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Qualitative Assessment of Village Health Nutrition Day in the Selected Areas of Uttarakhand

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Abstract: **Village Health and Nutrition Days (VHNDs) are a major initiative access to maternal, newborn, child health and nutrition (MNCHN) services at the village level. Across the country, VHNDs are intended to occur in every village once a month usually at the Anganwadi Centre (AWC) or other suitable location. AWCs are a central feature of the Ministry of Women and Child Development's flagship Integrated Child Development Services (ICDS) programme. VHNDs provide a basket of health and nutrition services and counselling to the community on a pre-designated day, time and place. The study was undertaken in selected 8 villages of Primary Health Centre, Bahadarabad of district Haridwar in Uttarakhand. Based on the population of the respective villages and the norm of selecting an ASHA for approximately 1000 population, 20 ASHA have been selected in these 8 villages. All of these ASHA had undergone the initial induction training on VHNC.The study found that all VHNDs were organized at Anganwadi centers which are well-known place for everyone in the community. The day (Saturday) has already fixed however time and duration were not well communicate to the community. Generally, VHND were organized between 11 am to 2 pm however many places, providers changes the time of VHND which decreases the participation of the clients. The study also indicated that in the selected village, VHNC members also not aware about VHSNC and also not playing any role in VHND. All VHNDs attracted pregnant and lactating women, children below 5 years and adolescent girls from the villages. Awareness was widespread: majority of percent of currently pregnant women knew of VHNDs. The vast majority of these women knew both the date and location of VHNDs in their area. Pregnant and recently delivered women attended VHNDs in large numbers however they did not received a variety of services. Seventy-five percent of recently delivered women in the selected villages had availed limited services during VHNDs.**
It is important to strengthen multiple systems to achieve improvements in VHNDs. Efforts focused on orienting CHC and PHC in charge and frontline workers to the guidelines and their roles, strengthening supervision, using a structured checklist to monitor VHNDs, using data for programmatic decision-making and ensuring platforms for convergence. All of these aspects collectively contributed to increasing the coverage and quality of VHNDs.

Keywords: **Nutrition Day, Anganwadi Centre, Village Health and Nutrition Days.**

1. INTRODUCTION

Village Health and Nutrition Days (VHNDs) are a major initiative access to maternal, newborn, child health and nutrition (MNCHN) services at the village level. Across the country, VHNDs are intended to occur in every village once a month usually at the *Anganwadi* Centre (AWC) or other suitable location. AWCs are a central feature of the Ministry of Women and Child Development's flagship Integrated Child Development Services (ICDS) programme. VHNDs provide a basket

of health and nutrition services and counselling to the community on a pre-designated day, time and place. VHNDs require convergent actions from the Department of Health and Family Welfare (DHFW) and the Department of Women and Child Development (DWCD) at state, district and block levels to plan, implement and monitor the programme. Accredited Social Health Activists (ASHAs) along with *Anganwadi* Workers (AWWs) are responsible for mobilizing the community for VHNDs, with support from *Panchayati Raj* Institutions (PRIs), and holding health education sessions. Auxiliary Nurse Midwives (ANMs) provide maternal, newborn and child health services such as antenatal care (ANC) and routine immunisations. AWWs provide growth monitoring services and referral of children with severe acute malnutrition in addition to distributing supplementary nutrition. The presence of all three frontline workers (i.e. AWW, ASHA and ANM) is critical for the provision of the intended package of services at VHNDs.

The Village, Health & Nutrition Day recently became very important intervention which ensuring the delivery of Maternal and Child health services at community level. The service's includes registration of pregnant women, identify pregnant women left out from services and provide them services ,identify and refer cases of severe anaemia and pregnant women with obstetric emergencies, full immunisation for children under one year, identify children left out and provide immunisation services, distribute Vitamin A solution to children, weight all children and monitor weight on growth chart, distribute supplementary nutrition to underweight children, refer children with severe acute malnutrition (Grades 3 and 4), distribute medicines to patients with tuberculosis, provide family planning services to eligible couples (oral contraceptive pills and condoms) and refer for other services, refer cases of malaria, tuberculosis, kalazar, leprosy, children with disabilities and organize group session for health education and counselling at community level.

These services are play crucial role in the maternal and child health status and have significance importance in the reduction of morbidity and mortality of reproductive age groups women and children below the age of 5 years. The quantity and quality delivery of program components of VH&ND are facing multifactorial difficulties and challenges to ensure better outcomes. Nonfunctioning of Village, Health, Water, Sanitation and Nutrition Committee across the state, shortage of ANMs, shortage of supply in contraceptive, IFA, calcium, etc. lack of coordination with referral services and regular discontinuation in follow up services are the few areas where require immediate support and action for ensuring to achieve targeted indicators.

2. OBJECTIVES

To assess the effectiveness of VHND in addressing health and nutritional needs of pregnant women, lactating mothers, children (0-5 yrs.) and adolescent girls at grass root level To have an insight about the convergence between of ICDS and NRHM at grassroots level and propose possible strategies for quality service delivery.

- ☞ To assess the effectiveness of VHND in addressing health and nutritional needs of pregnant women, lactating mothers, children (0-5 yrs) and adolescent girls at grass root level.
- ☞ To have an insight about the convergence between of ICDS and NRHM at grassroots level and propose possible strategies for quality service delivery.
- ☞ To develop quality indicators for improving existing service delivery process and share the findings for policy development

3. STUDY METHODOLOGY AND QUALITATIVE ANALYSIS

The study was undertaken in selected 8 villages of Primary Health Centre, Bahadarabad of district Haridwar in Uttarakhand. Based on the population of the respective villages and the norm of selecting an ASHA for approximately 1000 population, 20 ASHA have been selected in these 8 villages. All of these ASHA had undergone the initial induction training on VHNC. The VHND will observe in these village for continue two months by investigators and observation will be recorded base on prescribed checklist. Purposive sampling method will be adopted and observations and in-depth interviews will be conducted among selected key providers (ANMs, AWWs and ASHAs), beneficiaries (adolescents, Eligible couple, pregnant women, postnatal women, children <5 years) and other stakeholders (Parents and local panchayat members) of VHND services. The systematic Checklist will prepare and follow for both observations and conducting in depth interviews. Tool for qualitative data collection of VHND Assessment will use as following –

3.1 Observation of the VHNDs:

To observe status of infrastructure and its environment

To observe the quality of service delivery

To observe VHND session facilitation

To observe active participation of beneficiary, service provider and community member

3.2 Interaction with beneficiaries and home visits:

To understand the satisfaction level of beneficiaries on quality of service delivery

To understand the cause of absence of beneficiaries

To understand the frequency and quality of home and follow up

To visit made by service providers.

To understand community response on VHND

3.3 Review of Records and recording:

To document quantitative information on beneficiary coverage, availability of equipment's, medicines and service delivery.

To document information and observations for data analysis and report preparation

4. RESULTS

The study indicated that VHND were organizing in almost all villages however only limited number of VHND were following Government of India Guidelines. Across the study areas ANM was playing leading and crucial role in the VHMDs. ASHAs basically providing logistic support at VHND place, mobilizing community for participating in VHND and AWW providing assistant supports to ANMs especially in record keeping.

4.1 Location and timing:

The study found that all VHNDs were organized at Anganwadi centers which are well-known place for everyone in the community. The day (Saturday) has already fixed however time and duration were not well communicate to the community. Generally, VHND were organized between 11 am to 2 pm however many places, providers changes the time of VHND which decreases the participation of the clients. The study also indicated that in the selected village, VHNC members also not aware about VHSNC and also not playing any role in VHND.

4.2 Program and structure:

In the selected areas, VHND only provides certain selected reproductive and child health activities during the VHND. The study found that for pregnant women receiving only TT vaccination, IFA and referral services and children below the age 5 years also receiving only vaccination services. The study indicated that most of VHNDs were not organizing any education and counseling sessions on nutrition, family planning and other health issues. It also found that there were no facilities for measuring height and weight for pregnant women, neonatal, infants and children. Most of the VHND were not planned properly and even staffs role and responsibility is not cleared. All VHNDs were facing sever crisis of supply of TT, IFA, contraceptives, tab Albendazole etc. In few VHND adolescent also attending VHNDs, however ASHAs, AWWs and ANMs are not conducting any specific program for them. Sharing of information with parents, family members and VHNC members is totally lacking in study areas.

4.3 Coordination & convergence:

Poor coordination among the health, ICDS and panchayat functionaries is the one of key measure challenges indicated by the study. Health department is solely responsible for VHND although at certain extant ICDS also partially involved in

VHND activities. Result of inefficient VHNC no one leading VHND activities as per GOI guidelines. Many places VHNCs existence in only on papers even ward members also not aware about VHNC and its role and responsibilities.

4.4 Target and Services:

All VHNDs attracted pregnant and lactating women, children below 5 years and adolescent girls from the villages. Awareness was widespread: majority of percent of currently pregnant women knew of VHNDs. The vast majority of these women knew both the date and location of VHNDs in their area. Pregnant and recently delivered women attended VHNDs in large numbers however they did not received a variety of services. Seventy-five percent of recently delivered women in the selected villages had availed limited services during VHNDs.

Services	Target	Coverage & availability
TT vaccination	Adolescent & pregnant women	75%
DPT, Polio, Measles vaccination	Children below 5 years	60%
IFA distribution	Children, adolescent, pregnant and lactating women	40%
Contraceptive	Adolescents and eligible couples	40%
BP examination	Pregnant women and adult	10%
Growth monitoring	Neonatal, infants, Children, adolescents and pregnant women	15%
General examination services	Pregnant women and lactating women	15%
Newborn weighing machine	Newborn and infant	15%
Referral processes	Children, adolescents and pregnant women	75%
Explaining risk signs	Children, adolescents and pregnant women	20%
Hb examination	Pregnant women	20%
Counseling services	Adolescent, pregnant and lactating women	15%
Supply of deworming	Children	25%

4.5 Monitoring and mentoring:

VHNDs are basically organizing for covering reproductive and child health services and study also indicated same. No one is responsible for its monitoring because health is using it as platform for increasing RCH coverage and Anganwadi workers supporting it certain extant for providing logistic support. Study found that inactive VHNCs need to play significant role for monitoring and mentoring the VHND activities.

5. RECOMMENDATION

5.1 Systems strengthening:

It is important to strengthen multiple systems to achieve improvements in VHNDs. Efforts focused on orienting CHC and PHC in charge and frontline workers to the guidelines and their roles, strengthening supervision, using a structured checklist to monitor VHNDs, using data for programmatic decision-making and ensuring platforms for convergence. All of these aspects collectively contributed to increasing the coverage and quality of VHNDs.

5.2 Inter-departmental convergence:

Convergence meetings institutionalized at the block and district level have proved a very effective mechanism for improved planning, monitoring and in addressing gaps in VHND services. Joint problem-solving is improving the quality of VHND.

5.3 Building capacity in use of data:

District and block officials appreciated the value of VHND data to analyses performance gaps. They have to adopt the VHND monitoring checklist and issued Government Orders to the supervisory cadres to use it regularly to monitor

VHND performance. Data were used at convergence meetings for making programme corrections which demonstrated the value of using data at all levels. The use of data to generate effective dialogue among stakeholders results in continuous programme improvements.

5.4 Supporting frontline workers

To ensure frontline workers knew their roles and responsibilities during VHND and received the support they needed from supervisors to perform these functions. Supervisory support from ICDS supervisors and ANMs helped AWWs and ASHAs to appreciate the importance of their roles and helped them with problem-solving and motivation. Supervisory visits contributed to improved performance of frontline workers, who are motivated by the fact that someone cares about their performance.

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