

# Identification Of Gaps And Underlying Contributing Factors Perceived By Female Health Workers And Suggestion Of Solutions For The Same During Provision Of Outreach Services. A Community Based Snapshot Study

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## Abstract

**Introduction:** Systematic reviews report that CHWs in low-income countries have demonstrated the capacity to improve antenatal, perinatal and post-partum service utilization and to prevent perinatal and maternal deaths by early recognition and referral of complicated pregnancies. Due to these successes and the increasing recognition of the crisis in human resources for health, deployments of CHWs have become a popular strategy to deliver primary health care at the community level. In India Many Programme run at grass root level with deployment of peripheral health workers male & female. One such programme is Village Health & Nutrition Day.

**Objective:** Thus current study attempted to identify if there is any gap or problems in delivery of the services.

**Method:** A community based Cross Sectional study was conducted for a Period 1 year. One PHC was selected by Simple Random Sampling by lottery method, from each of the 7 blocks of study district. One Mamta day of all the Sub Centres of each of the selected 7 PHCs was evaluated. Selected 7 PHCs have total 40 sub centres, so total 40 FHW were Interviewed. It included quantitative as well as qualitative methodology.

**Results:** Most common site was Anganwadi. Insufficient logistics was the key problem. Other problems were lack of community participation, no perceived concept of preventive health, psychosocial barriers. Suggestions given by FHWs were reduction in work load with proper distribution & timely receipt of grant.

**Conclusion:** Interval evaluation of FHWs helps in identification & problem solving strategies for an outreach programme.

**Key words:** Mamta Day, Female Health worker, Primary Health care

## INTRODUCTION:

Across the statutory and voluntary sectors outreach work has a long history as a means of engaging individuals and communities, typically those marginalized by processes of social exclusion and socioeconomic deprivation [1].

A Cochrane review [2] on lay health workers who worked amongst low-income communities of wealthy countries or amongst communities from poor countries shows evidence of CHWs' contribution to reducing child morbidity and mortality, increasing uptake of immunization and promoting good breast feeding practices. Systematic reviews [3, 4] report that CHWs in low-income countries (such as Bangladesh, Brazil and Nepal) have demonstrated the capacity to improve antenatal, perinatal and post-partum service utilization and to prevent perinatal and maternal deaths by early recognition and referral of complicated pregnancies. Due to these successes and the increasing recognition of the crisis in

human resources for health, deployments of CHWs have become a popular strategy to delivery primary health care at the community level. [5]

Mamta Abhiyaan, initiated by The Govt. of Gujarat with support from UNICEF in 2006, is an approach to strengthening comprehensive outreach RCH services under National Rural Health Mission. It aims at preventive, promotive and curative services through convergence with ICDS and participation of community. [6]

The programme would be organized every month in each village at existing Anganwadi Centres, Sub Centres, Primary Health Centres or Community Health Centres with joint efforts by a team of health workers, ICDS workers, Kishori Shakti Yojana (KSY) girls, Mahila Swasthya Sangh representative and Non-Government Organization representative. There should be advanced fixation of the day with all AWCs for the entire month, so that the service providers and the community are aware of it much in advance. [7]

VHND if organized regularly and effectively can bring about the much needed behavioral changes in the community, and can also induce health seeking behaviour in the community leading to better health outcomes. Keeping in view the significance of holding the VHND, the quality of it needs to be improved, and hence any gaps should be identified and reported. The roles of the FHW and AWW should be well defined. Programme managers at district/block level should ensure availability of necessary supplies and expendables in adequate quantities during the VHNDs. Similarly, supportive supervision by Programme Managers at different levels will result in improved quality of services. [8]

## **MATERIALS & METHODS:**

The present Evaluation was a cross sectional study in order to collect data from Mamta Day. The study was carried out in rural area of study district. A Cross Sectional study was conducted for a Period 1 year. One PHC was selected by Simple Random Sampling by lottery method, from each of the 7 blocks of study district. The schedule of Mamta Day (VHND) was taken from Chief District Health Office. One Mamta day (VHND) of all the Sub Centres of each of the selected 7 PHCs was evaluated. Selected 7 PHCs have total 40 sub centres, so total 40 Mamta Days (VHNDs) were observed. All ANMs were informed about supervision prior to visit. A pretested semi structured questionnaire was used to evaluate the services on village health and nutrition day. The study was conducted after gaining permission from the concerned officials such as Medical Officer in charge of the respected PHC, Block Health Officer and Chief District Health Officer. Every participant was clearly explained the purpose of study and their consent was taken. Each of the study participants was assured that the study findings would not have any impact on their job. As the proforma contains qualitative questions also, coding for all the qualitative answers was decided prior to the data entry. Data was then entered in to the computer using MS Excel and analyzed. Ethical approval was taken before the commencement of the study from the ethical committee of the concerned institution. Following data collection, on site corrections were done as per the need.

## **RESULTS:**

Mamta day is celebrated on every Wednesday to cover each and every village under particular PHC. The schedule of Mamta day is known as Mamta calendar. Every month respective weeks' Wednesday is designated to dedicated place as per Mamta calendar. Most of the times, Anganwadi from particular village and Sub centre covering that area is the place for Mamta day celebration. In the study VHNDs were observed at Anganwadi (37.5%), Sub centre (22.5%), house on rent (15%), premises of PHC (12.5%), school (7.5%) and community hall (5%) as depicted in Table No: 1.

Table 2 showing, difficulties usually faced by FHW in conducting session were insufficient logistics (27.5%), unavailability of permanent Anganwadi/set Anganwadi in rented house (15%), no recruitment of ASHA (12.5%), Difficulty in transportation of vaccines/commuting of health personnel (10%), no proper coordination with co-workers (10%), no formation of VHSC(2.5%) and unavailability of grant (2.5%).

Review meeting was conducted at all 7 PHCs in previous month. Similar findings were seen in study conducted by Dr. Sonal Dindod et al [9]

Table 03 showing, topics discussed in monthly joint review meeting at PHC were immunization, MCH care services, national programs, grant utilization, completing reports, achieving targets, etc.

Table 4 showing, to increase coverage and quality of VHND, FHWs who gave responses like workload should be decreased; grant should be sufficient; adolescent health services should be improved; co-operation from co workers; co-operation from community; community meeting should be held frequently and co-ordination with VHSC were discussed further.

## **Qualitative component of study:**

Problem 1: target population do not Perceive their Health Check invitation

Problem 2: literacy or health literacy barriers – our forefathers did not go to hospitals, preventing engagement with health checks

Problem 3: Overburdened -work/caring commitments prevent engagement with the health check and/or subsequent health improvement interventions, too many programme reporting/ Data management

Problem 4: preventive health not given priority by a community

Problem 5: psychosocial barriers/ caste/religion barrier prevent engagement with interventions

Problem 6: structural barriers/ insufficient space at Anganwadi/ Insufficient instruments- prevent prioritization of health check and/or engagement with subsequent health improvement programmes

Problem 7: The hidden and multi-faceted nature of outreach 'problems'

## DISCUSSION:

In present study, VHNDs were observed at Anganwadi (37.5%), Sub centre (22.5%), house on rent (15%), premises of PHC (12.5%), school (7.5%) and community hall (5%). In a study conducted by Dr. Hesh Kotecha et al [10], VHND was held in Anganwadi at 93.33% sites; and at 6.67% sites, it was held in premises of community hall and temple.

In a quantitative & qualitative study by Motibha, it was found that Professional nurses highlighted that they faced challenges in shortages of vaccines and staff, mothers not always bringing their children back to the clinic on the return dates, and shortages of equipment for immunization such as Road-to-Health charts. This was confirmed by a participant who said: *'You know, there are a lot of problems that we are facing related to the implementation of EPI which include the fact that those vaccines are not enough or are not available to us to immunize the children that come here expecting us to immunize them. There is a lot of shortage of staff who are supposed to immunize the children when they come to the facility and mothers wait for too long with their children. The mothers of children who are scheduled for immunization are not bringing their children as scheduled and these expose children to diseases.'* [11] The similar kind of results was noted in present study in both qualitative & quantitative component.

The study revealed that all mothers did not comply with the instructions given by nurses during EPI implementation, including non-compliance with scheduled return dates, which affects their performance in terms of immunization coverage. This finding was confirmed by a participant who said: *'It feels nice as a nurse to do immunizations if mothers respect the return dates, and it is discouraging when mothers sometimes do not bring the children on the recommended dates because this seems like we are not doing our work, emphasizing that mothers must respect their return dates.'* [11] Vartika S. et al. study findings indicated that whole purpose of organizing VHND activities was getting defeated as it was just considered as an opportunity for completing the missed immunization for children and pregnant women. All across the study area CMOs, Medical Officers and ANMs had suggested the need of strengthening the cooperation from ICDS department for ensuring availability of supplementary nutrition, regular weighing of children and appropriate counselling of the parents. The presence of ANM should be taken as an opportunity by AWW to get the underweight/sick children examined by her for appropriate management. Rest of the services like sanitation and health education can also be strengthened by active and coordinated efforts by ANM, AWW, ASHA and pradhan of the village. [12]

## CONCLUSION:

This study has demonstrated that non-engagement with preventive health services is a multi-faceted problem and that different strategies are required to tackle its different components. Some of the solutions to the problem are relatively straightforward and within the traditional armory of primary care, others might be more appropriately tackled using outreach approaches. Outreach approaches, however, have been shown to be heterogeneous and need to be better matched to specific problems and theories of how non-engagement is generated, and tested for their impact on subsequent uptake of services. Dixon-Woods and colleagues' concept of candidacy offers a helpful lens through which to explore non-engagement but needs to more explicitly relate to how material and systems level drivers of service utilization operate to exclude disadvantaged groups.

**Conflict of Interest:** The authors have no conflicts of interest associated with the material presented in this paper.

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**Table 1:** Session sites where VHND observed (N=40)

Session site	Frequency (percentage)
Anganwadi	15 (37.5%)
Subcentre	9 (22.5%)
House on rent	6 (15%)
PHC	5 (12.5%)
School	3 (7.5%)
Community hall	2(5%)

**Table 2:** Difficulties usually faced at session site by FHW

Difficulties	Session sites where difficulties seen (percentage)
Insufficient logistics*	11 (27.5%)
Permanent Anganwadi not available/set up in rented house	6 (15%)
No recruitment of ASHA	5 (12.5%)
Difficulty in transportation of vaccines / commuting of health personnel	4 (10%)
No proper co-ordination with coworkers	4 (10%)
No formation of VHSC	1 (2.5%)
Unavailability of grant	1 (2.5%)

**Table 3:** Topics discussed in monthly joint review meeting at PHC (N=7)

Topics	No. of PHC where this topic is discussed (percentage)
Immunization	7 (100%)
MCH care services	7 (100%)
National programs (NVBDCP, RNTCP, etc.)	7 (100%)
Others (Grant utilization, completing reports, achieving targets, etc.)	5 (71.43%)

**Table 4:** Response from FHW to increase coverage and quality of VHND (n=40)

Response	No. of FHW who gave this response (%)
Workload should be decreased	16 (40%)
Grant should be sufficient	9 (22.5%)
Adolescent health services should be improved	6 (15%)
Co-operation from co-workers	4 (10%)
Co-operation from community	1 (2.5%)
Community meeting should be held frequently	1 (2.5%)
Co-ordination with VHSC	1 (2.5%)