

CHAPTER: 12

STUDY ON ASSESSMENT OF VILLAGE HEALTH AND NUTRITION DAY IN FOUR BLOCKS OF JHABUA DISTRICT OF MADHYA PRADESH

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INTRODUCTION

The Village Health and Nutrition Day (VHND) has been implemented as a primary healthcare strategy, occurring periodically within a community to deliver a comprehensive package of preventive public health interventions for children under five years old. It operates as a convergent platform, involving workers from both the health and Women and Child Development (WCD) departments, and seeks the involvement of community institutions such as GKS or VHSC, Self-Help Groups (SHGs), Youth Clubs, and Adolescent girls' groups. The Auxiliary Nurse Midwife (ANM) takes the lead in service provision during VHND, while the Accredited Social Health Activist (ASHA) and Anganwadi Worker (AWW) play facilitating roles in organizing the event at the community level [1].

The VHND guidelines underscore the primary objective of providing universal access to equitable, affordable, and quality healthcare, with a focus on women's and children's health, universal immunization, as well as nutrition, water, sanitation, and hygiene. This is achieved through monthly service delivery in each village, offering multiple services on a fixed day, fixed time, and at a fixed location.

In India, VHND is prioritized as an intervention under the National Rural Health Mission (NRHM), initiated by the Government of India to enhance coverage of basic health and nutrition services in rural areas lacking health facilities [2]. It is recognized as a platform for inter-sectorial convergence. The counseling of all pregnant women for institutional deliveries and comprehensive antenatal care is emphasized during VHND. Special attention is given to identifying danger signs, conducting abdominal examinations, and performing Hb and urine examinations during visits at VHND sites [3].

RESEARCH OBJECTIVE

General objective:

1. To evaluate the Village Health Nutrition Day in four blocks of Jhabua district.

Specific objective:

1. To evaluate the resources, present during the Village Health Nutrition Day in four blocks of Jhabua district.

RESEARCH METHODOLOGY

This research utilized a descriptive study approach, incorporating a mixed-method design. The study was carried out in four blocks of Jhabua District, Madhya Pradesh. Purposive sampling was employed, selecting a sample size of 50 VHND sites for assessment. The study was conducted from February to May 2014.

RESULTS & DISCUSSION

The study revealed that approximately 50% of VHND sessions took place at Anganwadi centers. Out of the total VHND sessions, 86% were conducted following the micro-plan. While an ANM was present in all VHND sessions, only 39 AWW and 38 ASHA were present out of the 50 sessions. Attendance of PRI members at VHND sessions was noted in only 8 sessions. Most VHND sites lacked access to all facilities, equipment, and medicines. Abdominal check-ups for pregnant women were conducted in only 14 VHND sessions, with ANMs measuring blood pressure in half of the sessions.

Post-natal checkups for mothers were not conducted in any session, and only 54% of sessions provided THR to lactating mothers. Post-natal counseling for mothers by ANMs was absent in 38 VHND sessions. BCG was administered to children in only 50% of sessions. Vaccines such as DPT, OPV, HEP B, TT, and Measles were available at all VHND sites and administered to children. Adolescent girls were provided with IFA tablets, but sanitary napkins and TT injections were not supplied at any VHND site. No counseling was observed on adolescent health, menstrual hygiene, STDs, etc. TT injections were not administered at any VHND sites.

CONCLUSION

While VHND served as a convergence platform for Health and ICDS, inadequate collaboration was observed among service providers.

Enhancing the capacity of ANMs was crucial as they play a pivotal role in delivering services. The active involvement of PRI members was found to be low. Numerous non-GAK sites lacked all the necessary equipment and supplies. Supportive supervision and hand-holding assistance were deficient in most VHND sessions. The work plan generated by MCTS was outdated. Substandard counseling was provided to mothers regarding maternal and child health. No counseling sessions covered communicable diseases, STDs, hygiene practices, chronic diseases, etc.

REFERENCES

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