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Original Research Article

Assessment of services rendered at village health and nutrition day in rural area of Kathua district, Jammu and Kashmir: a cross-sectional study

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ABSTRACT

Background: Village health and nutrition days (VHNDs) are based on the principal of integration of services like nutrition, sanitation, health provision using a holistic approach. Days are organized once per week in each Anganwadi centre. These services are provided free of cost to rural people. The objective of the study was to assess services rendered at VHND in rural area of Kathua district, Jammu and Kashmir, India.
Methods: The present study was descriptive cross-sectional in type, conducted in zone Budhi which is a field practice area of Department of Community Medicine, GMC Kathua. The zone Budhi consists of one primary health centre along with its six subcentres. One auxiliary nurse midwife (ANM) covered one VHND once a week. For a month, one ANM covered four VHNDs. So, out of 10 ANMs in Zone Budhi, 7 attended VHNDs with a maximum of 28 village health and nutrition days covered in a month.
Results: 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. In majority of sessions, the available items were weighing scales, vaccines with syringes, tablet Iron and folic acid. Services provided at the VHNDs were patients attended, pregnant women registered etc.
Conclusions: Study revealed that performance of most of the sessions of VHNDs were satisfactory. So, efforts need to be initiated to fill all these gaps. And priority should be given to provide basic primary health care services to the beneficiaries.

Keywords: VHND, Anganwadi centre, Anganwadi workers, Auxiliary nurse midwives

INTRODUCTION

One of the key components of providing primary health care at village level in rural areas is village health and nutrition days (VHNDs). These services are accessible to the underserved people residing in the rural areas and are established by government of India in 2007. The VHNDs are based on three such principles integrated services like all the services like nutrition, sanitation, health provided in an integrated manner, days are organized once per week in each Anganwadi centres, these services are provided to rural people free of cost.[1] These VHNDs varies from places to places and even states to states.[2] VHNDs play an important role to attain the sustainable development goals (SDGs) 2,3,6,10 i.e. zero hunger, good health, water and sanitation and to reduce the inequalities.[3]

Main VHND services include those related to maternal health, immunization, health promotion, child nutrition services, adolescent health, tuberculosis, and other communicable diseases. Three programs are mainly salient: Janani Suraksha Yojana (JSY), Mission Indhradhanush and PoshanAbhiyan. JSY launched in 2005, a cash incentive program to reduce the maternal deaths as well as new born deaths.[4] Mission Indhradhanush launched in 2014 to fully immunize the child against seven vaccine preventable diseases.[5] National nutrition mission which is also known as Poshan which means PMs overarching scheme for holistic nourishment launched in 2018 to improve the nutritional status of mothers, adolescent girls and children.[6] And also the RMNCH+ services provided through VHNDs. ASHA and anganwadi workers (AWW) mobilize the rural population at the VHND site.

METHODS

The present study was descriptive cross-sectional study conducted at the zone Budhi which is a field practice area of Department of Community Medicine, GMC Kathua. The zone consists of 24 villages with 18 ASHA workers and 35 AWW. The zone Budhi consists of one primary health centre along with its six subcentres. One auxiliary nurse midwife (ANM) covered one VHND once a week. For a month, one ANM covered four VHNDs. So, out of 10 ANMs in zone Budhi, 7 ANMs attend the VHNDs with maximum of 28 village health and nutrition days covered by them in a month. Every Thursday VHND conducted at each village. All the services provided during the VHNDs were assessed according to the checklist prepared from the VHND guidelines. The study was carried out for a period of 4 months i.e. from August 2019 to December 2019. The data were then analyzed and entered into the Microsoft Excel and percentages were calculated.

Exclusion criteria

Those absent on the day of visit were not made a part of the research were excluded.

RESULTS

The study revealed the findings which were observed from total of 28 village health and nutrition day's sessions at the Anganwadi centres which were under the rural heath training centres. All the ANMs made a micro-plan ahead of their visits and made prepared a list of beneficiaries. Medical officers were available in 18 out of 28 sessions. ANM, AWWs were available in majority of the sessions (Table 1). Then the available logistics were observed. Blood pressure apparatus and stethoscope were available in 60.71% and 67.85% sessions. In majority of the sessions, the available items were weighing scale, vaccines with syringes, tab. iron, folic acid tablets, pregnancy kits and least available were inch tape, hemoglobin testing kit (Table 2). Table 3 revealed the services provided at the VHNDs. This includes patients attended, pregnant women registered etc. In majority of the sessions, children were immunized, iron and folic acid tablets were provided to the antenatal mothers along with contraceptives (Table 3),

Table 1: Presence of health care providers at the VHND session (n=28).

S. no.	No. of Staff present at the VHND	N (%)
1.	Medical officer	18 (64.28)
2.	Supervisor ICDS	12 (42.85)
3.	ANM	25 (89.28)
4.	AWW	23 (82.14)
5.	ASHA worker	21 (75)
6.	Anganwadi helper	17 (60.71)

Table 2: Availability of logistics at VHND session (n=28).

S. no.	Logistics	N(%)
1.	BP apparatus	17 (60.71)
2.	Weighing scale (adult)	25 (89.28)
3.	Inch tape	10 (35.71)
4.	Stethoscope	19 (67.85)
5.	Salter scale	14 (50)
6.	Vaccines with syringes	28 (100)
7.	Tab. Iron	26 (92.85)
8.	Pregnancy kit	22 (78.57)
9.	Growth charts register	19 (67.85)
10.	Folic acid	27 (96.42)
11.	Hb testing kit	10 (35.71)
12.	Nutrition supplements	28 (100)

Table 3: Services provided at the VHND session (n=28)

S. no.	Services provided	N (%)
1.	Patients attended	18 (64.28)
2.	Pregnant women registered	12 (42.85)
3.	Children given immunization	22 (78.57)
4.	Dropout children tracked and immunized	15 (53.57)
5.	Children weighed and plotted on the growth registers	19 (67.85)
6.	Inj. Tetanus toxoid provided	12 (42.85)
7.	Ifa tablets provided	21 (75)
8.	Calcium tablets provided	13 (46.42)
9.	Blood for hemoglobin done	10 (35.71)
10.	Contraceptives provided	24 (85.71)
11.	Counseling provided to antenatal mothers, adolescent girls, lactating mothers.	28 (100)
12.	Identification of high risk pregnancies and their referral.	11 (39.28)

DISCUSSION

To improve the service delivery in rural population, VHNDs are very important initiatives. They provide a full range of services like preventive, promotive and curative services. The aim of the VHND program was to provide primary health care services to all the beneficiaries, with the help of village level workers. Presence of all the staff members during the sessions were missing and the similar results were observed in other studies as well.[7,8] Majority of the items were available at the session site for the beneficiaries which were comparable to the other study done by Parmar et al.[9] The BP measurement equipment was available in 17 sessions out of 28 sessions. The antenatal women registration along with the tetanus toxoid immunization status was less and the similar observations were observed in other studies also.[10]

Majority of the children were immunized during the VHNDs sessions. Majority of the children were weighed and plotted on the growth registers. Counseling provided to antenatal mothers, adolescent girls, lactating mothers in all the VHND sessions and the dissimilar observations were observed in other study as well.[8] The investigations like hemoglobin were available in 10 sessions out of 28 sessions and these findings were similar in other studies as well.[8,10] Iron and folic acid tablets were available in 75% of the sessions and calcium tablets were available in 13 sessions due to the shortage of supply of calcium.

CONCLUSION

The study revealed that the performance of most of the sessions of VHNDs were satisfactory. The VHND sessions need improvement like proper infrastructure, adequate instruments, continuous medicine supply, more involvement of all the staff members, adequate awareness regarding the session among the beneficiaries. So, efforts need to be initiated to fill all these gaps. And priority should be given to provide basic primary health care services to the beneficiaries.

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