



Original Research Article

Assessment of Services Rendered to Antenatal Women at Village Health and Nutrition Day in Rajkot District, Gujarat, India

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ABSTRACT

Introduction: Mother and child health care (MCH) is an important determinant of a nation's overall health condition. The activities on this day include registration and health check-ups of pregnant women and children including weight monitoring, immunizations, distribution of IFA and calcium supplements and counselling. The service team includes the ANM, the local AWW and helper, the ASHA worker and trained midwife.

Objective: To find the gaps in service delivery at Village Health Nutrition Day.

Material and Methods: This is a cross-sectional study. The study is done by multi-stage sampling method. Rajkot district is comprised of seven blocks and from each block two PHCs are randomly selected. So total 14 VHND were observed.

Results: Out of 14 VHND observed, 10 were organized at AWC, 2 at FHW,s home, 1 at primary school and 1 at panchayat office. The key staff Female health worker was present at 92% of VHNDs. Adult weighing scale, BP instrument, urine strip, pregnancy kit, Needle hub cutter, thermometer, all essential drugs required at VHND and Hemoglobin meter is available in working condition at all Mamta sessions. Need of weight measurement and TT immunization was not explained to any beneficiaries. Procedure coverage with proper technique and precautions with its proper entry in Mamta card and register is done for more than 90% of beneficiaries. . Iodized salt advice is given to none of the beneficiaries.

Conclusion: All services are which are to be noted down on register are provided completely but information regarding importance and advices are overall lacking.

Key words: Mother and child health care (MCH), Antenatal women, Mamta Day, Village Health & Nutrition Day.

INTRODUCTION

Mother and child health care (MCH) is an important determinant of a nation's overall health condition. The populations covered under MCH care are women of reproductive age group and children in the age group of 0-6 years. This population is

highly vulnerable to a wide spectrum of disease ranging from underweight to death in case of children and from the mild anemia to maternal death in case of mothers. This group is the biggest user of health services. As there is a wide spectrum of presentation for their health and disease, large number of

simple intervention at various levels can effectively prevent morbidity and mortality. But concern is even after a good coverage and utilization of health services the Maternal Mortality Rate(MMR), Infant Mortality Rate(IMR) and Under Five Mortality Rate is very much high as compared to developed world. This brings about the focus on the quality along with quantity of services provided at health care facility. [1]

Maternal mortality ratios strongly reflect the overall effectiveness of health systems, which in many low income developing countries suffer from weak administrative, technical and logistical capacity, inadequate financial investment and a lack of skilled health personnel. In developed world the MMR ranges from 6-24 per 100000 live births; whereas in India it is near about 212 per 100000 live births. [2]

Organization of the Village Health and Nutrition Day and support to the organisation of immunization sessions is key part of facilitating service access in the village. The VHND is both a platform for the community to access all the services provided by ANM and AWW at a site very near their homes, and the point for health education and counselling. VHSNC members should facilitate mobilization of pregnant women and children, particularly from marginalized families, facilitate the organization of and support the ANM, AWW and ASHA in conducting the VHND. [3]

Mamta Day is held on each Wednesday of the week in each village of the state. The activities on this day include registration and health check-ups of pregnant women and children including weight monitoring, immunizations, distribution of IFA and calcium supplements and counselling. The service team includes the ANM, the local AWW and helper, the ASHA worker and trained midwife. Other

village-level workers may also be present on this day at the site. The health department ensures that no other meetings or events are planned for this day of the week. The main objective of Mamta Divas is to strengthen routine immunization, reduce infant mortality as well as malnutrition among children through effective delivery of Health & Nutrition services on the same day and under the same roof. On the Mamta Divas, a mother and child friendly environment is created at the anganwadi, exhibition panels on maternal and child health are displayed, to educate the community about newborn caring practices, health and hygiene. [4]

Very limited number of studies had been carried out for the evaluation of health services in Gujarat and none in Rajkot. That is why I have carried out this study with the aim to assess the quality of mother and child health services provided under primary health care in Rajkot district.

Objectives:

1. To find the gaps in service delivery at Village Health Nutrition Day (VHND).
2. To find the solutions to solve the breach for proper utilization of VHND.
3. To provide the recommendation to improve the quality for proper and adequate utilization of VHND.

MATERIALS AND METHODS

This was a cross-sectional study. The study was done by multi-stage sampling method. The study was carried out in rural areas of Rajkot district covering Primary Health Centers & out Reach Services rendered under the Primary Health care. Rajkot district is comprised of seven blocks and from each block two PHCs were randomly selected. So, total 14 VHNDs were observed. On Wednesday, VHND (Mamta day) was observed on the basis of checklist prepared from the guideline of VHND. Availability and quality of service is assessed. The study was carried out between

August 2010 to May 2011. The data was analysed by Microsoft Excel 2007 and percentages are used.

BMW buckets with color coded bags were available in all VHNDs but wall display was available in only 21% of VHNDs

RESULTS

Fig1 shows that, Out of 14 VHND observed, 10 were organized at AWC, 2 at FHW's home, 1 at primary school and 1 at panchyat office. Banner displaying the VHND (Mamta session) was present in 57% of VHNDs. Beneficiary list was prepared in 85% of VHNDs. Only 25% of community mobiliser had Individual copy of beneficiary list. Most of AWC were comprised of only one room, one store room and one kitchen, so there is no separate space for examination, immunization, counseling and group education. Proper cold chain maintenance was found in all VHNDs.

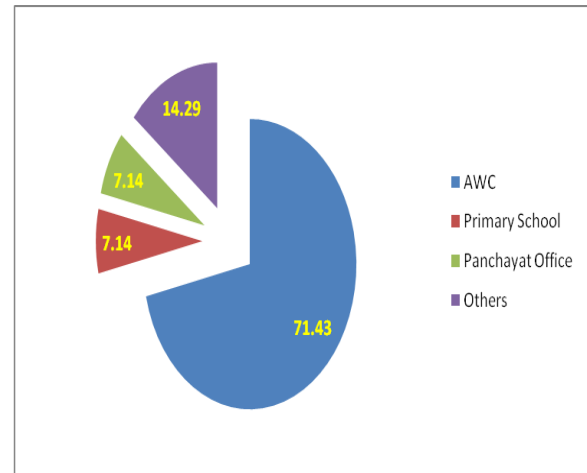


Fig 1: Site for organizing VHND (Mamta session)(N=14)

Table No 1: Presence of health providers at Mamta session (N=14)

Sr	Staff for VHND	Total	No.	Percentage
1	Medical officer	14	11	78.57%
2	Female health worker(ANM)	14	13	92.86%
3	Anganwadi worker	14	12	85.71%
4	Anganwadi helper	14	11	78.57%
5	ASHA/Link worker	14	8	57.14%
6	Trained dai	14	1	7.14%
7	Volunteer from Kishori Shakti Yojana	14	1	7.14%
8	Multipurpose worker	14	9	64.29%
9	ICDS supervisor	14	2	14.2%

In Table 1, at 78% of VHND, Medical officer was present. The key staff Female health worker was present at 92% of VHNDs. Trained dai and Volunteer from kishori shakti Yajana was present in only 8% of VHND

Figure 2 shows that Adult weighing scale, BP instrument, urine strip, pregnancy kit, Needle hub cutter, thermometer, all essential drugs required at VHND and Hemoglobin meter is available in working condition at all mamta sessions. Child

weighing scale is present in 78% of mamta session.

Table No 2 shows that Need of weight measurement and TT immunization was not explained to any beneficiaries. Importance of BP measurement was explained to only 36% beneficiaries. Procedure coverage with proper technique and precautions with its proper entry in Mamta card and register is done for more than 90% of beneficiaries.

Table No 2: Observation of ANC service at Mamta session

	Importance explained	Procedure done	Properly Done	Noted in Mamta card and Register	Advice
Weight Measurement(N=69)	00(0%)	66(95.6%)	66(95.6%)	66(95.6%)	13(18.8%)
Blood Pressure Measurement (N=69)	25(36.2%)	63(91.3%)	63(91.3%)	63(91.3%)	5(0.7%)
TT Immunization(N=24)	0(0%)	24(100%)	24(100%)	24(100%)	10(41.6%)

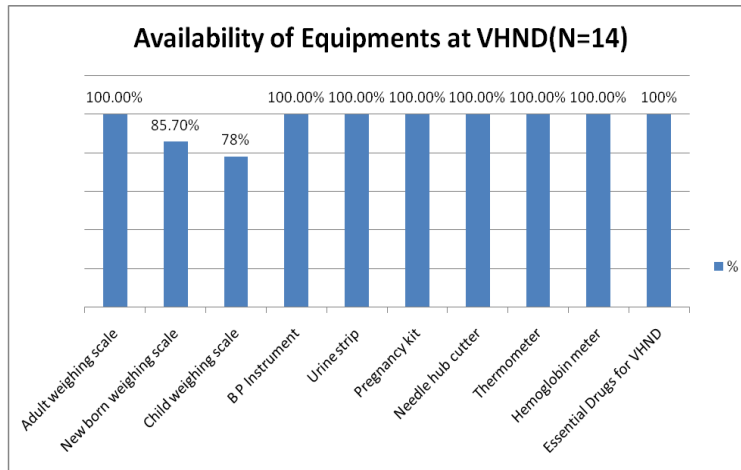


Fig 2: Availability of Equipments at VHND

Table no 3: Sub-indicator wise level of quality for provision of IFA/Calcium to pregnant women at Mamta session

Sr	Sub-indicators	No.	%
1	Informed the Importance(N=43)	9	20.93
2	Advice to surely complete course(n=39)	28	71.79
3	To take with milk(n=39)	9	23.08
4	To take after meal(n=39)	5	12.82
5	Informed side effects(n=39)	0	0.00
6	Noted in mamta card(n=39)	38	97.44
7	Noted in register(n=39)	38	97.44

In Table no3, 20% ANC women were informed regarding the importance of IFA/Calcium. 71% were told to surely complete the course and only 12% were told to take drugs after meal. None of them were informed the side effects of drugs. In 97% the provision of IFA/Ca is noted in Mamta card and register.

Table no 4: Sub-indicator wise level of quality for nutritional advice given at Mamta session (N=23)

Sr	Sub-indicators	No.	%
1	To take frequent meals	18	78.26
2	To use iodized salt	0	0.00
3	To take green leafy vegetables	6	26.09
4	To take milk in diet	11	47.83

In Table no 4, Very significant was that none of the beneficiaries were advised regarding the use of iodized salt for cooking. Nutritional advice to have green leafy vegetables was found only 26% but as in rural areas peoples use to grow vegetables so they use to eat it on regular basis. Overall nutritional advice given is given to less than 50% of beneficiaries. Iodized salt advice is given to none of the beneficiaries.

Table No 5: Planning component of Mamta Day

Sr No.	Present Study(n=14)	Parmar et al(N=13)	Saxena et al(n=24)
The session site as per micro plan	10(71%)	13(100%)	19(79%)
Session site at primary school/ panchayat office/ workers residence	4(29%)	-	5(21%)
IEC material displayed	8(57%)	12(92.3%)	7(29%)
List of expected beneficiaries for this "MAMTA DAY" prepared	85%	01 (7.7%)	70%

DISCUSSION

Session site for organizing VHND at AWC was 71% which is comparable Parmar et al [5] and Saxena et al. [6] Display of IEC material about VHND was found in 57%. List of beneficiaries was made in 85% VHNDs comparable to Saxena et al. Mobilization is very important as the health

seeking behavior of beneficiaries is very poor in rural areas

FHW, AWW and AWH were present at session site in more than 80% as compared to Parmar et al in which it was 100%. ICDS supervisor was present at 14% of session site which is comparable to 15.4% of Parmar et al. AWW and AWH are the

local residents of the village so their presence at VHND is utmost important.

As the beneficiary in rural areas were coming to VHND once or twice in whole pregnancy so it is very important to ensure that all equipments and drugs are available at every session site. All necessary equipments were present (100%) in our study which is comparable to Parmar et al in which the availability was around 70%. The importance of procedures like weight and BP measurement was found 00%. The information giving to beneficiaries regarding the importance of weight and BP measurement is very crucial as it is the key for raising the health seeking behavior. Advice on home care and follow up visit is provided to very less number of beneficiaries. Health and nutritional education was also lacking. Similar findings were observed by Ko-techa et al [7] in Bhavnagar, Gujarat study. The information regarding the side effects of IFA/Calcium was lacking. IFA/Calcium is to be taken throughout pregnancy after 4 months so it is important to explain the importance and about side effects for better adherence.

CONCLUSION

VHND sessions are organized at all places of visit. The preparedness with manpower and equipments was satisfactory. All essential drugs and logistics were available. All services which are to be noted down on register are provided completely but information regarding importance and advices are overall lacking.

RECOMMENDATIONS

Strengthening of services should be done by supervisory visits and training and refresher training. All the care givers should be sensitized regarding the programme and its components. Grass hoot workers should be realized the importance of information and advices. They should be motivated to work still better.

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