Research Paper Engineering

Assessment of Functioning of Village Health And Sanitation Committees (Vhscs) Of Indore District

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ABSTRACT

Background: The NRHM framework of implementation mentions provision of VHSC in each revenue village that has to be formed within the overall framework of PRI. Objective: To review the current status of formation, Training and functioning of VHSCs in Indore district and mechanism of utilization of untied funds in these VHSCs. Materials and Methods: A Cross Sectional study was carried out in 32 villages, of four blocks of Indore district. Different stakeholders of VHSCs of these 32 villages were included purposively as study subjects. Data was collected using predesigned, pretested semi structured questionnaires and Checklist. 133 interviews of different stakeholders and 32 record reviews were carried out. The quantitative data collected by Interviews and record reviews was analyzed by SPSS software and qualitative data was analyzed manually using qualifier. Results: Significant association between knowledge and awareness about any aspect of VHSC and type of stakeholder has been observed. PRI members and SHG members have been found to be totally ignorant about many aspects of VHSC. No formal training has ever been imparted to the members of VHSCs regarding functioning of VHSC at village level. None of the functionary found aware of village health plan. Conclusion: The efficiency and impact of VHSCs have been found to be very limited.

KEYWORDS : VHSC, ASHA, PRI, SHG, BMO, DPM

INTRODUCTION: The NRHM framework of implementation mentions provision of VHSC in each revenue village that has to be formed within the overall framework of Gram Sabha with adequate representation of its members from disadvantaged and marginalized categories like women SC/ST/OBC/Minority communities[1]. VHSC is responsible for overall health of village. The roles and responsibilities assigned to VHSCs mainly include preparation of village health plan and village health register and organization of meetings and various health related activities like health camps, household survey, cleaning, sanitation drive, IEC activities etc. and creating awareness regarding National health programmes in the village. There is a provision of untied fund of Rs 10,000 for each VHSC every year to undertake these activities. Moreover this fund can also be utilized for providing referral and transport facilities for emergency deliveries as well as immediate financial needs for hospitalization for the villagers in need. The NRHM also ensures training and capacity building of members of VHSCs to carry out activities expected to them.

Formation of VHSCs was started in MP in 2007. In Indore district almost 89% VHSCs (487/552 villages) had already been formed at the time of commencement of this study. In MP PRI members and ASHAs have been assigned as Chairpersons and secretaries respectively in the VHSCs. No specific study on VHSC component of NRHM even after 3 years of its implementation has been undertaken in MP. Also limited studies and reports are available allover India on VHSC which do not give enough information and a clear depiction on the functional status of the VHSCs.

There is a need to ascertain whether there is appropriate understanding among the Members of VHSCs about their roles responsibilities in the Committee.

There is also a need to ascertain knowledge and awareness of different stakeholders of VHSCs regarding various aspects of VHSC viz. formation, Functioning, Training status and utilization of untied funds. Limited studies on operational aspects of VHSCs, their formation, functioning has necessitated the study on functioning of VHSCs in Indore district.

MATERIALS AND METHODS:

A cross sectional study was undertaken in 32 villages of all the four blocks of Indore district, from October 2010 to September 2011.

Sampling Design: Multistage

Selection of blocks and Villages with VHSCs:-

To give due representation to whole district, all the **4 blocks** were included in the study viz., Hatod, Depalpur, Manpur and Sanver.

2 PHCs were selected randomly from each block to cover more than 10% PHCs from each block. (Total **8 PHCs** from all 4 blocks)

From each selected PHC, 2 Sub centers were selected randomly. (Total **16 Sub centers** from 8 PHCs). 16 Sub Centers covers more than 10% Sub Centers of the district, as a total of 111Sub Centers were existing in the district at the time of commencement of study.

From each selected Sub center **2 villages** with existing VHSCs were purposively selected. 1 VHSC near (within 5 KMs) the Sub center or in the Sub center and 1 VHSC distant (5 Kms) from the Sub center were selected to include remote villages also in the study. So a total of **32 VHSCs** from all the 4 blocks were selected in the study.

Selection of Study subjects

DPM of Indore district and all the 4 BMOs were included in the study as they are involved in releasing fund to VHSCs and in the monitoring of VHSCs as higher authorities.

4 functionaries were selected from each selected VHSC. 1 Chairperson (PRI Member), 1 Secretary (ASHA), 1 ANM and 1 SHG member were purposively selected considering them as main stakeholder of VHSC

at grassroots level as informed by DPM in discussion. A total of 128 functionaries were Selected from all the 32 VHSCs i.e. 4 from each.

Total 133 study subjects were selected according to the sample designed.

Interviews and Record Reviews were used as study methods to collect data

Study Tools:-
Pre designed semi structured Pre Tested Questionnaires were used to interview DPM, BMOs and Functionaries of VHSCs

Checklist for record reviews
All the questionnaires were prepared taking into consideration the original guidelines issued by the Government of India (MOHFW) regarding constitution, and functioning of village health and sanitation committees under NRMH frame work of implementation. The guidelines of Government of Madhya Pradesh State were also considered. The checklist for record review was prepared from standard guidelines on records to be maintained at VHSC issued by Government of India (MOHFW).

Data Analysis: The data collected by interviews, and record reviews is both Qualitative and Quantitative in nature. Quantitative data generated through interviews and record reviews were analyzed using SPSS Software. Qualitative data was analyzed manually using qualitative Qualifier. Two tailed Chi-square Test with Yat's correction was applied wherever needed.

The data collected was analyzed separately for higher authorities and VHSC functionaries (members) owing to the difference in their jobs, education and socioeconomic status. This study particularly focuses on assessment of knowledge, awareness and opinion of different types of functionaries considered in the study as they are the main stakeholders in the VHSCs.

Qualifier used for Open ended questions.

Proportion of Respondents	Adjectives used
<10 % Functions of VHSCs stipulated in the guidelines	Very few
10-30 % Functions of VHSCs stipulated in the guidelines	Some
30-50 % Functions of VHSCs stipulated in the guidelines	Approximately half
51-70 % Functions of VHSCs stipulated in the guidelines	Majority/Over half
71-90 % Functions of VHSCs stipulated in the guidelines	Most
>90 % Functions of VHSCs stipulated in the guidelines	Almost all

RESULTS: In the present study 5 higher authorities (1 DPM and 4 BMOs) and 128 VHSC functionaries (members) of four different categories were interviewed. Among higher authorities, only 1 (20%) authority was known about correct percentage of women contribute in the formation of VHSC. All the 5 (100%) authorities were known about provision of training for VHSC members but none has undertaken any capacity building initiative for VHSC members in their blocks. All the 5 (100%) authorities mentioned that functioning of VHSCs is being undertaken through verbal instructions given to ASHAs and ANMs at their block level meetings. None of the authority was found to be aware of all the functions of VHSC stipulated in the guidelines. 3 (60%) higher authorities have been found to be aware of most of the functions of VHSC. Only 1 (20%) authority was correctly known about all the areas of utilization of untied fund stipulated in the guidelines. All the 5 (100%) authorities have opined that present amount being provided to VHSCs is not sufficient to carry out activities stipulated in the guidelines.

Among VHSC members (functionaries), 118 (92.18%) were females and 10 (7.82%) were males (n=128). 34 (26.56%) VHSC functionaries were Illiterates (n=128). These illiterates were either from the category of PRI members or SHG members. Maximum 52 (40.6%) members of VHSCs were from Other Backward Caste (OBC), 41 (32%) members were from Scheduled Caste (SC), 31 (24.2%) were from General and minimum 4 (3.12%) members have been found to be from Scheduled Tribe (ST) (n=128). [Table 1]

None of the SHG member and only 3 (9.3%) of all the PRI were known about NRHM and only 2 (6.2%) SHG members and 15 (46.8%) PRI were known about the concept of VHSC. A statistically significant association between knowledge about NRHM and concept of VHSC and type of stakeholder considered in the study has been observed as Knowledge about NRHM and *concept of VHSC have been found to be in minimum SHG members followed by PRI members. *(χ^2= 42.6, p=0.000). [Table 2]

None of the PRI member and SHG member received any guidelines for the formation of VHSCs. All the 32 (100%) ASHAs and ANMs and 21 (65.6%) PRI members have mentioned verbal instructions from block level authorities (BMOs, BEEs and BPMs) as the basis of formation of VHSCs in their areas. All the 32 (100%) SHG members were totally ignorant about formation process of VHSC and many of them came to know about their membership at the time of study. 23 (71.8%) ANMs and 21 (65.6%) ASHAs were known about at least half of the guidelines regarding formation of VHSC. None of the PRI member and SHG member were known about at least half of the guidelines regarding formation of VHSC. A statistically significant association between knowledge about formation of VHSC and type of member considered in the study has been observed. (χ^2= 67.3, p=0.000). Formal training specifically on VHSC has never been imparted to any member of any VHSC considered in the study, although all the 32 (100%) ASHAs ANMs have been found to receive verbal instructions regarding functioning of VHSC. All the 128 (100%) members have opined to undergo training to understand functioning of VHSCs. [Table 2]

None of the stakeholder has been found to be known about all the functions of VHSC. 30 (93.7%) of SHG members and 7 (21.8%) PRI members could not tell any function of VHSC. A statistically significant relation between knowledge on roles and responsibilities of VHSC and type of member considered in the study has been observed as knowledge about functions of VHSC have been found to be least among SHG members followed by PRI members. (χ^2= 85.5, p=0.000**).** None of the member was found to be aware of the term village health plan which is a specially mentioned activity in the guidelines of VHSC. None of the SHG member has been found aware of provision of monthly meeting for VHSCs. 46 (35.9%) of all the members have mentioned that monthly meeting is organized regularly in their respective VHSCs while 24 (18.7%) members mentioned that monthly meeting is not organized in their respective VHSCs. 58 (45.3%) of all members mentioned that they are not known whether meeting is organized or not in their respective VHSCs (n=128). All the 32 (100%) SHG members and 21 (65.6%) PRI members were ignorant about whether household survey is conducted by their committees or not. PRI and SHG members were not known about VHND. 32 (100%) SHG members and 25 (78.1%) PRI members were ignorant about whether records of birth and deaths are kept by their respective VHSCs or not. Public dialogue was not organized at any VHSC. [Table 3]

SHG members were totally ignorant regarding provision, amount and account holders of untied fund. 96 (75%) functionaries did not receive any written guideline for untied fund utilization and all these mentioned that they got verbal instructions from the concerned authorities to use untied fund. All these findings are statistically significant with respect to SHG members (p<o.o5). Cleanliness and environmental sanitation drives were the most common activities undertaken by all the 32 (100%) VHSCs in last year followed by Emergency Transportation of patients to Health facility including ANC case for delivery. [Table 4]

In record review only record of untied fund has been found available at all the 32 VHSCs.

DISCUSSION: The present study focuses on knowledge, awareness and perception of different types of stakeholders of VHSCs regarding various aspects of VHSC.

In present study, all the authorities, all the ANMs and 30 (93.7%) ASHAs have been found to be known about concept of VHSC. Similar findings were obtained in another study [3]

In the present study maximum members 40.6% were found to be from OBC. Study[3] reported 69% (maximum) members from OBC. Knowledge on formation of VHSC has been found in none of the PRI members and SHG members in present study in contrast to the finding of study[3] where knowledge on formation has been found to be in 50% SHG members and 16% of PRI members. Only 34.3% members have been found to be known about formation of VHSC in the present study. Another study[4] showed that only 39.5% members were known about the formation of VHSC. In the present study 76.5% members had not received any guidelines regarding formation of VHSCs. Other study[3] also reported none of the members received any guidelines regarding formation of VHSCs. 100% ASHAs and ANMs mentioned that they were verbally instructed by concerned authorities to form VHSCs in their areas. Study[3] found 50 % ASHAs and ANMs had mentioned verbal instructions from seniors as the basis of formation VHSCs in their areas. The present study shows that none of the member of VHSCs has been imparted any specific training on VHSC. Only ASHAs and ANMs have been found verbally instructed by BMOs, BPMs and BEEs of their respective blocks regarding functioning of VHSCs but none of the PRI member and SHG member have been given any training or instruction on functioning of VHSCs. Study[3] also observed that only ASHAs and ANMs were given training but none of the PRI member and SHG member was given any training on VHSC.

In the present study 100% respondents were having opinion of undergoing detail training on all aspects of VHSC to work properly in the committee. Study[3] also reported the same opinion from all the 100% respondents.

In the Present study 76.5% respondents were known about provision of untied fund for VHSC. Another study[5] also reported knowledge about provision of fund for VHSCs in 85.71% respondents. 93.7% of all SHG members in this study were found to be unaware about provision of untied fund for VHSCs. Another Study[3] reported 100% SHG members, unaware about provision of untied fund for VHSCs.

In the present 76.5% of all stakeholders of VHSCs considered in the study were found to be correctly known about amount of untied fund provided to VHSCs every year. Similar findings were revealed in Study[5]

76.5% of all members considered in the study were found to be known correctly about account holders of VHSC fund. Similar findings were obtained in another study[5]

52.3% members have been found to be aware about activities for utilization of untied fund. Another study[5] reported 41.6% members aware about utilization of untied fund.

CONCLUSION: The present study reveals that the efficiency and impact of VHSCs appears to be very limited. No capacity building initiative for the members of VHSCs have been undertaken so far by programme implementers. The functioning of VHSCs have been implemented through verbal instructions by the concerned authorities. It appears that Programme implementers (DPM and BMOs) themselves have not been clearly explained regarding programme guidelines. Significant association between type of stakeholder and knowledge on various aspects of VHSCs has been observed as PRI members and SHG members have been found to be totally ignorant about many aspects of VHSC.

The involvement of VHSC members in the activities laid down in VHSC guidelines has been found to be limited and negligible in context to SHG members and PRI members. ASHAs and ANMs also have inadequate knowledge about functions of VHSC and they have been found to be limited mainly to the function of sanitation.

There is no involvement of other members except ASHAs and PRI members in budget planning and subsequent expenditure and also members are not involved in budget tracking activities. SHG members are not even aware of provision and amount of annual grant provided to VHSCs.

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Table 1: Socio-demographic profile of Stakeholders of VHSCs

Sr. no.	Category	Stakeholders				
		Chairpersons (PRI Member) (n=32)	Secretaries (ASHAs) (n=32)	ANMs (n=32)	SHG Member (n=32)	Higher Authorities (DPM/ BMOs) (n=5)
1	MEAN AGE	Mean Age of Functionaries of VHSCs is found to be 39 years				Mean age 42 years
2	SEX					
	Males (%)	Among All functionaries 10 (7.81%) were males (n=128)				4 (80%)
	Females (%)	118 (92.81%) were females (n=128)				1 (5%)
3	EDUCATION					
	Illiterate	17 (53.1%)	Nil	Nil	17 (53.1%)	Nil
	1st- 5th (Primary)	4 (12.5%)	9 (28.1%)	Nil	5 (15.6%)	Nil
	6th- 8th (Middle)	2 (6.2%)	11 (34.3%)	Nil	7 (21.8%)	Nil
	9th-10th (High School)	2 (6.2%)	11 (34.3%)	Nil	2 (6.2%)	Nil
	11th -12th (High Sec.)	2 (6.2%)	1 (3.2%)	22 (68.7%)	1 (3.2%)	Nil
	Graduate	5 (15.6%)	Nil	6 (18.7%)	Nil	Nil
	Post graduate	Nil	Nil	4 (12.5%)	Nil	Nil
	Professionals	Nil	Nil	Nil	Nil	5 (100%)
4	CAST					
	ST	2 (6.2%)	1(3.1%)	0	1(3.1%)	Nil
	SC	7 (21.8%)	11(34.3%)	13(40.6%)	10(31.1%)	1 (20%)
	OBC	17 (53.1%)	11(34.3%)	7 (21.8%)	17(53.1%)	1 (20%)
	General	6 (18.7%)	9 (28.1%)	12 (37.5%)	4 (12.5%)	3 (60%)

Table 2: Knowledge awareness and perception of village level functionaries (members) of VHSCs regarding formation of VHSCs and situation existing regarding formation and training in these VHSCs.

Sr. no		Chairperson (PRI Member) (n=32)		Secretary (ASHAs) (n=32)		ANMs (n=32)		SHG Member (n=32)		Total (n=128)	
		No.	%	No	%	No	%	No	%	No	%
1	Know about NRHM	3	9.3	19	59.3	32	100	Nil	0	54	42.1
2	Know about Concept of VHSC	15	46.8	30	93.7	32	100	2	6.2	79	61.7
3	Received Guidelines for formation of VHSCs	0	Nil	6	18.7	24	75	0	Nil	30	23.4

4	Verbal instructions from authorities for the formation of VHSCs	21	65.6	32	100	32	100	0	Nil	85	66.4
5	Could not tell anything regarding basis of formation	11	34.3	0	Nil	0	Nil	32	100	43	33.5
6	Know at least half of the guidelines regarding formation of VHSC	0	Nil	21	65.6	23	71.8	0	Nil	44	34.3
7	Formal Training on VHSC Received	0	Nil	0	Nil	0	Nil	0	Nil	0	Nil
8	Training not Received	32	100	32	100	32	100	32	100	128	100
9	Any kind of instructions on VHSC functioning	0	Nil	32	100	32	100	0	Nil	64	50
10	Detail Training is needed	32	100	32	100	32	100	32	100	128	100

Table 3 Knowledge and Awareness of different stakeholders regarding roles and responsibilities of VHSCs. (n=32 in each group of stakeholders)

Sr. no	Knowledge Variable (on functions of VHSC)	Chairperson (PRI Member) (n=32)		Secretary (ASHAs) (n=32)		ANMs (n=32)		SHG Member (n=32)	
		No.	%	No.	%	No.	%	No.	%
1	Could tell almost all the functions stipulated in the guidelines	Nil	0	Nil	0	Nil	0	Nil	0
2	Could tell Most of the functions	Nil	0	22	68.7%	23	71.8%	Nil	0
3	Could tell half of the functions	5	15.6%	32	100%	32	100%	Nil	0
4	Could tell some functions	20	62.5%	32	100%	32	100%	2	6.25%
5	Could not tell any function	7	21.8%	Nil	0	Nil	0	30	93.7%
6	know about Village Health Plan	0	Nil	0	Nil	0	Nil	0	Nil
7	Know about provision of monthly meeting	19		32	100	32	100	0	Nil
8	committee organize monthly meeting	7		22		17		0	Nil
9	conduct household survey to identify health issues of the village	7		22		28		0	Nil
10	know about VHND	0	Nil	32	100	32	100	0	Nil
11	committee keep record of every birth and death of the village	7	21.8	30	93.7	32	100	0	Nil
12	Committee organize public dialogue	0	Nil	0	Nil	0	Nil	0	Nil

Table 4 Knowledge, Awareness and perception of functionaries about untied fund

Sr. no		Chairperson (PRI Member) (n=32)		Secretary (ASHAs) (n=32)		ANMs (n=32)		SHG Member (n=32)		Total (n=128)	
		No.	%	No	%	No	%	No	%	No	%
1	Know about provision of funds for VHSC	32	100	32	100	32	100	2	6.2	98	76.5
2	Know about amount of fund received by VHSC	32	100	32	100	32	100	2	6.2	98	76.5
3	Know about account holder for receiving untied grant of VHSC	32	100	32	100	32	100	2	6.2	98	76.5
4	Received Written guidelines to use fund	0	Nil	11	34.42	26	42.42	0	Nil	37	28.9
5	Received verbal instructions from some authorities regarding use of untied fund	32	100	32	100	32	100	0	Nil	96	75

6	Know at least half of the functions or activities as per the guidelines for which untied fund could be utilized	3	9.3	32	100	32	100	0	Nil	67	52.3
	Noticed some improvement after formation of VHSC in the village	17	53.1	27	84.3	21	65.6	0	Nil	65	50.7
	Opine that present amount is sufficient	0	Nil	0	Nil	0	Nil	0	Nil	0	Nil

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