

DEPARTMENT OF HEALTH & FAMILY WELFARE AND
DEPARTMENT OF WOMEN & CHILD DEVELOPMENT
GOVERNMENT OF ORISSA

ORISSA TECHNICAL & MANAGEMENT SUPPORT TEAM
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VHND Assessment Conducted In Six Districts, Quality Indicators Developed and Discussed With DoH&FW & DWCD



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ABBREVIATIONS

AG	Adolescent Girls
AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi centre
AWW	Anganwadi Worker
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BCC	Behaviour Change Communication
DPMU	District Programme Management Unit
DPT	Diphtheria Pertussis and Tetanus
ECP	Emergency Contraception Pills
GOI	Government of India
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IFA	Iron Folic Acid
JSY	Janani Suraksha Yojna
LHV	Lady Health Visitor
MCH	Mother and Child Health
MCHN	Mother Child Health and Nutrition Day
MO	Medical Officer
MP	Malarial Parasite
MPW	Multi Purpose Worker
MTP	Medical Termination of Pregnancy
NRHM	National Rural Health Mission
OCP	Oral Contraceptive Pills
OPV	Oral Polio Vaccine
ORS	Oral Re-hydration Salt
PHC	Primary Health Centre
PRI	Panchayati Raj Institution
RCH II	Reproductive and Child Health Program-Phase II
RTI	Reproductive Tract Infections
SAM	Severely Acute Malnourished
SC	Scheduled Castes
ST	Scheduled Tribes
STI	Sexual Tract Infections
VHND	Village Health Nutrition Day
VHSC	Village Health and Sanitation Committee
VHSND	Village Health, Sanitation and Nutrition Day

I. EXECUTIVE SUMMARY

Village Health and Nutrition Day (VHND) is a national program introduced by the National Rural Health Mission and is the most significant platform for providing essential Reproductive and Child Health services at the village level. This provides as the first point of contact for primary health care and it works as a common platform for convergence amongst the service providers of Health, ICDS and the community. Odisha has customized the national VHND guideline as per the state specific needs and practices. In Odisha, VHND is known as Mamata Diwas; it is conducted at Anganwadi centre (AWC) level on a monthly basis covering Pregnant Women, Lactating Mothers, and Children below 5 years and Adolescent girls as the primary beneficiaries. As per the National guidelines, immunization takes place on the VHND but taking into account the current practice in the state, Immunization is conducted on another fixed day rather than on VHND.

This VHND assessment was conceived to get an insight in to the quality of service delivery in the districts, to identify the gaps, highlight best practices and support the Govt. In strengthening the quality of services provided in the VHNDs. The VHND assessment was conducted by the District TA team in 102 AWCs across 6 operational districts. In the month of April – May 2011, the team commenced the assessment study on VHND/Mamata Divas by adopting a structured way of assessment. A detailed observation of VHND site was conducted through a standardized and structured data collection tool across six districts by its Program Officers based at concerned districts.

The findings reveal that 70% pregnant women (PW) and 59% lactating mothers (LM) attended VHND against the eligible number of PW and LW registered by the AWW at each AWC. The percentage of beneficiaries was lower for children and very low for adolescent girls. Only 42% children in the 0-5 yrs category attended VHND. Of the children who attended, 72% children were actually weighed. Attendance of adolescent girls in VHND is only 11% of the registered adolescents in the AWCs.

Out of the total beneficiaries who did not attend VHND, 30% responded that they did not have prior information about observance of the day, which is a matter of concern. NHED session is a service area which deserves attention along with service coverage, participation of beneficiaries as well as facilitation skill of service provider. 44% of the beneficiaries attended the NHED sessions.

Based on the findings, analysis and on the evidence, there is a felt need to propose certain Quality Indicators within the broad indicators like ANC, Weighing of children, NHED etc that would strengthen the implementation and ensure the quality of services. A comparison of VHND scenario of Odisha with that of India and other neighboring states has also helped in defining the quality indicators.

Quality Indicators proposed in the following areas are

- Ante Natal Checkup
- Weighing and Plotting of children
- Nutrition and Health Education and Demonstration

In addition to quality indicators, this assessment also suggests some important changes should be made to the VHND guidelines:

1. Whilst adolescent girls are one of the beneficiary categories included in the VHND guidelines, it is clear from the study that attendance is extremely poor. It is also evident that the potential numbers of adolescent girls is extremely large. **Rather than advocate for greater promotion of these girls to attend the VHND sessions, it would be better to remove them as a beneficiary here and encourage their participation in the targeted programs for adolescents such as SABLA, KSY and ARSH.** These will provide opportunities for services most appropriate to this age group. Further, if VHND platform to be strongly promoted for adolescents the sessions would be overcrowded and it would be difficult to reach the quality standards expected for antenatal mothers and young children.
2. The children covered under VHND services are aged 0 to 5 years. However children 3 to 6 years are provided services on a daily basis at the Anganwadi Centre. **Therefore in the interests of quality services to the priority group children aged 0 to 3 years should be the main focus at VHND.**
3. VHND is important opportunity to refer malnourished and sick children to Pustikar Divas. **Therefore all children aged 0 to 6 years who attend the Anganwadi centres on other days should be strongly promoted to attend VHND for confirmatory assessment (grade III, IV and Grade II with complications) and referral to Pustikar divas.**

II. INTRODUCTION

Village Health and Nutrition Day (VHND) introduced nationally by NRHM guarantees better health outcomes for millions of people in rural areas, especially those belonging to marginalized and vulnerable communities. It was conceptualized to bring the health / nutrition services at door step of the community and promises to be an effective platform for providing first-contact primary health care for them. The AWC is identified as the hub for service provision in RCH-II, NRHM, and is also seen as a platform for inter-sector convergence. VHND is also seen as a platform for interface between the community and the health system.

In Odisha Village Health and Nutrition Day, popularly known as “Mamata Divas”, is a concept for interdepartmental convergence among health, ICDS and Watsan to render essential and comprehensive health and nutrition services at grass roots level and has been introduced in the State of Orissa by the Department of Health and Family Welfare. The word “Mamata” is a local synonym for “love and affection”. Hence Mamata Divas is celebrated in Orissa at village level as an auspicious occasion to render quality health and nutrition services to pregnant women, lactating mothers, children (0-5 yrs) and adolescent girls with love, affection and motherly care by the service providers of Health, ICDS and Community.

There are 68,111 AWC functioning across the state out of 71,134 sanctioned centers[±]. 24% of the AWCs are operating out of their own project buildings (As per the Good Governance, Orissa Review, April'11). As per the data of March'11, 36650 VHNDs were held as against 39391 NHNDs planned.

Main Objectives of VHND* :

VHND was introduced with an aim that it could 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.

Main objectives are:

- To provide essential and comprehensive health & nutrition services to pregnant women, lactating mothers, children (0-5 yrs) and adolescent girls.
- To strengthen linkages between Health & ICDS in promoting comprehensive maternal & child survival programmes.
- To ensure early registration, identification and referral of high risk children and pregnant women.
- To provide an effective platform for interaction among beneficiaries, service providers, and community members including GKS (Gaon Kalyan Samiti), Mothers Group, PRI, and SHG.
- To sensitize beneficiaries, their families and community members on health, nutrition care and services at village level through discussion of various health topics as envisaged in the Health Calendar.
- To render quality health and nutrition services to beneficiaries at door step through home visits, referrals services and follow ups.



Components

Basic components of primary healthcare services includes early registration, de-worming, counseling on early breastfeeding, identification and referral of high risk cases of children and pregnant women, as well as basic ANC and PNC to be provided at community level in order to address the essential requirements of pregnancy, delivery, referral, childhood illnesses and adolescent health.

[±] ICDS MPR – April 2011

*VHND, **Operational Guidelines**, Health and FW, Orissa, 12. 02. 2009

III. VHND ASSESSMENT PROCESS

Objectives of the Assessment Study are:

- 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.

IV. METHODOLOGY OF THE ASSESSMENT

1. Overview

The D-TA team have been involved in carrying out routine monitoring visit to the health and ICDS service delivery sites. A set of common tools were used for data collection across all the six operational districts. Out of the 113 AWC, only 102 VHNDs were observed. The rest of the VHNDs were not observed because the VHNDs were not held as per the micro plan and the absence of the frontline workers with due reason. A structured assessment tool was developed which consists of information on different quantitative and qualitative indicators on infrastructure, logistical arrangement, availability of medicines./equipments, participation of different stakeholders, service delivery, NHED sessions, Home visit and Follow up.

The methodology adopted was:

- Participant observation
- Site observation.
- Document research

The method / technique of assessment were used at different contours and dimensions so that all the stakeholders were well represented and participated in the assessment.

Table 1. Methodology of VHND Assessment

SL NO.	METHODS	PURPOSE
1	Observation of the VHNDs	<ul style="list-style-type: none"> ➤ <i>To observe status of infrastructure and its environment.</i> ➤ <i>To observe the quality of service delivery</i> ➤ <i>To observe NHED session facilitation</i> ➤ <i>To observe active participation of beneficiary, service provider and community members.</i>
2	Interaction with beneficiaries	<ul style="list-style-type: none"> ➤ <i>To understand the satisfaction level of beneficiaries on quality of service delivery</i>
3	Home Visit for follow up of Drop outs	<ul style="list-style-type: none"> ➤ <i>To understand the cause of absence of beneficiaries.</i> ➤ <i>To understand the frequency and quality of home and follow up visit made by service providers.</i> ➤ <i>To understand community response on VHND.</i>
4	Review of Records	<ul style="list-style-type: none"> ➤ <i>To document quantitative information on beneficiary coverage, availability of equipments, medicines and service delivery.</i>
5	Recording of Information	<ul style="list-style-type: none"> ➤ <i>To document information and observations for data analysis and report preparation.</i>

Sample Size for the Assessment

As mentioned earlier, 113 AWC were visited for VHND observation and 102 VHND were actually observed as per micro plan. In 11 AWC, VHND could not be observed as it was not happening for various reasons. The assessment was done across 48 blocks in all the assigned six districts. Out of 102 VHNDs observed, data of 98 VHND's has been entered in the SPSS package and used for analyzing services provided under VHND.

Table 2. Sample Size of the Assessment

Coverage	Nos
Districts	6
Block	48
AWCs	113

Process of Assessment

- Developing guidelines, tools/questionnaire and techniques for the assessment.
- Pre-testing of tools and techniques
- Orientation to the District TA members on guidelines, tools and techniques of data collection and assessment.
- Contact with concerned officials at district level & preparation of schedule.
- VHND visit, Observation and Data collection by trained staff.
- Home Visit and Interview with beneficiaries who were absent on VHND and did not avail services.
- Data Compilation, Analysis & Report Preparation at State level
- Report sharing with Do H& FW and Do W& CD.

V. KEY FINDINGS OF VHND ASSESSMENT

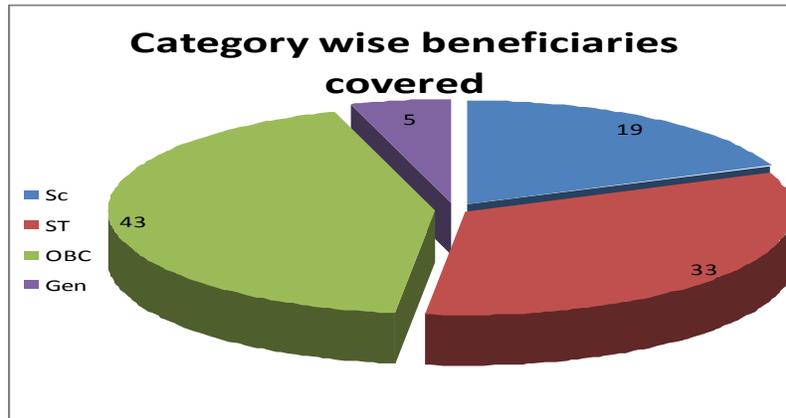
Beneficiary Coverage

Out of total eligible beneficiaries covered during assessment the highest participation of 70 % was found among Pregnant Women (PW) and lowest participation of 11 % was found among Adolescent Girls (AG) where as participation of Lactating Mothers (LM) and Children below 5 years is 59 % and 42 % respectively as compared to their target. Pregnant Women and Lactating Mothers are the focus of VHND, getting the most benefits whereas Adolescent Girls are the given least priority in VHND.

Table 3. Beneficiary Coverage

No of Beneficiaries	Eligible	Attended	% attended	% Not attended
Lactating Mothers	944	558	59	41
Pregnant Women	730	511	70	30
Adolescent girls	3,829	439	11	89
Children 6m-5Years	5,530	2342	42	58
Total Beneficiaries	11,033	3,850	35	65

Overall the participation of beneficiaries in VHND is 35% which is equal to 1/3rd of the target (11,033). The gap of 65 % is due to inappropriate information and inadequate motivation to the beneficiaries, inadequate community participation from GKS, PRI, SHG and Mothers Group members and preoccupation of beneficiaries in traditional livelihoods. The information on the eligible beneficiaries was derived from the beneficiary registers maintained at the AWCs.

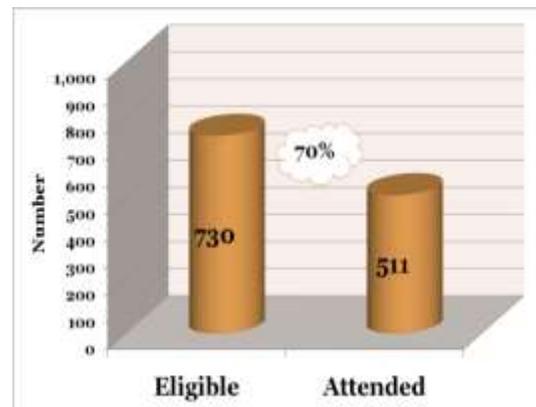
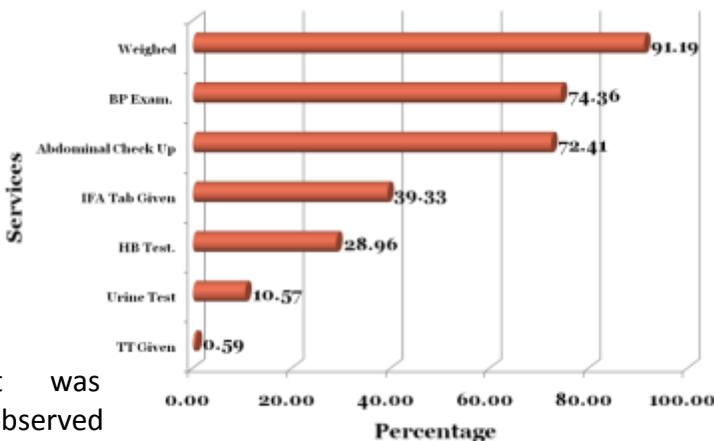


As far as caste wise participation is concerned, highest participation was of the Scheduled Tribe (ST) community (33%) and Schedule caste community (19%) with a total of 52 % participation. The lowest participation was of the General caste community with 5 % persons attending. 43% of the beneficiaries from the OBC community attended the VHND.

Service Delivery

1. Ante Natal Care (ANC) to Pregnant Women

Under ANC services, out of 730 eligible PW, 511 Pregnant Women attended VHND which is 70 % of the eligibility.



It was observed that weight measurement was done for 91% of the attendees but TT was administered to only 0.59% of the pregnant women. Other services like Weight

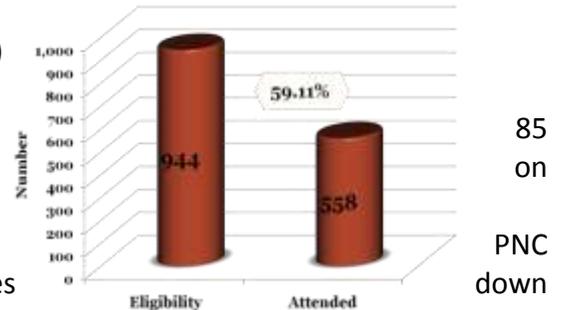


measurement, BP examination, and Abdominal Check up were provided to more than 70 % of pregnant women whereas Hemoglobin Test, IFA Tablet distribution, Urine Examination and TT was provided to less than 40 % of the pregnant women.

It is important to mention that there is a gap of 30% in the number of beneficiaries attending VHND as compared to the eligible beneficiaries and services such as TT, Hb, and IFA should be ensured for all attendees in the AWC's.

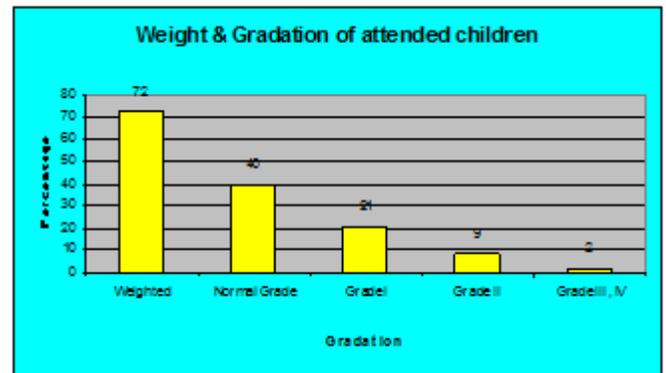
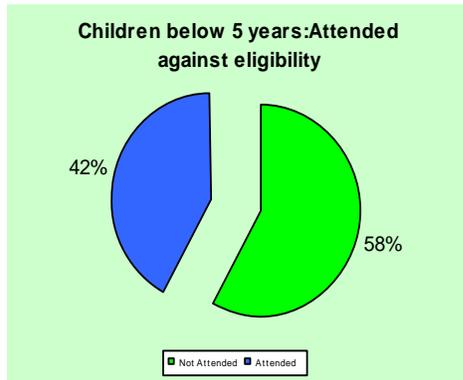
2. Post Natal Care (PNC) to Lactating Mothers

As far as PNC is concerned, out of 944 LM, only 558(59 %) attended VHND. Out of the attended women, 15 % received PNC and related counseling services. The gap of % is due to less focus of the service providers on counseling Breast Feeding, Birth registration and Family Planning. It is observed that the focus of VHND is on ANC services than services. The no of women getting PNC and counseling comes to 9 % if it is compared with total eligible target.



It was also observed that there is a lack of thrust on Counseling of PW on Birth Registration (8.7%) and Family Planning (5.7%) in comparison to the other services under PNC. There is a need to improve the quality of services for the PW and there should be more focus on Counseling for them.

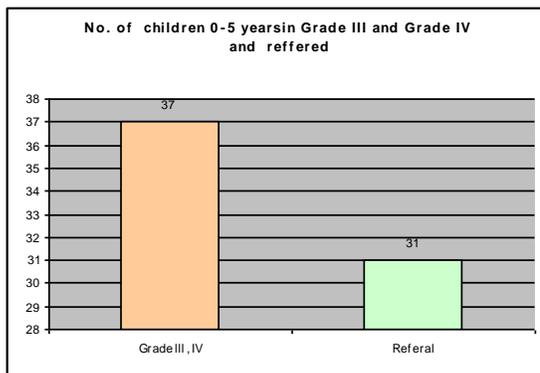
3. Weight Measurement and Gradation of Children below 5 years



From the eligible beneficiaries in the AWC, 42 % of children below 5 years attended VHND for weight measurement and gradation. Out of which 72 % have completed weight measurement. After gradation, it was observed that 40 % of children were found in Normal Grade, 21 % in Grade-I, 9 % in Grade-II and 2 % in Grade-III & IV.

If the weighed children are compared with the attended target, 37 nos of children were found in Grade III and IV out of which 31 were referred for Pustikar Diwas. It is pertinent to mention that in most of

the cases, it is found the weight of the children are recorded but not plotted in growth monitoring tool as a result of which growth monitoring and analysis is missing on the spot. The service providers focus on only weighing the children and they give less priority on plotting the data in the growth scale and doing further analysis.



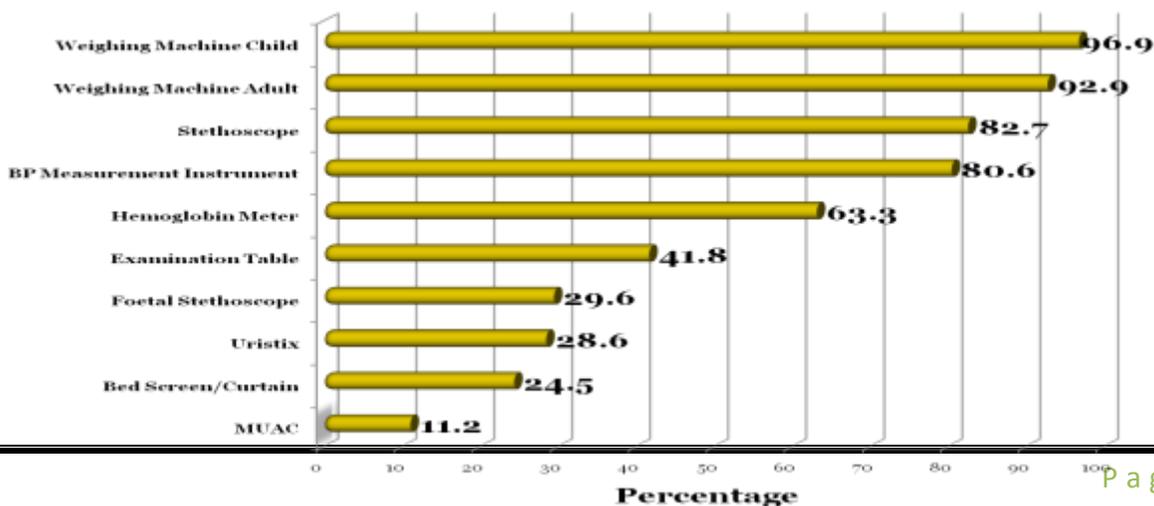
4. Service provided to Adolescent Girls

Out of the total eligibility (3,829), only 11 % Adolescent Girls attended VHND and out of that, 19% adolescent girls received De-worming and IFA tablets respectively. There is a gap in IFA distribution for the adolescent girls. TT was given to 7% of the attendees.

There is a huge gap in terms of the no of beneficiaries attending the VHND against eligibility. They were not intimated properly and also they lacked motivation to attend VHND. Besides the above, it was found that some of the adolescent girls remain absent due to engagement in domestic work or daily labour.

5. Availability of Equipments:

The study revealed that equipments for service delivery are available in all the 98 centres visited. The equipments are quite essential and play a pivotal role in ensuring service delivery. Equipments like Weighing Machine (Adult & Children), BP Measurement Instrument and Stethoscope are available in more than 80 % of AWCs.



It was found that the use of Child and adult Weighing Machine, Stethoscope and Examination Tables is more than 90 % and 80% respectively.

It was also found that MUAC tape; Foetal Stethoscope, Examination Table and Bed Screen/Curtain are available in less than 42 % of AWCs. As Privacy is essential to be maintained during health checkups, it was observed that in most of the AWCs, bed with screen/curtain was not available and abdomen check up is done on the floor without a screen. There is a need to ensure privacy and dignity of women so that women can feel comfortable for abdomen check up.

6. NHED Sessions

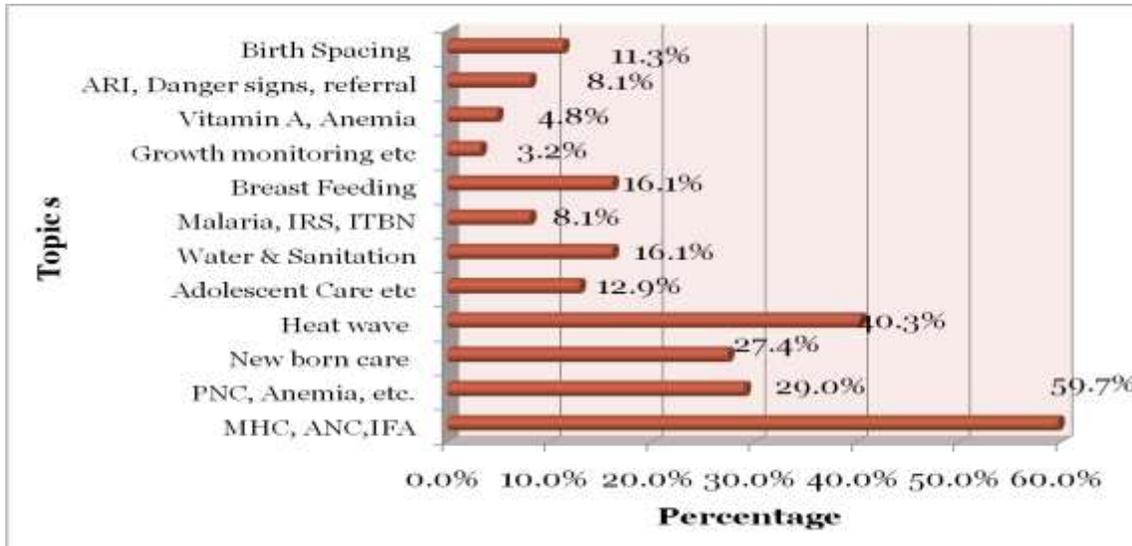
Attendance in NHED Session				
	Beneficiary	Attended VHND	Attended NHED	%
1	AG	434	184	42
2	PW	511	263	51
3	LM	558	220	39
	Total	1503	667	44

Nutrition Health Education and Demonstration sessions are quite essential to have direct interaction with beneficiaries in VHND which help in improving knowledge and behavior of beneficiaries as well as clarifying the misconceptions on health and nutrition issues. During the sessions, different problems of the beneficiaries are discussed and subsequent

counseling support is provided. As far as status is concerned, out of 98 VHNDs, NHED sessions were conducted in 55 VHNDs, which meant only 56% of AWCs were having NHED sessions and in rest AWCs it was not held. Further, out of total beneficiaries attending VHND only 44 % attended the NHED sessions. 56 % have dropped out after receiving individual services and have not attended these sessions.

The major reasons for poor participation are:

- The sessions are conducted at the end of VHND in the afternoon.
- More importance on lecture method and less on interactive sessions
- Less use of IEC materials.



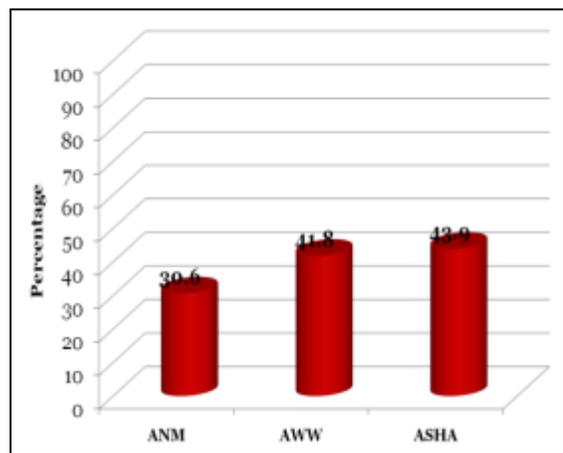
Out of the topics earmarked to be covered monthly, sessions on Heat Wave, Prevention of communicable diseases like TB, Leprosy , Care of Adolescent girls, Age at marriage, Prevention of STI, HIV/AIDS, Prenatal sex selection are to be covered in April 7 May’11 and they have been covered. In addition to the above, certain other topics which were to be covered in the other months were also discussed.

It was observed that NHED sessions are not happening in other VHNDs due to lack of initiative of the service providers. They do not even the follow monthly schedule and the sessions are conducted based on the convenience of service providers. There is a however a need to reorient the service providers on facilitation skills, contents and methodology regarding NHED sessions and encourage them to follow a monthly schedule.

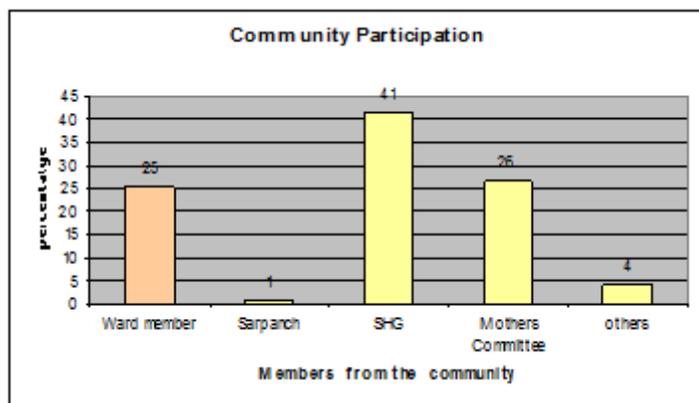
7. Home Visit by the Service Providers

Home visits are conducted by the service providers at the end of the VHND on the same day on a regular basis so that the absent beneficiaries can be provided services at their door step. It was found that out of 98 VHNDs, only in case of 38 VHNDs, the service providers visited the homes of the beneficiaries.

Out of the 38 VHNDs visited by service providers, it was observed that home visits of service providers ranged between 30 to 44 percent with ASHA making maximum home visits followed by AWW. The home visits could not be observed at 60 VHND sites which is around 61% of the total VHND covered.



Community Participation



Community participation includes participation from, SHG, Mothers Group and PRI members (Sarpanch and Ward Member). It is a matter of great concern that community participation in VHND is very low. Out of total VHNDs observed, highest participation of 41% is found among SHG members and lowest participation of 1 % is found among the village Sarpanch. Participation of Mothers Group and others is 26 % and 4 % respectively. Serious institutionalized efforts need to be made to improve the participation of community in

VHNDs.

9. Monitoring and Supervision

As per the plan LHV, MOIC, AYUSH doctor, BPO, BEE, LS, CDPO, DSWO, CDMO and DPM are supposed to make supervisory visits to AWCs on VHND. It was observed that adequate supervisory visits were not made resulting poor delivery of services at AWCs. The supervisory staffs operating at the Block Level viz. LHV/MPHS, BPO, MOIC, CDPO, LS, etc. were present in only 2% to 8% of VHNDs observed by the team. Low attendance of supervisory staff indicates lack of monitoring and supervision done in majority of VHNDs held at the AWC. If monitoring and supervision can be regularized, then VHND can be organized more effectively.

Service providers attended VHND		
Service Providers	Attended	N %
MPHS/LHV	8	8.2
MOIC	1	1.0
AYUSH	2	2.0
BPO	5	5.1
BEE	2	2.0
LS	5	5.1
CDPO	2	2.0

COMPARATIVE STATUS OF VHND IN OTHER NEIGHBORING STATES:

Along with the field observation, a detailed study of national and other state's VHND guidelines and other published reports on VHND was carried out to understand the objective and different practices adopted by other neighboring states like West Bengal, Jharkhand, and Bihar.

A brief comparative analysis of different guidelines is also incorporated. The table contains the salient features and interpretation of VHND guidelines of India, Odisha, West Bengal, Bihar and Jharkhand.

Table 4. Comparison of VHND scenario

India and other States	Salient Features
India	<ul style="list-style-type: none"> – 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)¹ at the AWC in the village. – Adolescent girls are not incorporated as beneficiary of VHND – All eligible children below one year are to be given vaccines against six Vaccine-preventable diseases. All dropout children who do not receive vaccines as per the scheduled doses are to be vaccinated. – Vitamin A solution is to be administered, to children. – Pay special attention to the SC, ST, minorities, and the weaker sections of society.
Orissa	<ul style="list-style-type: none"> – The program would be organized once a month in every Anganwadi Centre on a fixed day basis (either Tuesday or Friday) – Basic information about VHND (the probable dates in the year, type of services, type of clients etc) will be prominently displayed in each AWC in the form of fixed Display Boards. – AWW / ASHA will accompany the referred SAM children (Grade III and IV children along with the children of gr. II with clinical complications) to Pustikar Divas, another unique program of Orissa².
West Bengal	<ul style="list-style-type: none"> – All immunization sessions are considered as VHND in West Bengal – “Second ANMs” are present on the VHND sites in West Bengal to assist the ANMs – Issues like “balanced diet including diet during adolescence, pregnancy and lactation period” are discussed in the VHND – ASHA worker gets incentive on the basis of individual tracking and completion of services availed. ASHA gets Rs. 2 per mother and Rs. 2 per child for mobilizing them to VHNDs out of VHND fund under NRHM.³
Bihar	<ul style="list-style-type: none"> – VHND is also known as Village Health Nutrition and Sanitation Day (VHSND) – Immunization and VHSND happen on the same day – Guidelines clearly mention the time periods in which the tasks are to be performed, focused counseling which includes- which topic would be discussed by whom and separate topics for separate beneficiaries and the duty of providing instruments which has been equally divided among the various departments⁴ – A teacher and a doctor play an important role in VHSND

¹ Source: National Guidelines for AWWs/ASHAs/ANMs/PRIs by MOH&FW

² Source: Orissa Village Health & Nutrition Day Operational guidelines by Hon. Minister of H & FW on 12.02.2009

³ Source: Guidelines for implementing VHND by Department of health and family welfare, West Bengal on Feb 25, 2011

⁴ Source: Guidelines for VHND, Bihar

India and other States	Salient Features
Jharkhand	<ul style="list-style-type: none"> – The session happens on Thursdays and Saturdays with focus on vaccination – Safe delivery kit to be given to Pregnant women⁵ – Adolescent girls are considered as target beneficiary

VI. PROPOSED QUALITY INDICATORS

Based on the field observations and desk review done, it has become imperative to propose changes in existing guidelines of VHND to make it more effective at grass root level. Certain Indicators particularly in the areas of ANC, Weighing of children and NHED sessions have been proposed for improvement of the quality of the services and also for increased coverage of the beneficiaries. Other than modification in service package indicators, three recommendations are also proposed for quality enhancement.

Changes proposed in Indicators related to VHND Services

Based on the VHND Assessment, the quality indicators are proposed on the following services:

a) Ante Natal Checkup (ANC)

In the present Mamta Diwas guidelines, time period for registration of pregnant women is not mentioned. The focus of ANC is mostly on clinical part viz. BP, HB, Urine test, IFA distribution and abdominal checkup. Counseling of ANC cases is certainly a neglected part.

As per the assessment, heights of pregnant women are not measured. Compliance is not being checked for consumption of IFA tablets for pregnant women. Individual case record and continuous tracking of height, weight, Hb level, BP, sugar and albumin level of pregnant women are not properly maintained or reported by ANM.

Current ANC Services as per existing guideline

- Registration of Pregnant Women
- Quality ANC
 - Weighing on spot
 - BP check up
 - Hb testing
 - Urine examination
 - Abdominal check up
 - IFA distribution

⁵ Source: Operational guideline of VHND in Jharkhand

- T.T services

Proposed Indicators:

Based on above field data and field experience at AWC level, following recommendations are proposed for inclusion in VHND guideline:

- *Height should be measured* at the time of Registration of pregnant women.
- *Ensuring Early and 100 percent Registration by ASHA & AWW* enabling pregnant women to get first ANC in the first trimester
- Quality ANC with monthly tracking of consumption of *+90 IFA tablets*
- *Counseling on Danger Signs; rest and diet during pregnancy; birth planning; early initiation of Breast Feeding*

b) Weighing and Plotting of Children of 0 to 5 years

Field data analysis indicates that out of the total children present during VHND, 72% were weighed. It will further come down to 31% if total eligible children are taken as the denominator. In the current scenario, it is observed that there is no deliberate attempt by service providers to improve the attendance of beneficiaries in 0-5 years' category.

However, it is also a concern that if all eligible children in 0-5 yrs attended VHND session, then the AWC becomes over crowded and it will be difficult to provide quality and complete health services for all. In this regard, it can be proposed that the children aged between 0- 3 yrs should attend VHND session and weighing of 3-5 yrs children should be done on another day to ensure quality services as well as reduce the burden of service providers.

Children Population(0-5 YEARS)			
Eligible	5,530	%(N=2342)	%(N=5530)
Attend	2,342	42	
Weighed	1,696	72	31
Normal Grade	940	40	17
Grade I	502	21	9
Grade II	217	9	4
Grade III & IV	37	2	1

As per the current guidelines, the services provisioned for 0-5 yr children during VHND are:

- Growth monitoring (weighing of Children and plotting), MUAC
- Counseling of parents for growth promotion through MAA O SISHU SURAKHYA CARD

- Cooking and preparation of food for children 6-12 months, using locally available food ingredients
- IFA supplementation of children (six months to two years: liquid IFA)

Considering high child malnutrition rate of Orissa, it is important that all eligible children in 0-3 yrs should attend the VHND and avail required health and nutrition services. The state should made provision for weight measurement of all the children, assessment of their malnutrition level and then referral of the severely malnourished children to Prustikar Diwas during VHND. Keeping this in mind, the assessment team has proposed the following indicators for consideration.

Proposed Indicators for Weighing and Plotting of Children under 5:

- *Weighing and plotting of children in 0-3 yrs on VHND instead of 0-5 yrs*
- *Separate day to be fixed for weighing of 3-5 years children*
- Informing mothers about overall growth of their children by AWW and ANM
- *Identification and referral of severely malnourished (Grade III and IV) children and moderate malnourished (Grade II) children with complications*
- *Follow-up of last month's referred children*
- *Counseling of mothers on Child feeding practices during and after illness*

c) Nutrition and Health Education and Demonstration

NHED is a crosscutting issue needed for all categories of beneficiaries. This is a most neglected service indicator observed across the districts. Findings say that out of the total PW attending VHND, only 51% attended NHED session while the percentage is poorer for lactating mothers (only 39%). It implies that the session is of least importance to service providers as well as to the beneficiaries. Participation of Mothers having infants of 6 months to 5 years children in NHED is not being recorded.

In current guideline, the Calendar of Health Topics is given month-wise for conducting NHED sessions. To make the NHED sessions more relevant and interactive, the following indicators have been proposed.

Proposed Indicators for NHED Session:

- *Health and nutrition topics related to pregnant and lactating mothers and 0-3 yrs child to be discussed every month along with specified topics*
- *Use of relevant IEC/BCC materials*
- Incorporate topics focusing nutrition such as
- Balanced diet for Pregnant/lactating mothers
- Child feeding practices during and after illness

- Early initiation of breast feeding to Pregnant women during last trimester

Other recommendations

1. Exclusion of Adolescent Girls from VHND coverage

The participation of adolescent girls at VHND is about 11% and perhaps least focused by service providers. The reasons for non-attendance vary from overlapping of school timings with VHND to lack of motivation and poor understanding about the services.

An observation that came out strongly was that the VHNDs are conducted in conditions where time and space is a constraint and the primary focus is on the pregnant and lactating mothers. It was felt that the quality services for adolescents cannot be delivered on the same day. The national guideline on VHND has not included adolescents as one of the beneficiaries.

Other options to ensure the increased coverage of the Adolescents may be explored such as replication of the SABALA scheme in other districts, providing services to the Adolescents on a separate day of the week in the AWCs and through the School Health Programs. So in this regard, it is proposed that the Adolescents should be taken out of VHND coverage and to be dealt separately.

2. Organizing Mamata Diwas (VHND) and Fixed Immunization Day (FID) on the same day

- Field assessment shows that participation of beneficiaries is 35%. Participation of Pregnant women in VHND is 70% but the parents of children need to give priority to the services to be availed for their children which is at 42%. Nursing mothers' participation is not more than 59%.
- Another reason of low participation of beneficiaries is directly related to their limited livelihood options. Frequent visits to the service delivery point affect their income.
- National VHND guideline recommends immunization must be done along with VHND. The states of Bihar, Jharkhand and West Bengal, Chhattisgarh, MP, Rajasthan (known as MCHN day) and Gujarat are focusing vaccination on the same day of VHND. These states are providing all the required services in Single point Single Day approach⁶.
- From the observation and experience at micro level, it can be said that workload of service providers is low on FID and it takes 1 hour to provide services. Ground level experience is also similar for that of VHND as in many places, VHND is completed within 2 hrs. Hence vaccination can be managed along with VHND services.

Focused and incentive based vaccination on VHND yield better coverage of services and has increased the RCH indicators in Bihar⁷.

⁶ Source: National VHND guideline and State VHND guideline of West Bengal, Jharkhand, Rajasthan and Gujarat

⁷ From the Departments of Health Management, School of Public Health, PGIMER, Chandigarh; *International Clinical Epidemiology Network (INCLIN), New Delhi; (Immunization), †UNICEF Office, New Delhi; \$Bihar State UNICEF Office, and Government of Bihar, Patna.

- The proportion of fully immunized 12-23 month old children in Bihar has increased significantly from 19% in 2005 to 49% in 2009.
- The coverage of BCG also increased significantly from 52.8% to 82.3%, DPT-3 from 36.5 to 59.3%, OPV-3 from 27.1% to 61.6% and measles from 28.4 to 58.2%.
- In comparison to other states, the coverage of fully immunized children increased significantly from 16 to 26% in Bihar

3. Incentive for AWW and ASHA should be Output Based

Table 8: Category wise Left out Beneficiaries

Sl. No.	Beneficiary Category	Eligible	Absent (No.)	Absent (%)
1	PW	730	219	30
2	LM	944	386	41
3	AG	3829	3395	89
4	Children	5530	3188	58
Total		11033	7188	65

Field findings reveal that there is a huge gap of 65% dropped out target beneficiaries. This gap is as high as nearly 58% for children to be weighed and graded. Still 30% of pregnant women and 41% lactating mothers are not attending VHND.

Many AWW and ASHA inform target beneficiaries on the same day of VHND. They are not putting any extra effort to motivate the beneficiaries to attend the event.

It is evident that ASHA / AWW are not sensitizing the beneficiaries about VHND as 15% are unaware about VHND and 30% could not attend because they did not have information.

Table 9: Reasons given by Beneficiaries for not attending VHND⁸

Reasons for non attendance	%
Domestic/Economic Engagement	42.5%
Lack of knowledge about VHND	15.0%
No separate place for AWC/Unsuitable location of	7.5%

⁸ VHND Presentation on 10/2/2011 .N=146

Reasons for non attendance	%
AWC	
Long distance from the house	5.0%
No prior information / Lack of information about VHND	30.0%
Not regularly staying in the village/Migration	5.0%

In previous scenario one of the motivations of attending VHND was distribution of THR. New innovative ways to be initiated by AWW and ASHA at village level to mobilize more beneficiaries is needed now.

West Bengal initiated individual beneficiary based incentive for ASHA workers to ensure participation and service completion of targeted beneficiaries on VHND cum Immunization day⁹.



Recommendation:

In Odisha, ASHA and AWW are now getting incentive (Rs. 100 and 50 for RCH focused and non focused districts respectively) for mobilizing beneficiaries and organizing Mamata Diwas. However, the incentive could be distributed on the actual basis of each individual beneficiary participating and availing complete services per month.

Proposed Monitoring Mechanism:

- ✓ ***Supervisory visit to ensure proper weighing and plotting on the spot.***
- ✓ ***Agenda based sector meeting focusing on the progress of weighing of 0-3/3-5 years children***
- ✓ ***Ensure Follow up of referral children by supervisory visit***
- ✓ ***Assessment of quality services through concurrent monitoring***

VII. DISCUSSION WITH GOVT. COUNTERPARTS

The observation and review results along with the Quality Indicators have been shared with the Health and ICDS counterparts at appropriate level. Two rounds of presentations were held with Women and Child department in Feb and June this year. The findings were discussed and major suggestions came

⁹ Implementation guideline of VHND from NRHM mission director of West Bengal on Feb 25, 2011

to exclude adolescents and 3-5 years of children from VHND services to make it more qualitative. The findings were also shared with health departments along with the proposed indicators.

Proposed key quality indicators and recommendations are:

A. Changes proposed in Indicators covered in VHND

- Ante Natal Checkup
- Weighing and Plotting of children
- Nutrition and Health Education and Demonstration

B. Other Recommendations

- Organizing VHND and Fixed Immunization Day on the same day.
- Incentive for AWW and ASHA should be Output Based
- Exclusion of Adolescent girls from VHND coverage

Table 10. Current and Proposed Quality Indicators at a glance

Current Services / Indicators	Proposed Services to be incorporated / Extended
Service Delivery to Beneficiaries	
<p>Antenatal Checkup</p> <ul style="list-style-type: none"> – Registration of Pregnant Women (Time period not mentioned) – Quality ANC <ul style="list-style-type: none"> ➤ Weighing on spot ➤ BP check up; Hb testing; Urine examination ➤ Abdominal check up ➤ IFA distribution ➤ T.T services 	<ul style="list-style-type: none"> ➤ Height should be measured at the time of Registration of pregnant women. ➤ Ensuring Early and 100 percent Registration by ASHA & AWW enabling pregnant women to get first ANC in the first trimester ➤ Quality ANC with monthly tracking of consumption of +90 IFA tablets ➤ Counseling on Danger Signs; rest and diet during pregnancy; birth planning; early initiation of Breast Feeding
<p>Weighing and Plotting of Children under 5 years</p> <ul style="list-style-type: none"> – Growth monitoring (weighing of Children and plotting), MUAC – Counseling of parents for growth promotion 	<ul style="list-style-type: none"> ➤ Weighing and plotting of children in 0-3 yrs on VHND instead of 0-5 yrs ➤ Separate day to be fixed for weighing of 3-5 years children

Current Services / Indicators	Proposed Services to be incorporated / Extended
<p>through MAA O SISHU SURAKHYA CARD</p> <ul style="list-style-type: none"> – Cooking and preparation of food for children 6-12 months, using locally available food ingredients – IFA supplementation of children (six months to two years: liquid IFA) 	<ul style="list-style-type: none"> ➤ Informing mothers about overall growth of their children by AWW and ANM ➤ Identification and referral of severely malnourished (Grade III and IV) children and moderate malnourished (Grade II) children with complications ➤ Follow-up of last month’s referred children ➤ Counseling of mothers on Child feeding practices during and after illness
<p>NHED Session</p> <p>As per the calendar of Health topics in the guidelines, topics are covered in the NHED sessions</p>	<ul style="list-style-type: none"> ➤ Health and nutrition topics related to pregnant and lactating mothers and 0-3 yrs child to be discussed every month along with specified topics ➤ Use of relevant IEC/BCC materials ➤ Incorporate topics focusing nutrition such as <ul style="list-style-type: none"> – Balanced diet for Pregnant/lactating mothers – Child feeding practices during and after illness – Early initiation of breast feeding to Pregnant women during last trimester

VIII. CONCLUSION

VHND in Odisha is unique in its nature as far as strengthening the referral of malnourished children to Pustikar Divas and providing incentives for the beneficiaries and the escort is concerned. This has helped in promoting health seeking behavior of the community and ensuring better results.

The assessment report is an effort from the District TA team of TMST to review the status and quality of the Village Health and Nutrition Day conducted in six districts. The assessment helped in understanding the gaps from service providers' viewpoint as well as the barriers in service uptake from the beneficiary's perspective.



Information on the increased attendance of pregnant women and Lactating mothers in VHND is indeed encouraging but the fact that the Adolescents and Children are a neglected category is startling as they are one of the most important groups to be catered to. The proposed indicators are an effort to address the various issues identified with an aim to ensure improved coverage of beneficiaries, delivery of services and participation of community.

This assessment along with the comparison of the guidelines being followed in other States has assisted in developing in certain indicators which if incorporated will help in making the implementation of VHND robust.

The proposed indicators on ANC, Weighing and Plotting of children, and NHED session would further describe better and complete access of all services, where as the recommendation on organizing VHND and Immunization on the same day, Exclusion of Adolescent girls and 3-5 years children from VHND coverage would further facilitate better service delivery. This will provide an opportunity to have a common approach and possibility of pooling resources for implementing other programs.

The report has also recommended, gauging the performance of front line service providers, for providing incentives on the basis of beneficiary participation and availing of complete services. In a way it will create additional relationship between service providers and community and overall ownership of the program.