

Awareness and Practice of Stakeholders in India Regarding Village Health and Nutrition Day

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Abstract – Village Health and Nutrition Days (VHNDs) are a foundation of the Government of India's methodology to give first-contact essential health care to provincial Agra Mathura regions. Late government projects like the Janani Suraksha Yojana (JSY) and Mission Indradhanush (MI) have catalyzed significant changes affecting VHNDs. It was a cross sectional review led in Uttar Pradesh during December 2017–November 2018. Individual meetings were led at the VHND meetings with 80 recipients and 20 specialist organizations utilizing a semi organized timetable to know their awareness, insight and practice regarding VHND meetings. Information examination was done and announced as straightforward rates. Most of the health laborer females and anganwadi laborers thought about health awareness as a vital part of VHND. 52% of HWFs and 41% of AWWs had misguided judgment about extra jobs and obligations. 34% of recipients had information regarding fixed day approach of VHND, while 24% didn't have information regarding any of its motivation. Just 8% of reference cases had total information on the explanation of reference. There was critical contrast in the middle of awareness and practice among the squares. Service suppliers' direction ought to be improved. Conduct change correspondence exercises ought to likewise be expanded by the state. Reference cases ought to be appropriately directed. The people group accepted that such a program should proceed with better bundle and nature of administrations.

Keywords – Health, Nutrition

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INTRODUCTION

Village Health and Nutrition Days (VHNDs) are a critical part of the Government of India (Gol s) technique to give first-contact essential health care to the country's Agra Mathura regions. Set up by Gol in 2017, VHNDs are planned as a helpful assistance arrangement center point to make health administrations open to underserved country networks. VHNDs depend on three significant standards: (1) breadth and coordinated assistance conveyance: VHNDs unite a huge bundle of significant health, nutrition, and sterilization administrations presented in a solitary area; (2) consistency and geographic vicinity: the VHND is coordinated once each month in every village to work with normal help contact and guarantee that rustic occupants don't need to cause costs connected with time and travel to profit health administrations; (3) monetary openness: all administrations presented at the VHND are given for nothing.[1]

VHNDs play a fundamental part to play in India's technique to accomplish the 2030 Sustainable Development Goals (SDGs), especially Goal 2 (Zero Hunger), Goal 3 (Good Health and Well-Being), Goal 6 (Clean Water and Sanitation), and Goal 10

(Reduced imbalances). Administrations gave under the VHND umbrella are chosen based on their significance for populace health dependent on India's weight of sickness and logical proof of effect. As well as offering select fundamental health administrations, VHNDs are intended to assist villagers with finding out with regards to the defensive and promotive parts of health care and to cultivate proper health care chasing. Center VHND administrations incorporate those for regenerative, maternal, new-conceived and kid health, tuberculosis and HIV treatment and control, and directing for transferable illness anticipation and health advancement.[2]

VHND administration conveyance fluctuates significantly among states and areas and develops continually in light of changes in India's health strategy scene. Two late projects are particularly notable: the "Janani Suraksha Yojana" (JSY), a contingent money move program sent off in 2018 to decrease maternal and neonatal mortality by expanding births in health offices, and Mission Indradhanush (MI), sent off in 2014 to completely vaccinate 90% of India's babies against seven immunization preventable infections by 2018. The two projects remember monetary impetuses for

forefront health laborers for an endeavor to help administration execution, and focus on low-performing Agra mathura regions to further develop value in inclusion and results. Uttar Pradesh (UP) figured as a high-center state for JSY and MI.[3]

As of late, MI has catalyzed a change of India's inoculation administration conveyance scene and been a main impetus for fast changes affecting VHNDs. MI worked between April 2017 and July 2018 of every 528 of India's 640 regions, remembering 44 areas for UP, yet the assessed inclusion increment of 6.7% was judged inadequate to accomplish the program objective of 90% full vaccination inclusion by 2018. From October 2017 to January 2018, a strengthened MI system (IMI) was conveyed in 173 slacking regions (remembering 59 locale for UP) and 17 metropolitan regions with a sped up timetable to completely inoculate 90% of Indian babies against seven antibody preventable illnesses by 2018. Inoculation inclusion has expanded with extraordinary quickness under IMI, with a general increment of 18.5% in full vaccination inclusion IMI locale. Vaccination is one of the center administrations presented by VHNDs and MI and IMI strategies to upgrade health laborer preparing, oversight, and checking, produce local area interest for inoculation administrations, further develop antibody supply and vaccination information frameworks, and reinforce recipient following and miniature arranging all effect VHND working, with potential overflows, both positive and negative, to conveyance of non-inoculation administrations. Albeit a few significant examinations have added to how we might interpret VHND working, we know about no distributed review zeroing in on Uttar Pradesh, nor on VHND conveyance with regards to MI and IMI.[4]

Process assessment means to concentrate on the real factors of program execution to propel comprehension of how and why general health mediations work. "Execution devotion" alludes to how much a mediation is conveyed as at first arranged. Constancy appraisal is a part of cycle assessment that means to comprehend and gauge how much an intercession is being executed as expected, and to reveal insight into what explicit reasons have caused the achievement or disappointment of the mediation. We handled a review to evaluate the constancy of administrations gave through VHNDs when contrasted with government standards in a high-need region of Uttar Pradesh going through fast health framework change.[5]

The idea and functional rules of Village Health and Nutrition Day (VHND) was conceptualized by National Rural Health Mission (NRHM) with help from Maternal Health division of Government of India and United National Population Fund (UNFPA), India to address a portion of these issues. Rules created by Government of India anticipates offering a coordinated assistance conveyance of both Reproductive and Child Health (RCH)

administrations and Immunization on a decent day in a month, for example Wednesday. In the province of Uttar Pradesh, the rules were changed in 2018 and took on as Mamata Diwas, in which Mamta Diwas was wanted to be hung on a proper day excluded with Fixed Immunization Day (FID), and health and nutrition administrations to the mother and youngsters would shape a need in it. Mamata Diwas gives the primary resource for fundamental essential health care and is a typical stage for intermingling among specialist co-ops of Health and Integrated Child Development Scheme (ICDS) alongside the local area at large.

Inside the domain of the program, the objective recipients are pregnant ladies, lactating moms, youngsters under 5 years and juvenile young ladies, through as of now there are minor changes made to the rules in Uttar Pradesh. Fundamental parts of conceptive and youngster health administrations, including early antenatal enrollment, de-worming, advising on early breastfeeding, recognizable proof and opportune reference of high-hazard instances of kids and pregnant ladies, just as antenatal and post pregnancy care are to be given at local area level to address the fundamental necessities of pregnancy, conveyance, reference, youth sicknesses and juvenile health.[6]

VHND is coordinated once in a month in each village at an Anganwadi Center (AWC) on a decent day premise (either Tuesday or Friday) with joint endeavors of Health Worker Female (HWF), Anganwadi specialist (AWW) and Accredited Social Health Activist (ASHA). On a normal, a health sub-focus (HSC) has 6–8 AWCs and an equivalent number of VHND meetings in a month (presently somewhat more). The definite microplan of such exercises is grown in advance at the square level.[7]

The targets of Mamata Diwas are to give fundamental and complete health and nutrition administrations to pregnant ladies, lactating moms, youngsters (0–5 years) and juvenile young ladies; early enrollment, distinguishing proof and reference of high-hazard kids and pregnant ladies; giving a viable stage to connection of specialist co-ops and the local area (through Gaon Kalyan Samiti or the moms bunch); giving data to families on care of moms and kids at the family and local area level through conversation of different health points (as visualized in the Health Calendar); and foundation of linkage among health and ICDS to advance maternal and kid endurance programs. Kids related to serious level of malnutrition in each VHND meeting are alluded and treated at the "Pustikar Diwas" held at the square level health community joined by ASHA or AWW.[8]

During a starter visit to a VHND meeting, it was seen that the specialist organizations didn't know about the rules and regarding the idea of different administrations to be conveyed at VHND.

Additionally, the recipients were likewise not mindful with regards to the program parts. Including a great deal of assets without having legitimate information and awareness of laborers and local area in general would not yield anticipated outcomes. Thus, this review was arranged with a goal to concentrate on the awareness, insight and practice (APP) of specialist co-ops and recipients regarding different parts of VHND.[9]

OBJECTIVE OF THE STUDY

1. To study the Awareness and practice of stakeholders in India regarding Village Health and Nutrition Day
2. To study idea and functional rules of Village Health and Nutrition Day

RESEARCH METHODOLOGY

A cross-sectional review was intended to be done in Agra locale for a time of 1 year for the assessment of VHND administrations. The review was generally quantitative, for certain subjective angles. Since there have been no recorded examinations regarding awareness on VHND in India, an awareness level of 40% regarding VHND meetings held was chosen with certainty cutoff points of 10% that gives an example size of 92 at 95% certainty levels. Multistage separated irregular examining configuration was embraced and delineation was done dependent on the predominance of seriously malnourished youngsters [Table 1] in each block. Three blocks were chosen, one each from the three layers arbitrarily. This cycle was followed to guarantee possibility during field visit while keeping away from determination inclination. All VHND meetings (all out of 426) held in the area were recorded and remembered for the inspecting outline. Irregular examining without substitution (to keep away from duplication of HSC region) was utilized to distinguish 5% (i.e., 23) of the HSCs where the review was arranged. The current examination is a piece of the fundamental review. Application study was arranged however meets with somewhere around five recipients, a HWF and an AWW at every meeting site. This example size was chosen as it is viewed as satisfactory and practical for assessing health programs. Post employment surveys with recipients were done alongside private meetings with the specialist organizations. Pre-trying and pre-planned semi-organized meeting plans, contrasting for the specialist organizations and recipients, were utilized to survey the awareness, discernment and practice.[10]

Table 1: Stratification of the blocks according to the distribution of severe malnutrition

Strata (according to % of severe malnutrition)	Blocks	% of severe malnutrition
I (0-10%) (low level of malnutrition)	CD1	5.6
	CD2 (block 3)	7.4
	CD3	8.4
	CD4	9.3
II (10-20%) (moderate level of malnutrition)	CD5	11.2
	CD6 (block 1)	18.6
	CD7	12.1
III ($\geq 20\%$) (high level of malnutrition)	CD8 (block 2)	27.4

VHND meetings were visited on Tuesdays and Fridays of the week and just a single VHND was assessed in a solitary visit. The meeting timings were for the most part from 8 AM to 1 PM. Recipients were haphazardly chosen from the meetings. Composed assent, in nearby language, was taken from the recipients and specialist organizations. Meet with somewhere around five recipients in each VHND meeting and one each with HWF and AWW was done in these meetings. Awareness, insight and practice of specialist co-ops and recipients were evaluated in these meetings. Additionally, information regarding their jobs and responsibilities regarding the meetings was likewise evaluated from individual specialist co-op. Awareness regarding the purposes behind reference was likewise evaluated during the interaction. The reaction from every one of the recipients and specialist co-ops was caught utilizing the instrument. Lead questions were kept away from during the entire screening.

The information gathered was cleaned and gone into Microsoft (MS) Access Database 2018. Cross arrangement was done and introduced as frequencies and rates. Sub gathering investigation was likewise done to see whether there was distinction in awareness between the squares. Open finished inquiries were investigated physically. Any response near a target or reason for VHND was considered as having awareness regarding something very similar.

RESULTS

Awareness, insight and practice of specialist organizations and recipients were evaluated at 5% of the meetings [Table 2]. An aggregate of 23 meetings with the HWF and 22 with AWW (one was on leave) of the meetings were done at the 23 meetings visited [Table 3]. Also, 80 meetings were led among every one of the recipients, incorporating 11 with reference cases. Each meeting generally went on for 20–40 minutes.

Table 2: Number of VHND sessions for evaluation (sample size for the whole study)

Selected blocks	No. of sub-centers where VHND is held	Number of VHND sessions held per month	Sample size (5% of the VHND sessions)
Block 1	31	165	9
Block 2	29	183	10
Block 3	16	78	4
Total	76	426	23

VHND: Village health and nutrition day, HWF: Health Worker Female, AWW: Anganwadi worker, IDI: In-depth interview

Table 3: VHND sessions visited in different blocks for assessment of functioning

Block	No. of sessions attended for assessment	No. of sessions held (%)	No. of sessions held as per micro plan (%)
Block 3	4	4 (100)	4 (100)
Block 2	13	10 (76.92)	3 (30)
Block 1	15	9 (66.7)	6 (66.7)
Total	32	23 (71.9)	13 (56.5)

VHND: Village health and nutrition day

Awareness, perception and practice among service providers

The service providers were surveyed regarding information on the reason and goals of the VHND. Over 80% of the service providers were having awareness that the significant motivation behind the VHND meetings was to make health awareness followed by over 85% who referred to thorough health and nutrition services. Advancement of maternal and kid health programs through linkage among health and ICDS, was being overlooked by all the AWWs(100% not mindful) and by 65% of the HWFs. High danger case distinguishing proof as a target could be remembered by just half of them [Figure 1]. All the service providers present at the meeting locales didn't have total information pretty much the entirety of their jobs and obligations. Few word for word of the meetings are as referenced under.[11]

"My occupation during health day incorporates illuminating the recipients, orchestrating the meeting site, gauging kids" [An AWW].

"During health day, we give health message and do pregnancy check up" [A HWF].

"In the first part of the day when we come to the meeting, we request that the ASHA refer to everybody as" [A HWF and an AWW].

"In VHND we give health check up and weight estimation is being finished. Likewise we give health instruction" [A HWF].

"I have been advised by health specialists to direct between 8 AM and 1 PM, yet in this space the Sarpanch mentioned me to lead after 2 PM. 2-4.30 PM is the advantageous time where moms have

completed their exercises and moms working in paddy fields additionally get back. Subsequently, I direct after 2 PM" [A HWF].[12]

Table 5: Knowledge of service providers regarding objectives/purpose of VHND

Objective details	HWF (n=23)		A W W (n=22)	
	No.	%	No.	%
1. Provision of essential and comprehensive health and nutrition services to beneficiaries	20	87.0	21	95.5
2. Ensure early registration, identification and referral of high-risk children and pregnant women	14	60.9	12	54.5
3. Provide an effective platform for interaction of service providers and the community	3	13.0	0	0.0
4. Provide information to families on care of mothers and children at the household and community level through discussion of various health topics	22	95.7	18	81.8
5. Ensure establishment of linkage between health and ICDS so as to promote maternal and child survival programs ^v	8	34.8	0	0.0
Additional purpose/roles and responsibilities	12	52	9	41

Significant level of association found, VHND: Village health and nutrition day, HWF: Health Worker Female, AWW: Anganwadi worker

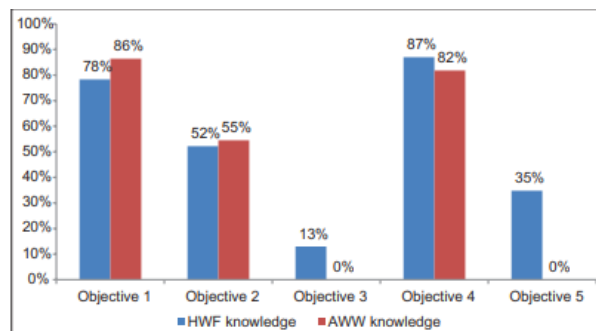


Figure 1: Awareness of service providers regarding various objectives of VHND

DISCUSSION

Awareness among the service providers about any program is a command to convey quality services. Awareness among recipients is correspondingly profoundly fundamental as it guarantees service use and health care looking for conduct. There are no archived examinations, as of now, which assess the awareness, perception and practices of service providers and recipients with respect to VHND in India. As it was noticed, the greater part of the service providers considered making health awareness among recipients and giving thorough health and nutrition services as the significant reason for VHND meetings. Other significant goals like assembly among health and ICDS, even, were not pushed upon

Henceforth, legitimate direction exercises were required for the service providers from the HFW and WCD Department. This additionally should be

accentuated likewise in different month to month gatherings. Job clearness and depiction were not seen among the services providers and should be improved. This might prompt duplication of certain exercises and passing up a major opportunity of other. It was seen that preparation status of service providers was essentially poor in one of the squares when contrasted with others. Yet, the example of awareness, perception and practice found in this square was positively not connected with the preparation part. A few different parts like assembly by ASHA, awareness age by service providers nearby, and so forth, rather may have been connected with the outcomes.

The Center of Excellence (CoE) has been set up in the State under the flag of State Institute of Health and Family Welfare to plan and execute correspondence exercises connected with public health programs. Consequently, CoE should play the lead job in making awareness among the local area individuals.

SIHFW exists in all states, under the flag of National Institute of Health and Family Welfare, which can take administration to make awareness. Utilization of Village Health and Sanitation Committee's Health Bulletin Board or "Swasthya Kantha" or Health Wall likewise should be utilized for dispersal of forthcoming occasions in the village.

Local area support was extremely less and association of Panchayat Raj Institution (PRI) individuals ought to be advanced. A reference was managed without appropriate guiding on the justification behind reference as a rule. A few recipients additionally demanded leading VHND meeting thinking about their time accommodation, particularly where there were individuals relying upon day by day compensation for job. Consequently, VHND arranging ought to likewise include local area needs' evaluation which is very ignored.

It was curiously seen that a health specialist took deviation to help the recipients by changing the time timetable of the meetings. This was done on demand of the Panchati Raj Institution (PRI) individuals. This is a decent practice to note, where PRI individuals went about as facilitators in offering services. The creators concur that the study has not many limits. Test size for meet with reference cases was little. The assessment of awareness and perception also may have been done too soon in the phase of execution and should be returned to as on today for a superior picture.

CONCLUSION

Village Health and Nutrition Day (VHND) meeting was viewed as a significant stage for RCH service conveyance. In any case, awareness among different parts of services among service providers and recipients was not found sufficient. Significant

reasons for VHND like incorporation of health with ICDS, high-hazard case ID, and so on, were not given a lot of need. 33% of the recipients answered to have been prepared to the meetings interestingly and were not a piece of the meetings consistently which was a thing of concern. Very nearly a quarter were additionally not mindful of the motivation behind such a social affair on VHND, while close to half of them couldn't say whether the VHND meetings were held routinely. Local area support in getting sorted out the meeting was irrelevant. Reasons, if there should arise an occurrence of reference, had not been obviously disclosed to the recipients. There was critical distinction in the degree of awareness among service providers and recipients as for specific parts like not many significant destinations of VHND and, timetable and spot of leading VHND, separately. Notwithstanding every one of these, the majority of the recipients accepted that this arrangement should proceed included with a more grounded bundle and nature of services since individuals were certainly benefited by the meetings. Subsequently, limit building and direction of service providers should be done alongside that of PRI individuals. Correspondence exercises to make awareness among recipients ought to be improved.

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