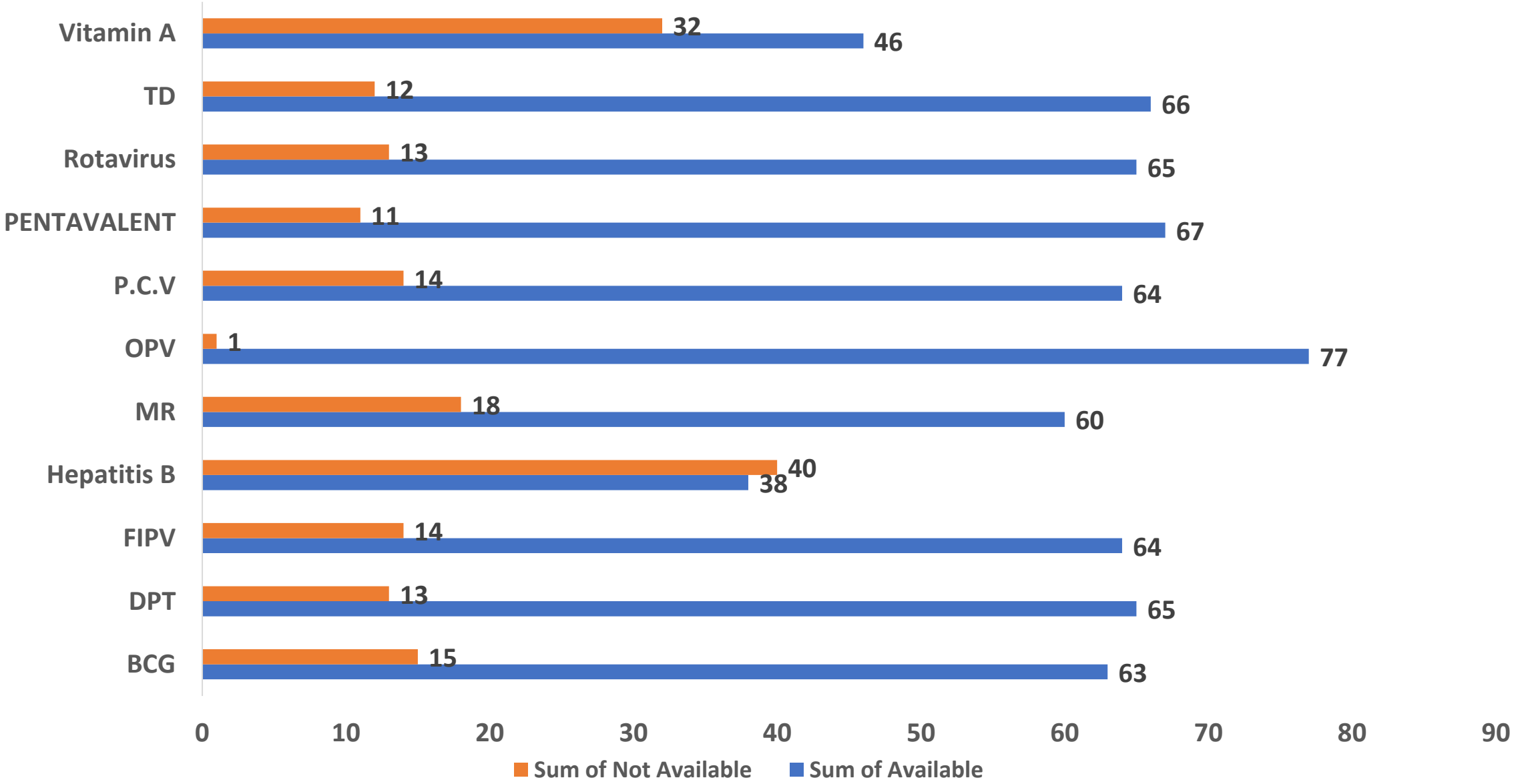
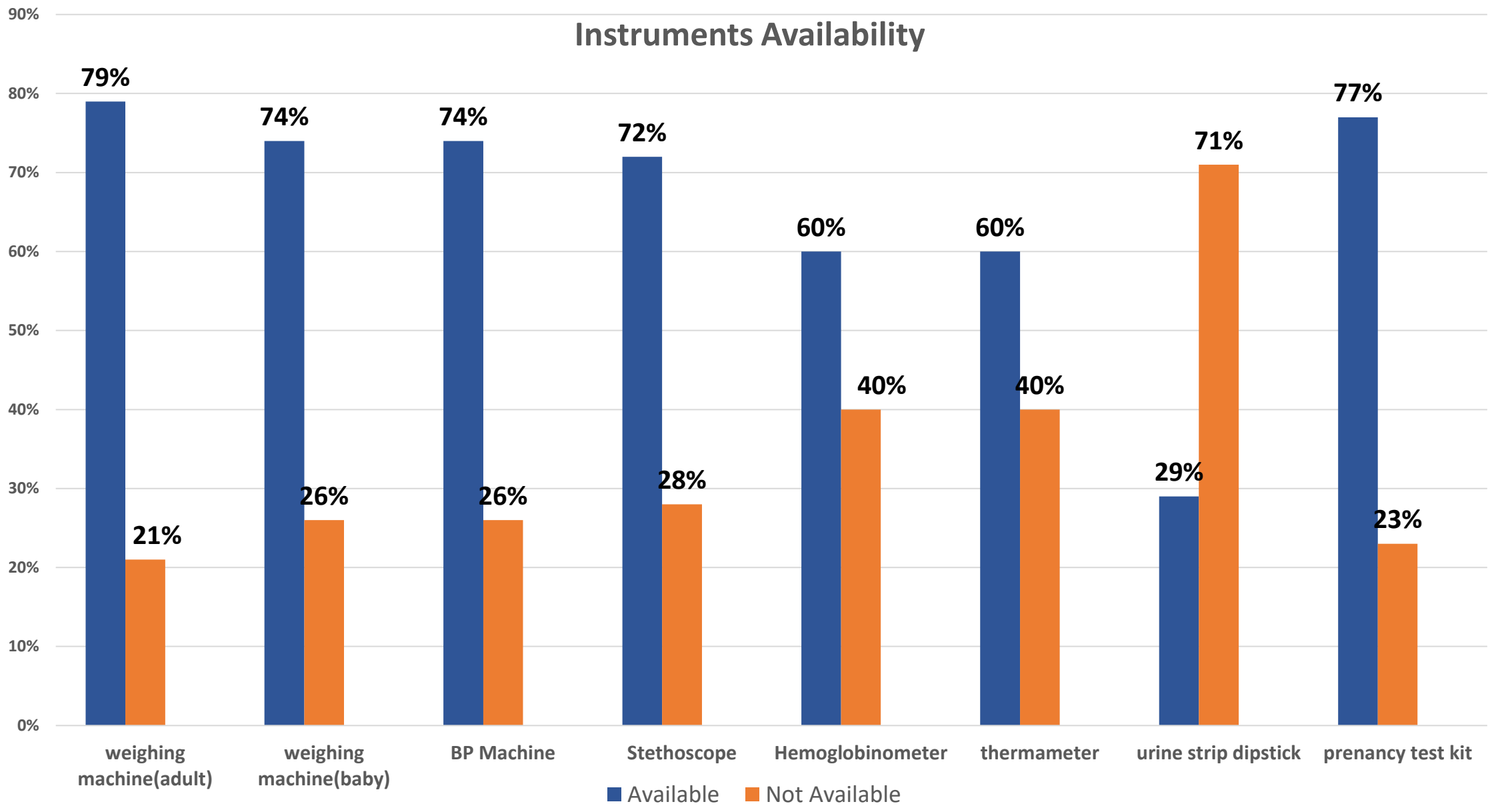
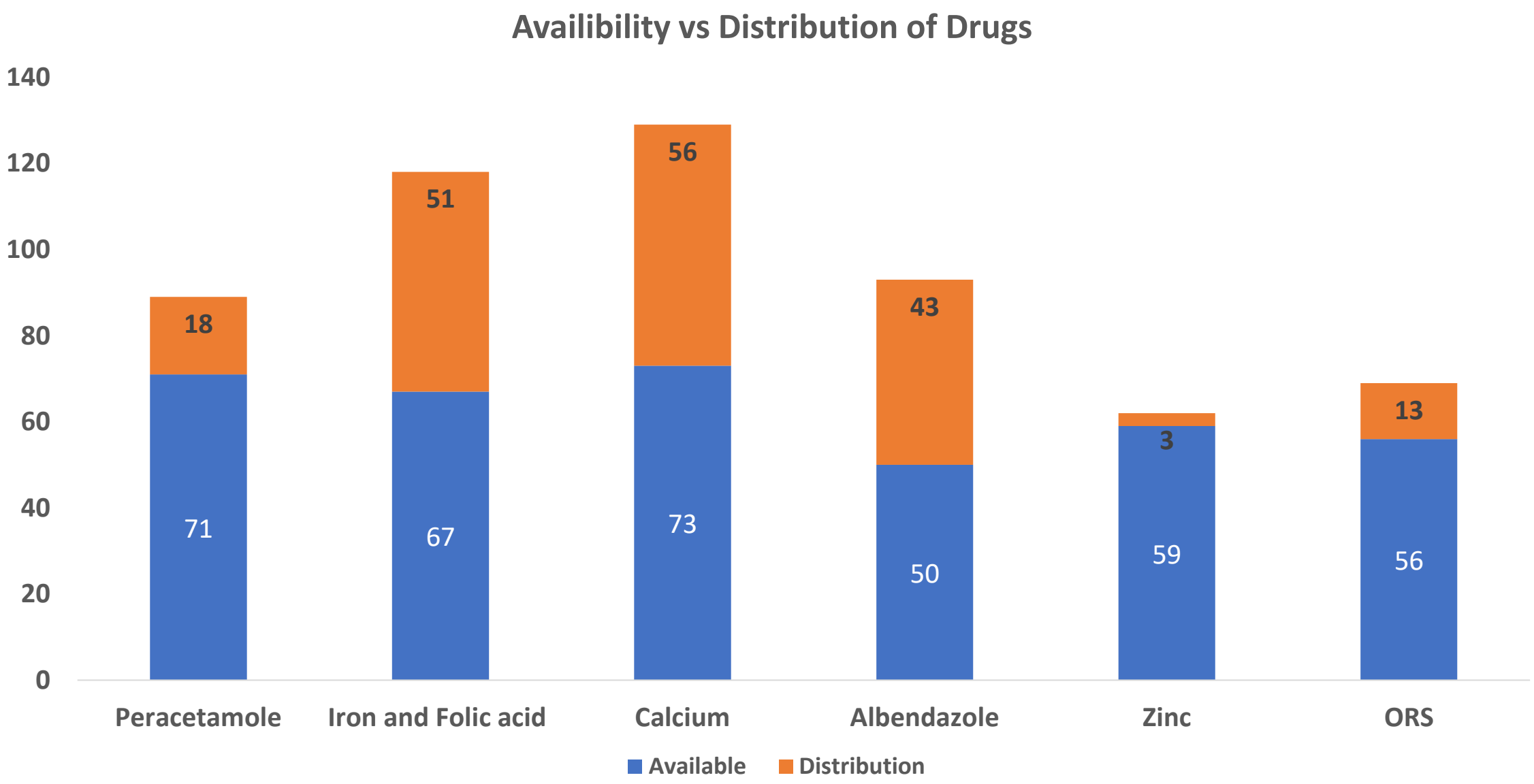



FLW Attendance
120%
100%
80%
60%
40%
20%
0%
100%
0%
89%
11%
94%
6%
ANM
ASHA
AWW
PRESENT
ABSENT

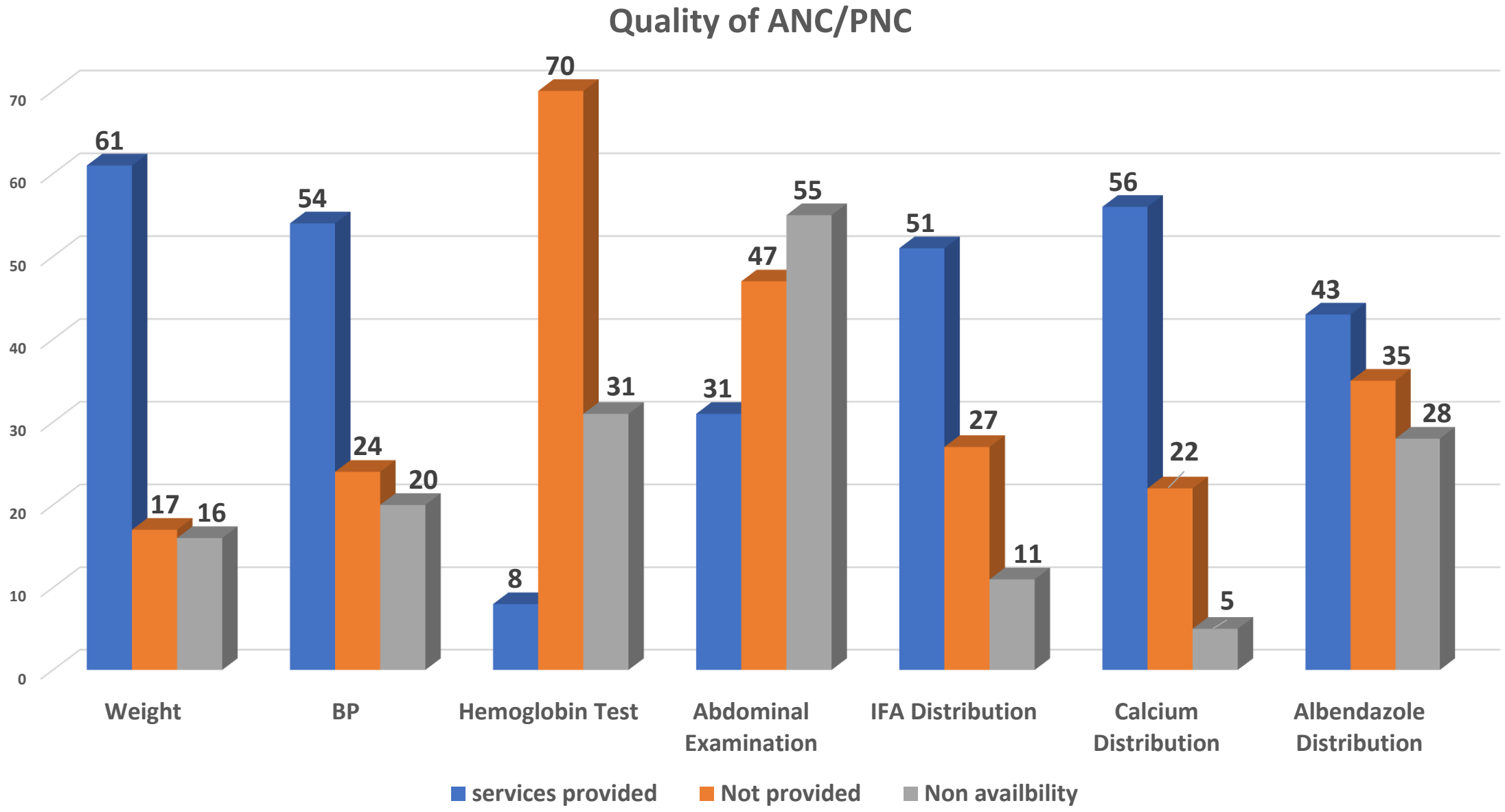

Basic facilities availability at VHSND Site(N=78)
90
80
70
60
50
40
30
20
10
0
33
16
36
31
13
29
45
62
42
47
65
49
Proper construction
Handwashing facility
Waiting area Available
IEC material displayed
Toilet Facility
VHSND Display board
Yes
No


Vitamin A
32
46
TD
12
66
Rotavirus
13
65
PENTAVALENT
11
67
P.C.V
14
64
OPV
1
77
MR
18
60
Hepatitis B
40
38
FIPV
14
64
DPT
13
65
BCG
15
63
0
10
20
30
40
50
60
70
80
90
Sum of Not Available
Sum of Available

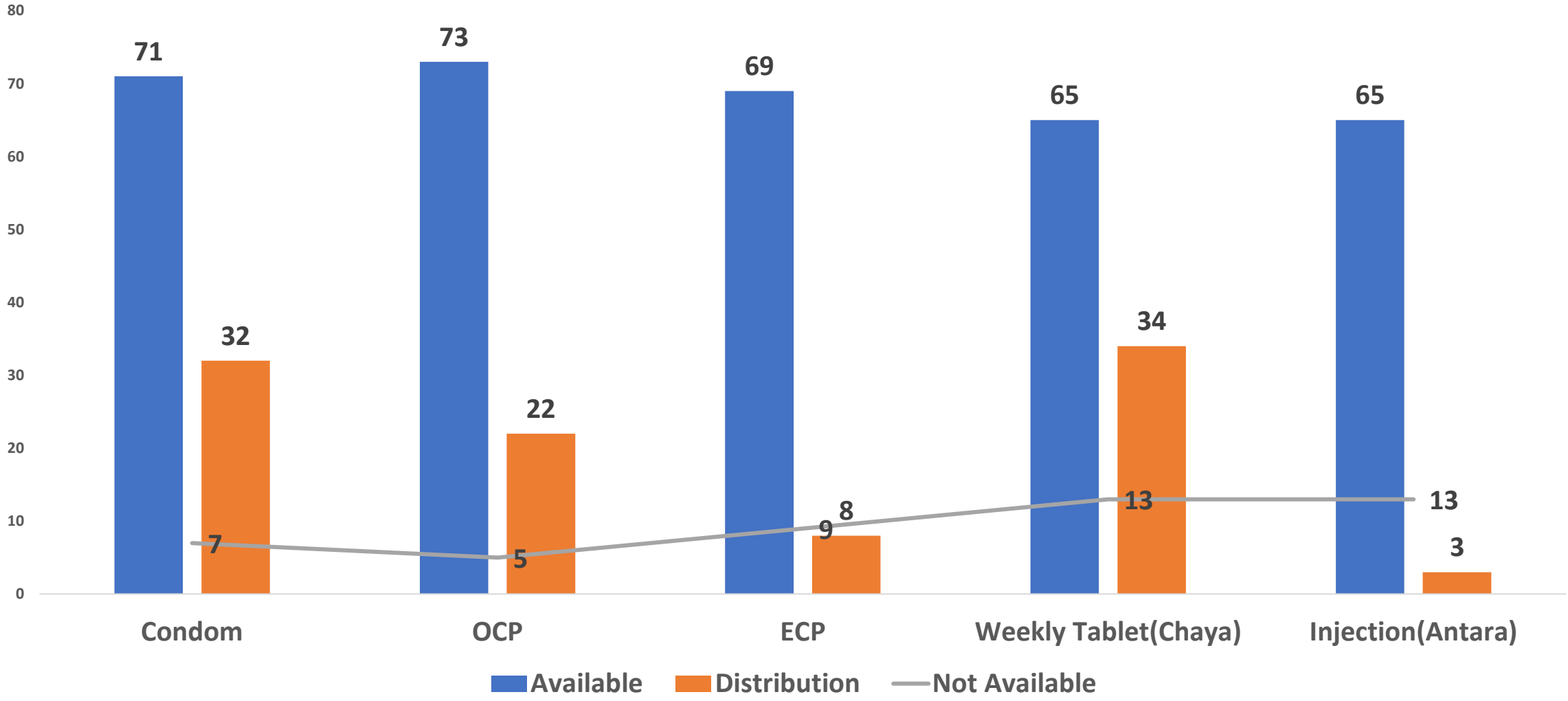

Instruments Availability
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
79%
21%
74%
26%
74%
26%
72%
28%
60%
40%
60%
40%
29%
71%
77%
23%
weighing machine(adult)
weighing machine(baby)
BP Machine
Stethoscope
Hemoglobinometer
thermameter
urine strip dipstick
prenancy test kit
Available
Not Available

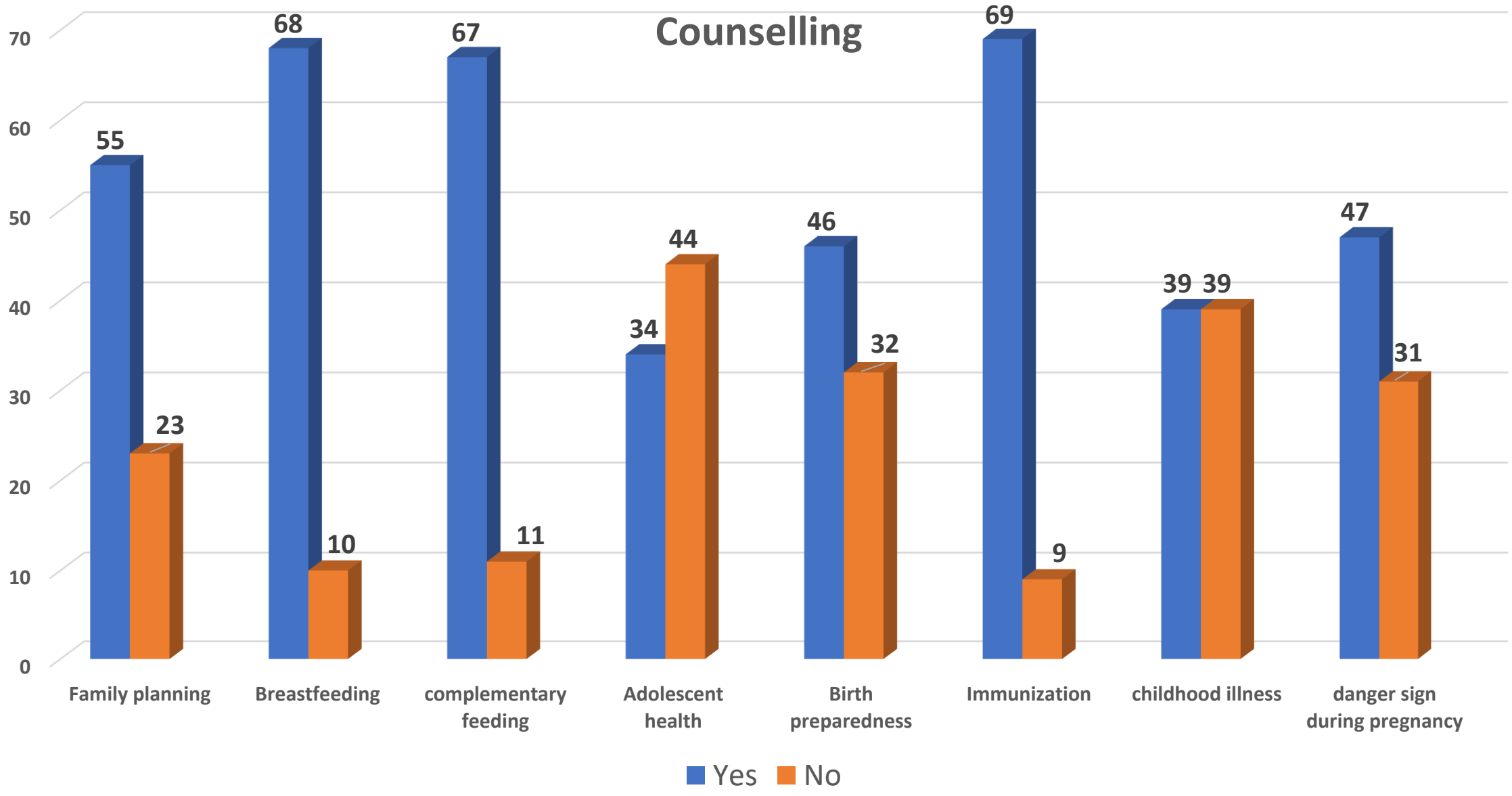

Availibility vs Distribution of Drugs
140
120
100
80
60
40
20
0
18
71
51
67
56
73
43
50
3
59
13
56
Peracetamole
Iron and Folic acid
Calcium
Albendazole
Zinc
ORS
Available
Distribution

Name of Record	No. of sites where available	No. of sites where not available	Total no. of sites where records updated
Survey Register	78	0	61
Due List	75	3	67
RCH Register	52	26	37
MCP Cards	78	0	7

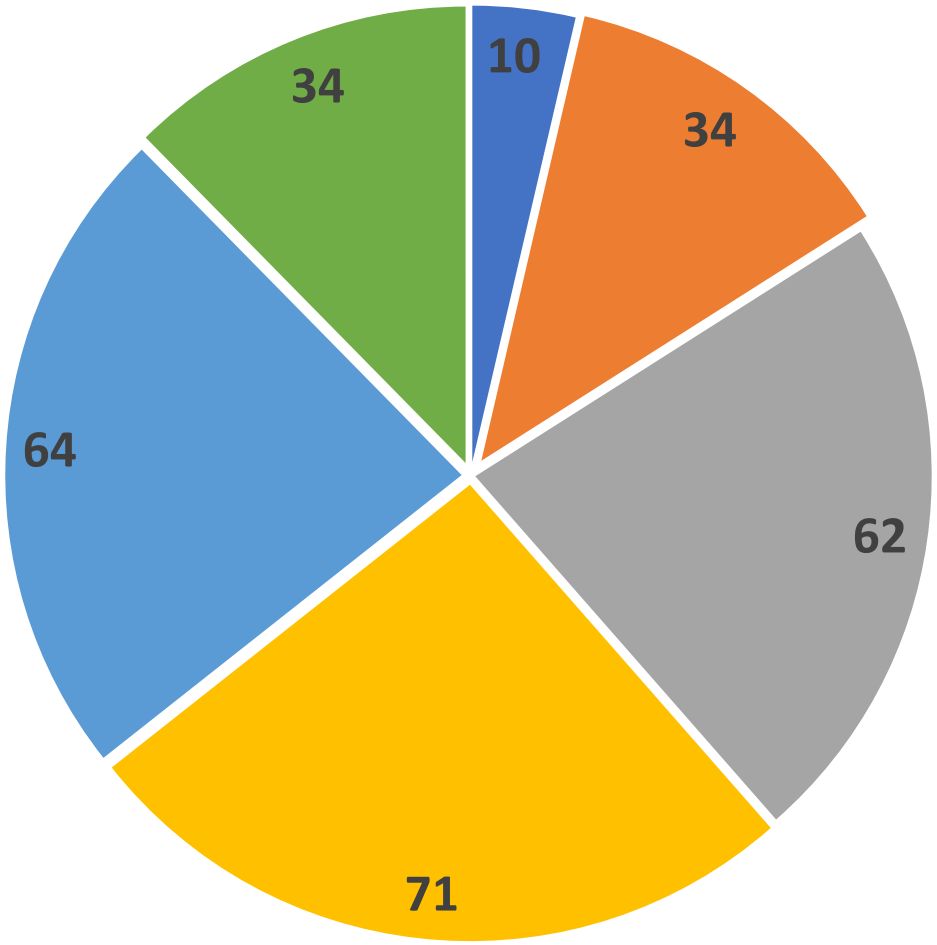

Quality of ANC/PNC
70
60
50
40
30
20
10
0
61
17
16
54
24
20
8
70
31
31
47
55
51
27
11
56
22
5
43
35
28
Weight
BP
Hemoglobin Test
Abdominal Examination
IFA Distribution
Calcium Distribution
Albendazole Distribution
services provided
Not provided
Non availbility

Family Planning Services



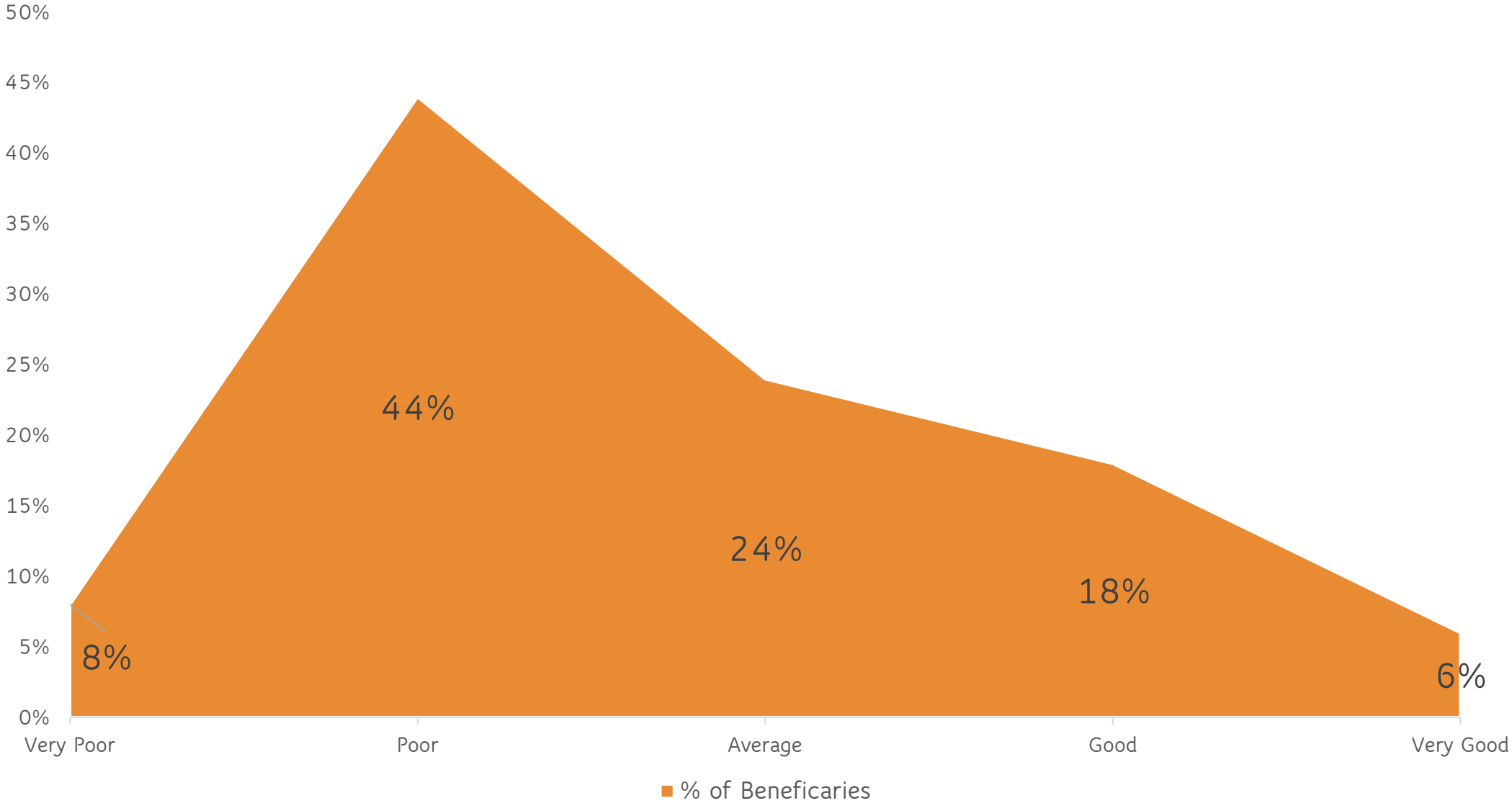

Counselling
70
60
50
40
30
20
10
0
55
23
68
10
67
11
34
44
46
32
69
9
39
39
47
31
Family planning
Breastfeeding
complementary feeding
Adolescent health
Birth preparedness
Immunization
childhood illness
danger sign during pregnancy
Yes
No

Provisions status during COVID19 Period(N=78)



- Physical distancing (2feet) norm followed
- Mobilizer provided different time to beneficaries
- handwash/Sanitizer facility available
- use of face mask/cover by FLW
- Use of Hand gloves by FLWs
- use of face mask/cover by beneficaries

Satisfaction Level Among Beneficiaries



Conclusion:

It is clear from results that services provided at VHSND are in poor conditions and need immediate attention. Almost 70% of the sites don’t have enough space and construction for facilitate number of beneficiaries properly.

There is a lack of availability of drugs and equipment at the sites and if present, then their utilization is not up to the mark.

Many of the front line workers don’t have proper skills to deliver the services.

The main focus of the conduction of session sites is to provide vaccination only, other services are not paid the same attention.

VHSNC/PRI involvement is very low

Supply chain management is weak

Suggestions:

Gaps should be filled and the following measures should be taken-

- Supportive supervision and on spot capacity building of FLWs
- Refresher training programs should be organized- for FLWs
- Supply chain should be regularized through timely intending and distribution process, for this promotion of digital platforms should be encouraged like FPLMIS, E-Aushadhi etc.
- Motivating FLW to perform better by introducing Best VHSND site (Model VHSND) award
- Cluster and Review meeting (ANM, ASHA, SECTOR, HSC) should be arranged regularly.
- Strengthening of VHSNC, not only in documentation even Physically that can make a drastic change in community level health and sanitation.
- Efforts to make intra departmental co-ordination for better service delivery and outcome
- HSC, VHSNC fund can be utilized timely with proper manner to fulfill the gaps

Thanks.....!