

**IMPLEMENTATION FIDELITY OF VILLAGE HEALTH AND NUTRITION DAYS IN
HARDOI DISTRICT, UTTAR PRADESH, INDIA: A CROSS-SECTIONAL SURVEY**

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POLICY
BRIEF**

POLICY BRIEF



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ABOUT THE STUDY

Village Health & Nutrition Days (VHNDs) are a cornerstone of the Government of India's strategy to provide first-contact primary health care to rural areas. To learn how VHNDs are currently being delivered, we assessed the fidelity of services provided as compared to government norms in a priority district of Uttar Pradesh.

A fidelity assessment aims to understand and measure whether an intervention is being implemented as intended and to shed light on reasons for the success or failure of the intervention(1). We used a fidelity assessment in our health services evaluation to learn how VHNDs are currently being delivered in Hardoi District, Uttar Pradesh. Surveyors collected data from 30 villages randomly selected from a single administrative block.

"A fidelity assessment aims to understand and measure whether an intervention is being implemented as intended."



Study Highlights

- The tremendous potential of VHNDs is only partially being met. Only a subset of services is currently provided with high fidelity.
- A core subset of high-priority services for antenatal care, institutional delivery, and vaccination is now being provided quite successfully.
- Other basic health promotion and prevention services are largely not provided, constituting a critical missed opportunity.
- Gaps in the immunisation system remain in the areas of vaccine safety, beneficiary identification and tracking, and missed opportunities for vaccination.

VILLAGE HEALTH & NUTRITION DAYS (VHNDS)

Established by the Government of India in 2007, VHNDS are designed as a convenient service provision hub to make health services accessible to underserved rural communities. VHNDS are based on three important principles: comprehensiveness and integrated services delivery, regularity and geographic proximity, and financial accessibility.

VHND services are chosen due to their importance for population health based on India's burden of disease and scientific evidence of impact.

Services provided:

- Maternal, newborn, and child health services
- Tuberculosis and HIV treatment
- Communicable diseases counseling and prevention
- Health promotion services

3 Key Principles of VHNDS

1. Comprehensiveness and integrated services delivery

VHNDS bring together a large package of important health, nutrition, and sanitation services in a single location.

2. Regularity and geographic proximity

VHNDS are organized monthly in each village to facilitate regular service contact for rural residents and to minimize time and travel costs to avail health services.

3. Financial accessibility

All VHND services are provided free of charge.

STUDY METHODOLOGY

We fielded a cross-sectional survey of VHNDS to provide a snapshot of health services' functioning. Villages from the chosen administrative block were identified based on Census 2011 (2); 30 villages were selected at random. Questionnaires were designed using a framework to assess implementation fidelity. Assessment methods included structured observation of VHNDS as well as semi-structured interviews with frontline workers involved in VHND delivery, VHND participants, and VHND non-participants (identified using administrative records of anticipated beneficiaries or "due lists" and contacted at their homes).

We assessed 4 categories of factors:

1. Adherence (time, place, and frequency) of VHND delivery;
2. Intervention reach (the proportion of the intended targeted population that participates in an intervention);
3. Dose delivered (the number or amount of intended units of the intervention or intervention component delivered);
4. Dose received (how the target population received the intervention).

STUDY SAMPLE

- 1) VHND participants: individuals receiving services for themselves or for a child
- 2) Front-line workers involved in VHND delivery: ANMs, ASHAs, AWWs, and supervisors present
- 3) VHND non-participants: pregnant women due for antenatal care services or children due for immunization who did not attend the VHND session

RESULTS

Results from this process evaluation can help clarify whether VHNDs are being implemented as designed. The purpose of this summary is to share key results and recommendations with government and other stakeholders, with the aim of strengthening the delivery of immunization services and future VHNDs in Hardoi District and beyond.

ADHERENCE

Defined as the "time, place, and frequency of VHND delivery" (3), adherence was documented by direct observation using a structured record form. In the 30 villages randomly selected for inclusion, 36 VHNDs were scheduled but four were cancelled.

Our sample includes data from 31 VHNDs taking place in 27 villages.

REACH

Defined as "the proportion of the intended target audience that participates in an intervention" (4).

38%

171 of 452 scheduled VHND beneficiaries did not participate.

67%

villages surveyed with a functioning Village Health & Sanitation Committee

47%

VHNDs surveyed that experienced a serious problem impeding vaccine delivery

▷ **11%**

VHND cancelled

▷ **42%**

vaccine shortages, due largely to the global shortage of IPV

19%

lists of beneficiaries due for vaccination were unavailable or incomplete

RESULTS CONTINUED

DOSE DELIVERED

Defined as the "number or amount of intended units of the intervention or intervention component delivered" (4). We assessed three elements:

1) Presence of front-line workers

Proportions of front-line workers present by category:

ANM: 100%

ASHA: 84%

Anganwadi Worker (AWW): 74%

2) Availability of materials/equipment

Always or mostly present:

- mother and child protection cards
- stethoscopes
- inch tapes
- weighing scales

Less frequently present:

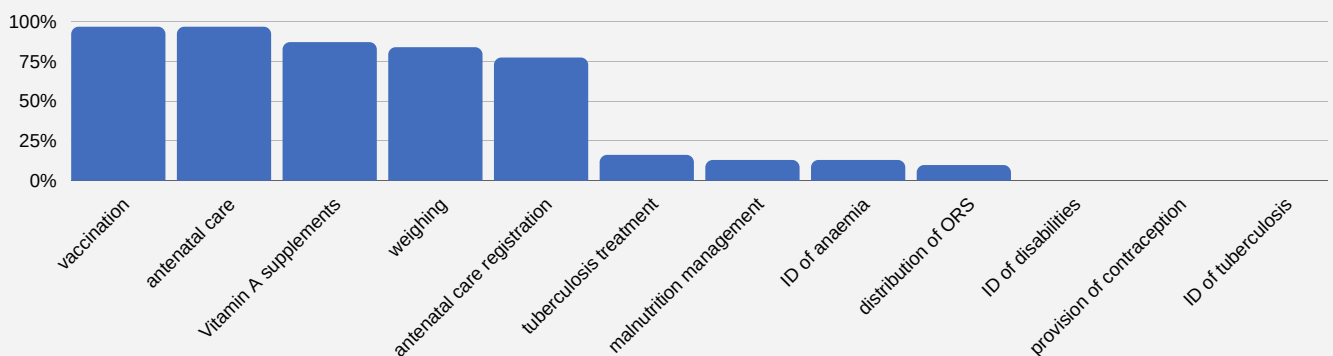
- zinc tablets
- contraceptive pills
- condoms
- ORS packets

Seldom present:

- soap
- hand gloves
- examination tables
- referral cards

3) Services and activities delivered

Activity or Service



Health Promotion Topics Discussed



RESULTS CONTINUED

DOSE RECEIVED

Defined as "how the target population received the intervention" (4).

Perspective of 281
VHND participants:

99%

planned to attend the next VHND

94%

had a good or very good satisfaction level regarding the ANM's work

57%

did not know the role or purpose of VHNDs

Reasons for 171 VHND
non-participants:

- 43%** entire household absent for extended period of time
- 20%** household had not received information for the VHND
- 15%** family members all too busy to bring child
- 10%** child was unwell
- 4%** family problems
- 3%** distance (too far)
- 2%** fear of side effects
- 1%** felt no need for VHND
- 1%** vaccine stock out
- 1%** vaccinated at private clinic
- .6%** cultural or religious beliefs



DISCUSSION:

ACHIEVEMENTS

India has made considerable efforts to strengthen antenatal care and institutional delivery services for pregnant women through the Janan Suraksha Yojana program and immunization for pregnant women and children through Mission Indradhanush. These services are now being provided quite successfully through VHNDs in our study area.

- VHNDs were generally delivered as planned, although 11% of sessions were cancelled due to unavailability of the ANM.
- Vaccination for children and antenatal care services for pregnant women were available in 97% of VHNDs. Although almost half of the VHNDs observed in our study were affected by vaccination shortages, virtually all (85%) of the incidents related to an unexpected global shortage of injectable polio vaccine.
- Child weighing promoted by the ICDS program is also performed with regularity.

This is at once a tremendous achievement and a dilemma. These successes have been achieved by simplifying the VHND model to focus on a core subset of biomedical services whose delivery is readily measured and monitored, aligned with existing health worker skill levels, incentivised by pay-for-performance mechanisms, and closely tied to quantifiable health outcomes such as maternal, neonatal, and child survival.



CRITICAL GAPS

We found that a range of key evidence-based services for population health that fall under the responsibility of VHNDs (such as promotion of improvements in water, sanitation, and hygiene practices; nutritional counselling; prevention, recognition and management of key illnesses such as diarrhea, pneumonia, and mosquito-borne diseases; and tobacco control efforts) are largely not provided. This is a critical gap in basic health promotion and prevention services and a missed opportunity to improve population health by reducing communicable and non-communicable diseases. The challenge facing policymakers is how to deliver the expanded and more complex range of services required to address the root causes of ill health, including social and structural determinants, and to permit sustainable progress required to achieve the United Nations 2030 Sustainable Development Goals.

CONCLUSION

The transformative potential of VHNDs to improve population health is only partially being met.

- A core subset of high-priority services for antenatal care, institutional delivery, and vaccination associated with performance-based incentives is now being provided quite successfully.
- Other basic health promotion and prevention services are largely not provided, constituting a critical missed opportunity.



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CREDITS

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