Research Paper

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Knowledge of Members Regarding Village Health and Sanitation Committees (VHSC)

Medical Science

KEYWORDS : NRHM, Untied fund, VHSC.

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ABSTRACT

Introduction: Under NRHM, Village Health and sanitation committee (VHSC) formed at village level to undertake leadership by the community in Health and sanitation matters of the village. Untied fund of Rs. 10,000/- is given to VHSC in the joint account of Pradhan-Female health worker and Secretary- ASHA worker. Materials and Methods: A cross sectional study conducted during January-March 2012 in Rural Health Training Centre of the Shri M P Shah Govt. Medical College. Results: 59.5% members knew that Rs. 10,000/- given as untied fund under VHNSC. 62% members correctly knew that signatories of joint bank account are Female Health Worker (FHW) and ASHA. Knowledge regarding areas of fund utilization was quite low. Conclusion: Quite low knowledge of members regarding VHNSC and fund utilization shows there is need of training about VHNSC.

INTRODUCTION:

National Rural Health Mission envisages the community to take leadership at local level, related to health and its related issues. It will be possible only when the community is sufficiently empowered to take leadership in health matters. [1]VHSC committee is a facilitating body for village level development programmes relating to health and sanitation and reflects the aspirations of the local community. It has been decided to expand the role of Village Health & Sanitation Committee (VHSC) so as to include 'Nutrition' within its ambit with the active participation of Anganwadi Workers, ANMs and ASHAs. The Committee henceforth will be named as Village Health, Sanitation and Nutrition Committee (VHSNC). [2] The Village Health & Sanitation and Nutrition Committee (VHNSC), now renamed as Gram Sanjivani samiti, is a simple and effective management structure at the lowest level, comprising representatives from the village. This committee comprises of Panchayati Raj Institution representatives, ANM, Anganwadi worker, ASHA, Teachers, members of community based organizations, members of self help group, representatives from SC/ST/OBC communities, at least 30% representation from the Non-governmental sector. At least 50% members of the committee should be women. This committee would be formed at the level of the revenue village. [3] The chairperson would be a Female (Panchayat) member (preferably woman of SC/ST member) and the convener would be ASHA; where ASHA is not in position it could be the Anganwadi worker of the village. Under NRHM, there is provision of fund of Rs. 10,000 per year to the samiti. The fund shall be credited to a bank account, which will be operated with the joint signature of ASHA/Health Link Worker/Anganwadi Worker along with the President of the Gram Sanjivani samiti (Village Health & Sanitation Committee) /Pradhan of the Gram Panchayat. The VHSC shall maintain a register of funds received and expenditure incurred and relating it to the activities undertaken. The committee will maintain accounts and timely submit the utilization certificate and statement of expenditure for the money received to the Primary Health Centre.The committee will utilize the fund after taking resolution in the VHSC monthly meeting and also share the information, The fund can be utilized for village level activities such as cleanliness and sanitation drive, school health activities, building transport communication link for transferring the patient to health facilities, health awareness activities, house hold surveys, improving the facilities of the Anganwadi Centre, arranging all the essential instruments required in organizing Village Health & Nutrition Day in the village by the ANM and any other developmental activities for the village/community. [3] No study has been conducted about knowledge and utilisation of VHSC fund previously in Jamnagar. So, this study was conducted with following objectives.

OBJECTIVE:

To assess knowledge of VHSC members about Untied fund and its Utilization

MATERIALS AND METHODS:

This was a cross sectional study, conducted during January-March 2012 in 9 villages of Rural Health Training Centre of the M.P.Shah Govt. Medical College, Jamnagar. In each of selected village meeting of VHSC members were arranged and members were interviewed using pre-designed, semi structured, pre tested questionnaire. Oral consent of the members was taken.

RESULTS:

Each VHSC had total 11 members, thus totalling 99 members were there. But on the day of meeting all members did not attend the meeting and 45 members were present. So, interview of 45 members conducted. Members from PRI, education sectors did not attend the meeting.

As shown in table-1, 82% VHSC members knew that fund is provided by government, out of which 59.5% correctly knew the amount i.e. 10,000/year. Almost 69% members told that meeting were held in last 3 months. According to VHSC guidelines signatories of bank account are FHW and ASHA, 62.2% members correctly knew it. 58% told that decision regarding use of fund taken in VHSC meeting by consensus.

Table-1: Awareness of VHSC members about fund:

Knowledge about fund is provided by Government	Yes-37 (82.22%)
	No- 8 (17.8%)
Correct Knowledge about amount of fund,10,000/year (n=37)	Yes- 22 (59.5%)
	Don't know- 15 (40.54%)
Meeting held during past 3 months	Yes- 31 (68.9%)
	Don't know- 14 (31.11%)
knowledge about signatories of bank account	FHW+ ASHA/AWW- 28 (62.2%)
	FHW alone- 17 (37.8%)
Decision regarding use of fund	In VHSC meeting by consensus- 26 (57.80%)
	FHW alone- 15 (33.3%)
	Don't know- 4 (8.90%)

As shown in figure-1, almost 89% members told that fund can be utilized in purchase of medicines and minor repair of subcentre. Knowledge that VHSC fund can be utilized in preparation of village health plan was quite low. This indicates poor knowledge of VHSC members regarding areas of fund utilization.

Figure-1: Awareness of VHSC members about areas where fund can be utilized

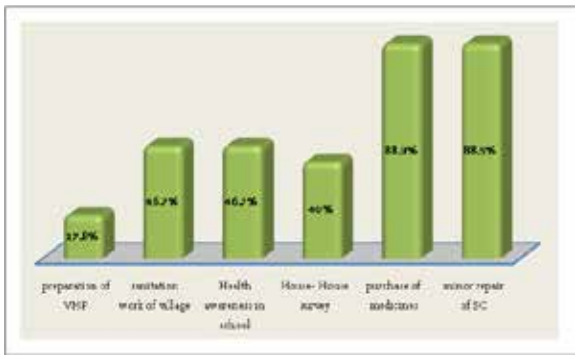

Table-2 shows that 20% members told that fund was inadequate, out of these almost 56% members told that amount of fund should be 16,000/- - 20,000/- rupees.

Table-2: Knowledge regarding adequacy about amount of fund

Adequacy of amount of fund	Yes - 25 (55.6%)	
	No - 9 (20%)	
	Did not answer - 11 (24.5%)	
If amount of fund inadequate then, amount should be	11,000/- - 15,000/-	2 (22.2%)
	16,000/- - 20,000/-	5 (55.6%)
	>20,000/-	2 (22.2%)

DISCUSSION:

VHSC fund is provided for the centre specific, need based activities that required small amount of money under NRHM. Present study shows that 82% VHSC members knew that fund is provided by government, out of which almost 60% members knew the correct amount i.e. 10,000/ year, which is little lower than study of Keshri VR [4]. About 70% members responded that meeting was held during last 3 months, whereas study of Keshri VR [4] shows almost 29% members responded that meeting was held once in last 3 months. Correct knowledge about signatories of bank account was 62% which is quite lower than study of Keshri VR [4]. Study at Tamilnadu shows that all members knew that fund was kept in a bank account jointly operated by VHN and Panchayat president. [5] Almost 58% members correctly knew that decision regarding use of fund taken in VHSC meeting by consensus, which was quite higher than the study of Keshri VR which shows only 8.3% members responded regarding it. In a present study 20% members told that fund was inadequate and almost 25% members did not answer , out of which majority told that fund should be of 16,000/- to 20,000/-. Study conducted at Indore shows that almost 70% ANMs told that fund was inadequate and majority i.e. 64% ANMs told that fund should be 16,000-20,000 rupees [6] and study conducted at Uttarpradesh shows that 12.50% members told that fund provided is not enough and 85.9% members cant say. [7]

In a present study, 89% members told that fund can be utilized in purchase of medicines and minor repair of sub-centre, whereas in a study conducted in Uttarpradesh [7] 14.06% members told that fund can be used for purchase of medicines, study at Indore shows that 85% ANMs told that Untied fund can be used in repair/maintenance of SHC building.

CONCLUSION:

Purpose and guidelines of utilization of fund was not clear to VHSC members. Therefore, fund was not utilized for its main purposes like for Village health plan, sanitation activity in the village. Average number of participating members was less because members from other sector such as PRI, education etc. usually did not attend meeting. So, there was lack of interest from other sectors.

RECOMMENDATION:

1. There is obvious need of detailed training on VHSC to the VHSC members.
2. Quality of the training needs to be enhanced and refresher training on Village Health Plan and other functioning aspects of the VHSC should be provided.
3. Encourage members of VHSC members to attend the meeting for improvement in health condition and sanitation for overall development of the village.

LIMITATIONS:

1. Study duration is less therefore large sample could not be collected.
2. No. of study villages could have been increased in order to ensure more generalization of the findings.

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