

# A Mixed-Method Study on Assessment of Village Health Nutrition Day Sessions in Rural Areas of South India

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## ABSTRACT

**Background:** The VHND is to be organized once every month (preferably on Wednesdays and for those villages that have been left out, on any other day of the same month) at the AWC in the village. This will ensure uniformity in organizing the VHND. The Anganwadi worker is identified as the hub for service provision in the RCH-II, NRHM, and also as a platform for inter-sectoral convergence. VHND if organized regularly and effectively can bring about the much needed behavioural changes in the community, and can also induce health-seeking behaviour in the community leading to better health outcomes.

### Objectives:

- To assess the activities conducting during VHND sessions.
- To assess the knowledge about in VHND among the Panchayat members.

**Methodology:** This was a cross-sectional mixed-method study. The study was carried out in rural areas of Gadag district covering Primary Health Centres (PHC) & Outreach Services rendered under the Primary Health care centres. So a total of 10 VHND was observed. On every Wednesday, VHND was observed based on a checklist prepared from the Government of India and Govt. of Odisha guidelines on VHND. Availability of logistics and quality of immunization service was assessed. The study was carried out during 1<sup>st</sup> July 2019 to 31<sup>st</sup> October 2019.

**Results:** Sessions were organized as per micro-plan at 10 VHNDs visited. A presence of health workers during VHND was assessed. Anganwadi workers were present in 8 VHND

sessions which were held in the Anganwadi centres. In our study, almost all VHND sessions ASHA worker were present and performed all activities and roles. More than one-third of logistics were in usable conditions and quality of the services also satisfactory. Knowledge about VHND services among the Panchayat members was average.

**Conclusion:** There is lack of logistics availability in a rural area. Reasons behind the same need to be explored and appropriate corrective measures need to be taken which might help to improve services provided during VHND sessions.

**Keywords:** VHNSC; Gram Panchayat; Service availability; FGD; VHND Activities; Karnataka

## INTRODUCTION

The VHND aims to create awareness about various health facilities available at the village and subsequent levels, enhancing healthy behaviour practices among villagers and providing nutrition and primary health care services for women and children especially to marginalized and vulnerable communities; that will improve the health and nutrition indicators of the state. <sup>[1]</sup>

The VHND is to be organized once every month (preferably on Wednesdays and for those villages that have been left out, on any other day of the same month) at the AWC in the village. This will ensure uniformity in organizing the VHND. The Anganwadi worker is identified as the hub for service provision in the RCH-II, NRHM, and also as a platform for inter-sectoral

convergence. [2]

Under the Village Health and Nutrition Day (VHND) guidelines (2007), health care providers (Auxiliary Nurses and Midwives and Anganwadi Workers) are directed to weigh children, plot weight in the growth charts provided in the Mother and Child Protection Card (MCPC) and manage appropriately to combat malnutrition. [3]

Healthcare in rural areas where the majority of the country's population lives has been one of the greatest challenges faced by the Government of India. Village Health and Nutrition Days (VHND) were introduced by the National Rural Health Mission (NRHM) to improve access to essential maternal, newborn, child health and nutrition services at village level. [4] So in this study, we have assessed the functionality of Village Health Nutrition Day sessions and service provided during VHND and also Knowledge about VHND among Gram Panchayat Members in Rural areas of Gadag Taluk, Karnataka.

## MATERIALS AND METHODS

**Study settings:** The study was done by a mixed method. and the study was carried out in rural areas of Gadag district covering Primary Health Centres (PHC) in Gadag taluk comprised of 3 PHCs were randomly selected. So a total of 10 VHND were observed. On Wednesday, VHND was observed based on a checklist prepared from the guideline of VHND. Availability and quality of immunization service were assessed. The study was carried out during 1<sup>st</sup> July 2019 to 31<sup>st</sup> October 2019.

**Study place:** KSRDPR University Adopted 5 villages of Gadag district Karnataka i.e. Kalasapura, Nagavi, Binkadakatti, Hulakoti and Kurthkoti Villages.

### Study subjects

Facility assessment-All Anganwadi is sub-centre, Health personnel. Knowledge about in VHND among the Panchayat members.

**Study design:** Mixed method study

### Sampling design

Convenient sampling technique

### Sample Size

5 villages of Gadag district which are adopted by KSRDPR University, Gadag

**Inclusion Criteria:** For Observational survey: VHND meeting participants

**Exclusion criteria:** Those who are not willing to participate

**Data Collection Tool:** Primary data was collected using a checklist, It would be useful to have checklists for ASHAs, AWWs, and ANMs to ensure that all the activities for which they are responsible are planned properly and carried out effectively, step by step. The Standard checklists are to be used by these workers for organizing the VHND.

**Statistical Analysis:** Expressed in Frequency and Percentages

**Ethical Clearance:** Obtained from KSRDPR University, Gadag, and Institutional Ethics committee.

## RESULTS

Results part was divided into two parts i.e Quantitative and Qualitative

Table 1: Distribution of Activities observed during VHND

Variables	Frequency	Percentage
<b>PRESENCE OF HEALTH WORKERS DURING VHND</b>		
Was ANM present during VHND	10	100
Was ASHA present during VHND	10	100
Was AWW present during VHND	08	80
<b>SERVICE DELIVERY DURING VHNDs BY ANM</b>		
Was ANM doing ANC check-up of pregnant women?	10	100
What components of ANC were being provided	10	100
Tetanus toxoid injections	10	100
Blood pressure measurement	10	100
Weighing of pregnant women	10	100
Blood test for Anemia using Hemoglobin meter	10	100
Examination of the abdomen	1	5
Counselling of appropriate diet and rest	10	100
Inquiring about any danger signs like- swelling in the whole body, blurring of vision and severe headache or fever with chills etc.	5	50

Counselling for institutional delivery	10	100
Was ANM providing vaccination to children?	10	100
Did she also provide medicine or referral in case of any Sickness of any child below 2 years of age?	7	70

All most all ANM, ASHA worker were Present during all ten VHND sessions.

ANM was provided with all prescribed services to VHND service receivers and also provided information about their next VHND sessions.

**Table 2: Distribution of service provided by Anganwadi worker during VHND**

Variables	Frequency	Percentage
Was AWW weighing all the children of 0-6 years of age	8	80
Was AWW weighing the children correctly	8	80
Did AWW record the weight on the growth monitoring card correctly	8	80
Did AWW give take-home rations to children 6months – 6 years of age	8	80
Did AWW give take-home rations to adolescent girls	8	80
Did AWW give take-home rations to pregnant women	8	80
Did AWW give take-home rations to lactating mothers	8	80

In the current study, ten VHND sessions were observed in that more than one third health centres have provided above-mentioned services.

In our study, more than one-third of the VHND sessions provided above-mentioned services to the people. The quality and working conditions of the logistics were satisfactory in the majority of the VHND sessions.

**Table 3: Quality assurance and logistics during VHND sessions**

Variables	F	%
Weighing machine of ANM was in order	8	80
Weighing machine of AWW was in order	8	80
A thermometer was working accurately	8	80
BP apparatus was working accurately	8	80
Supplementary food was available	8	80
Quality of supplementary food was good	8	80

**Tables 4: Distribution of roles played by ASHA**

Variables	Frequency	Percentage
Did ASHA make a list of potential beneficiaries who need either ANM or AWW services	10	100
Was ASHA able to motivate most (>75%) of the Beneficiaries to attend VHND	10	100
Did she inform the beneficiaries at least a day before about the date of VHND	10	100
Did she help ANM or AWW in organizing the VHND	10	100

In our study, almost all VHNDs ASHA workers were present and performed all activities and roles.

## Qualitative part

**Table 5: Distribution of knowledge among Panchayat members by FGD**

Place	Number Participant	Number Of Domains	Knowledge About Vhnd Sessions Among Panchyat Members
KALASAPURA	9	12	Average
BELADAI	9	12	Average
BINKDAKATTI	10	12	Good

Knowledge scale: 1 to 4- Poor, 5 to 8- Average, 9 to 12- Good

In the current study among the Panchayat members, Binkadakatti village Panchayat members have good knowledge about Village Health Nutrition Days sessions activities and health personnel responsibilities.

### Common themes generated from Focus Group Discussions

- In the VHND meeting represented all members advised the health professionals to implement and execute all health schemes accurately and perfectly in the village
- All health professionals and AWWs promised to the VHND meeting will serve society confidentially and effectively.

- Majority of the Panchayat members opined that AWWs to attend our health needs timely and implement the government schemes as per its objectives.
- All members decided to upgrade and to attain the nutrition level good and avoid malnutrition thought the village.
- All members represented the VHND meeting discussed and to take action to avoid stagnant water and slums to maintain cleanliness village and to avoid the development of mosquitoes and avoid the communicable diseases.
- All decided to apply and execute healthy lifestyles and to attain good health in the community.

## DISCUSSION

VHND can be an effective platform for the provision of comprehensive primary care to the beneficiaries at their doorstep if organized with full involvement from the community. Comprehensive primary health care would reduce morbidity and mortality greatly at much lower costs to the system and the individual than any other approach, and would significantly reduce the need for secondary and tertiary care.

In the present study, the majority of the beneficiaries were found to be aware of services being delivered in VHND, (the majority were informed by the ASHA and/or the ANM). Of the beneficiaries ever attended a session. Of the mothers who didn't attend, responded that they didn't have prior information about an observation of the day.

In the current study, only of the mothers reported the presence of all the three health workers in the last session they attended. PRI members have to ensure that members of the VHSNC are available to support the sessions, also they have to ensure a convenient approach to the AWC for participation in the VHND by one and all. However, only attendees reported the presence of PRI and SHG members and school teachers from the community which

indicates inadequate community participation in the sessions.

The present study found that utilization of antenatal care in the beneficiaries was comparatively better than postnatal care with of the attendees availing full ANC check-up while only availed PNC check-up. Counselling for family planning was availed by only of the attendees. This gap reveals a lack of focus on the part of the service providers to motivate the beneficiaries for the uptake of PNC and related counselling services. NRHM was launched to bring about dramatic improvement in the health system and the health status of the people, especially those who live in rural areas of the country. VHND was identified as an important tool for providing primary care services at the village level to improve the health outcomes of marginalized and vulnerable rural communities.

In Uttarakhand, total 60,000 VHNDs were targeted for the period of 12 months (2012-13). State annual report (2012-2013) showed that 67.68% of VHNDs were held in the state during this period. [5]

Interview with State program officer explained that the reasons for the deficit in the VHND organization were four months-long strikes of the ANM. Study results revealed that the focus of the VHND activities was on two services, one was a registration of pregnant women and their tetanus toxoid (TT) immunization and another one was immunization of children. Other components like adolescent health, growth monitoring and nutrition counselling, sanitation, communicable diseases and health education were lacking. Similar to study findings report of study findings of 5<sup>th</sup> NRHM Common Review Mission: Uttarakhand (2011) which covered two VHND sites, one each in Pauri Garhwal and Rudra Prayag districts reported that mostly immunization was the focus area in VHNDs. [6]

Regarding the accessibility of VHND site, the time required for reaching the VHND site in the present study was



reported to be less than 20 min for 64% clients; similar observations were reported by Coverage Evaluation Survey (2009) also where 65.1% beneficiaries reached the vaccination site within 15 min. Regarding maternal health, study results showed that ANC registration was 100% but ANC services like blood pressure measurement, weighing, abdominal examination, haemoglobin testing, etc., were not provided at most of the VHND sites. Similar findings were reported in a study from Hyderabad with cent percent ANC registration but without the availability of antenatal and post-natal care. [7]

In the current study, it was observed that pregnant mothers nutritional food was distributed, contradictory findings found in a study conducted at Uttarakhand reported inadequacies in the provision of nutritional services. It was said "Nutritional supplementation (take-home rations) was not given to less than 3 year-old-children and pregnant and lactating women at any study sites. The supplies were not available for more than 6 months. This was not noted by the health department thus defeating the idea of convergence activity. A recent study conducted in a block of Dibrugarh district of Assam on VHND concluded that improvement of service provision and client satisfaction could be achieved by better service. [8]

The present study findings indicated that the whole purpose of organizing VHND activities was getting defeated as it was just considered as an opportunity for completing the missed immunization for children and pregnant women. All across the study area CMOs, Medical Officers and ANMs had suggested the need of strengthening the cooperation from ICDS department for ensuring the availability of supplementary nutrition, regular weighing of children and appropriate counselling of the parents. The presence of ANM should be taken as an opportunity by AWW to get the underweight/sick children examined by her for appropriate management. Rest of the services like sanitation and health education

can also be strengthened by active and coordinated efforts by ANM, AWW, ASHA and pradhan of the village. [9]

### **Role of ANM**

In our study, it was found out that ANM has carried out almost all activities mentioned in the Government of India Manual on VHND, but the main activity abdominal examination was carried out in one VHND session. In study conducted in Maharashtra found out the similar findings, [11] another study conducted in Gujarat found out that more than half of the ANM Performed similar activities. [10]

### **Role of Anganwadi Worker**

In the current study, more than one-third of the Anganwadi worker performed all assigned work during the VHND sessions. Another study conducted in Vadodara district found the same findings. [11]

### **Quality assurance during VHND**

In this study, it was found that out of ten VHND sessions eight sessions have all required and standard quality equipment's to provide the services. A study conducted in rural areas of Rajkot district Gujarat and West Bengal found similar results. [12]

### **Role of ASHA**

In the current study in almost all VHNDs Sessions, ASHA worker performed all assigned services. A similar result and advice found in Maharashtra [13] and National rural health mission Manual. [14]

VHND is not being conducted in a comprehensive approach. The convergence among other stakeholders like ICDS and PRI is very much deficient. Mostly emphasis poses upon the routine immunization activities but other maternal health services are lacking especially counselling of the mothers, IEC regarding birth preparedness, making aware of them about danger signs during pregnancy, about nutritious & easily available food, VHND session is observed mainly to immunize the

mothers and children. Various components of VHND are not taken care of. Continuous monitoring & supportive supervision in all levels, training of health workers, reallocation & infrastructure development of outreach sessions may help in organizing quality VHND and ultimately improvement of all health indicators.

## CONCLUSION

All activities and Services were provided by the health personnel were according to the VHND guidelines and knowledge about VHND was average among the Panchayat Members.

There is lack of logistics availability in a rural area. Reasons behind the same need to be explored and appropriate corrective measures need to be taken which might help to improve services provided during VHND sessions.

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