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ASSESSMENT OF VILLAGE HEALTH SANITATION AND NUTRITION COMMITTEE IN UTTAR PRADESH

Public Health

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ABSTRACT

The study examines the functionality of the Village Health Sanitation and Nutrition Committee (VHSNC) in the district Barabanki of Uttar Pradesh. The role of Panchayati Raj Institution's (PRI) and utilization of untied funds by the VHSNC is also assessed. The survey collected information from 20 VHSNC of Haidargarh block that were spread across six health sub-centre's. 100 VHSNC members were interviewed including 16 Accredited Social Health Activist (ASHA) who function as Member secretary of the VHSNC and 18 Gram Pradhan's who function as president of the Committee. Response of the community on the awareness and functioning of the VHSNC was also collected by randomly interviewing 200 households from the selected 20 VHSNC. Findings suggest that almost half of the community is unaware of VHSNC in their village. However, those who know about the presence of VHSNC in their village are appreciative of the kind of work that VHSNC does.

KEYWORDS

Village Health Sanitation and Nutrition Committee, Panchayati Raj Institution, Accredited Social Health Activist

INTRODUCTION

The Government of India launched the National Rural Health Mission (NRHM) in April 2005. The NRHM programmes which is now known as National Health Mission Programmes (NHM) had an important initiative in the name of Village Health Sanitation and Nutrition Committee (erstwhile Village Health and Sanitation Committee). The VHSNC is one amongst several initiatives under NRHM programmes and was launched with the objective of decentralized planning by empowering local people to achieve NRHM goal. VHSNC comprises of village level health workers, representative from Panchayat Raj Institution (PRI) and representatives of various NGOs as its functionaries. The role of VHSNC includes development of the village health plan, monitoring of health activities in the village and having a comprehensive understanding of health-related activities within the community. Untied fund is allocated to VHSNC for conducting various health activities including IEC, household survey, preparation of health register, organization of meetings at the village level etc.

Government of Uttar Pradesh through its notification dated 05.09.2007 provided necessary guidelines for constituting/ setting up the five-member Village Health and Sanitation Committee (VHSC) with Gram Pradhan as its president. The other four members of the VHSC include Auxiliary Nurse Midwife (ANM) /Basic Health Worker-Female (BHW-F), ASHA as member secretary, special invitee of the member of NGO/regional subject expert/ and member of the Village Health and Welfare Committee. The village health fund was created by providing untied fund of Rs. 10000/- by opening a Bank Account which is to be operated jointly by Gram Pradhan and ANM/BHW (F). The five broad activities on which the untied funds may be spent were delineated and these include; providing funds to the needy family of the village on easy EMI. Funds may be spent on village public health activities such as organizing (a) cleanliness campaigns, (b) health and wellbeing related activities including water and sewage disposal related activities, school health activities, Anganwadi related activities, & family surveys etc., (c) under extreme circumstances the funds can be used for the treatment of poor families or destitute women (d) for taking care of communities' nutrition, health, education, cleanliness, and environmental protection. The funds may be used only in such cases when the benefits accrue to more than one family in the village. The provision of voluntary contribution to VHSC funds were also kept open, so that community can donate money and funds augmented could be used for betterment and advancement of public health activities of the village. The responsibilities of the VHSC as envisaged were required to keep updated the village family survey register, the activities undertaken by the VSHC and details of funds spent in separate register that needs to be verified by the senior health officials. The regional panchayat committee has to review the work done by VHSC and to present the VHSC work before the NHM district implementation committee. District Program Management Unit (DPMU) is mandated to create the database of the activities of the VHSC. ASHA's are required to maintain and upkeep the various record register under the overall supervision of the ANM/BHW(F). GoUP through its Office Memorandum dated 22.07.2009 modified its earlier order dated 05.09.2007 and recommended incorporating the officials from the Gram Panchayat as member of the VHSC. The Ministry of Health & Family Welfare, Government of India through it executive order dated 25.07.2011 recommended the modification in the nomenclature of the VHSC and recommended the new name as VHSNC by expanding the roles and responsibilities of erstwhile VHSC. The State Health Department-GoUP proposed the name change of the VHSC as VHSNC through its office order dated 05.09.2011, which were to be implemented across UP through its office memorandum dated 20.04.2012 by augmenting the following roles and responsibilities under the VHSNC; (a) to create awareness in the community about nutritional health and the importance of healthy diet to remain nutritious, (b) to conduct a survey and keep record of the nutritional status and malnourished women and children in their area (c) to counsel and empower the community through the right knowledge on nutrition which is locally grounded and accepted besides spreading knowledge about the locally available nutritious fruits and food (d) assess the nutritional needs of the community and prepare the village health action plan with the help of ANM/AWW/ASHA/HV also if there are malnourished children in the village the reasons and to address the problem so that malnourishment can be tackled (e) ensure the community participation and support the monthly VHSND (f) provide necessary referral to the identified malnourished children by referring them to CHC/PHC/NRC (g) to provide supportive supervision and to monitor the activities of AWW so that it improve the nutritional status of the children (h) VHSNC to provide a forum to address the health and nutrition related problems.

Studies conducted in India to assess the functioning of the VHSNC were unanimous in complementing the States for their exemplary efforts in the constitution of VHSNCs in the States. However, studies also pointed out that the VHSNCs in some States are not functioning effectively/optimally. The Common Review Mission of the MoHFW-GOI went on to the extent saying, “VHSNCs uniformly lack clarity about their mandates”. This study built on some of these criticisms, attempted in understanding the VHSNC performance & operational challenges faced by its functionaries under the existing mechanism and also to suggest possible action points for further strengthening of the VHSNC in the State. The new guideline of 27.10.2017 envisages establishing VHSNC at each revenue village having population of more than 500. Barabanki district block Haidargarh had 21 ANMs and 203 ASHAs and 132 revenue village.

OBJECTIVES

The overall aim of the study was to analyze the current status of formation, empowerment, functioning and capacity of village health sanitation & nutrition committees in addressing the healthcare needs of the community as mandated under the National Health Mission programmes.

The specific objectives of the study were to analyze the;

- To study the role and various activities of the VHSNCs and their community involvement
- To study the utilization of VHSNC funds, the purpose & the community actions
- To study the study the training and monitoring/supportive supervision mechanism of VHSNCs
- To study the community awareness regarding the VHSNC activities/ work

SAMPLE SIZE & METHOD

The study used non-experimental descriptive survey design including rapid appraisal method. The structured questionnaires including both closed as-well-as open-ended questions were used to code responses. One questionnaire each was used for coding the response from Medical Officer In-charge (MoIC) of the Community Health Centre (CHC)-Haidargarh; 100 VHSNC members, and 200 households were reached to code community responses on VHSNC activities. The district Barabanki has 15 development blocks having 353 Sub Centre. Haidargarh block consisting of 26 Sub Centre and 132 revenue village was the farthest block of the district and therefore it was selected as the study area / sample.

There was total 89 VHSNC in the Haidergarh block. As first stage sampling out of 26-Sub Centre, 6-Sub Centre's were selected randomly. In the second stage out of total 29-VHSNC in the six Sub Centre areas, 20 VHSNC were selected randomly. From each selected VHSNC 5 members were interviewed. Thus, all-together 100 VHSNC members were interviewed to assess the functioning of the VHSNC in the Haidargarh block of Barabanki district. Off these 100 members 16 members were ANM/ASHA members functioning as member secretaries of the VHSNC and 18 members were president of the VHSNC. The remaining 65 were members of the VHSNC while two interviewed members worked in other-capacity of the VHSNC. To assess the community response to VHSNC action 200 households were selected randomly taking ten households each from the selected 20 VHSNC.

Findings & Discussions

The average family size was 4.3 in the Haidargarh block of Barabanki district. Off the 203-community member interviewed the almost all the respondents were head of the household. The mean age of the respondents was 38.5 years. The mean number of children per respondents was 2.16. This is indicative of the fact that fertility is on a decline though this is not the completed fertility experience of the respondents. Table 1 shows the educational attainment of the community members interviewed. Thirty four percent of the respondents were illiterate in the sample while thirty one percent of the respondents were educated up-to high school/intermediate. Five percent of the respondents were educated more than intermediate level. Forty two percent of the respondents were engaged in farming while another 16 percent were landless laborers. Thirty wife percent of the respondents were housewives. Those who were businessman, artisans and services sector employees were less than 1 percent. Student respondents were 1.5 percent while 2.46 percent didn't have any response on their occupational status. Caste was asked only in case of respondents being Hindu. Eighty eight percent of the respondents in the sample were Hindus while 11.33 percent were Muslims. Among Hindus 28 percent were Schedule caste (SC), 32 percent belonged to General caste while 40 percent were from other Backward castes (OBC). All the respondents were asked if they knew who the ASHA of their village is? 98.5 percent of them said they knew who the ASHA of their village is while 1.5 percent gave no response.

Table:1 Sample Characteristics: Respondents (community Members)

Educational Qualification	Freq.	Percent
Illiterate	70	34.48
Can read and write	3	1.48
Primary	23	11.33
Middle	34	16.75
SSC/HSC	63	31.03
12+	10	4.93
Respondents Occupation		
Farmer	86	42.36
Landless Laborer	33	16.26
Business	2	0.99
Artisan	1	0.49
Service	2	0.99
Housewife	71	34.98
Student	3	1.48
No Response	5	2.46
Religion		
Hindu	180	88.67
Muslim	23	11.33
Caste		
SC	51	25.12
General	57	28.08
OBC	72	35.47
Others	23	11.33
Respondent awareness about name of the ASHA of their village		
Aware: Yes	200	98.52
No Response	3	1.48
Total	203	100

As large proportion of the community members knew about ASHA, their knowledge was assessed regarding the kind of services provided by ASHA and is presented in table 2. Sixty seven percent of the respondents said that ASHA provide information on health-related programs, another 43 percent told they provided information on hygiene, 97 percent of the respondents said that ASHA to escort delivery cases to hospital for institutional delivery, 86 percent of the respondents told ASHAs distribute IFA tablets, 78 percent said they provide ORS/Zinc while 47 percent told that ASHAs provide DOT medicine. Eighty nine percent of the respondents told that ASHAs provide OCP/Condom while 91 percent said ASHAs provide HBNC services. About one percent of the respondents were of the view that ASHAs also provide immunization services.

Table 2 Respondents knowledge regarding services provided by ANM/ASHA (multiple responses)

Services given by ASHA	Freq.	Percent
Information on Health	136	67
Information on Hygiene	87	42.9
Escorting delivery cases	197	97
Giving IFA	174	85.7
Giving ORS/Zinc	158	77.8
Giving DOTS medicine	96	47.3
Giving OCP/Condom	181	89.2
Giving HBNC care	184	90.6
Giving Immunization	2	1.0

Respondent's knowledge about the VHSNC was assessed by asking them directly whether or not they know about VHSNC in their village. Almost half (50.25%) of the respondents knew about the existence of the VHSNC in their village, while another half (49.75%) were not aware of the VHSNC. Respondents who knew about existence of the VHSNC in their village were asked if they knew the place where the VHSNC meetings were held? Ninety-nine percent of the respondent knew about the place where VHSNC meeting takes place, while about one percent does not knew about the place where the meeting was held. Question was asked to those who know that the VHSNC existed in their village, regarding their participation/ attendance. Ninety six percent of the respondents said they participated in the meeting while about 1 percent did not. Another 3 percent of the respondents chose not to give any response. Respondents who attended the VHSNC meeting were asked to elaborate who all were present in the meeting. All the respondents said that ASHA, ANM and Pradhan attended the VHSNC meeting. Being a multiple response category, all the possible responses were sought. 90 percent of the respondents said that AWW also attended the VHSNC meeting. Eighty nine percent said that members of the gram panchayat also participated in the VHSNC meeting.

Respondents who attended the VHSNC meeting were asked if they could tell what all was discussed in the meeting. Being the multiple response category, all possible issues discussed were recorded. About 48 percent of the respondents said that how to keep the village clean dominated the discussion. About 25 percent of the respondents said that issues relating to water supply was next big issue that was

discussed in the VHSNC meeting. Discussion on reported diseases and their prevention in the village was said by 16 percent of the respondents. About 18 percent of the respondents said that how to keep drainage clear was also discussed. Benefits of use of toilets were discussed in the meeting and was said by 9 percent of the respondents. Nine percent of the respondents said discussions to keep surroundings clean besides the health problems that the village has was taken up. About five to six percent reported that the discussions on the overall development of the village and how to clear water logging was also taken up.

Respondents who knew about VHSNC were also asked if they were aware about any work that the committee has undertaken in the recent past to which 98 percent said that they are aware of the work done by the VHSNC. Respondent were also asked to provide the suggestions to improve the functioning of the VHSNC to which only 5 percent responded. Among those who agreed to provide suggestions said that there should be a dedicated meeting place with seating provision to accommodate everyone willing to participate in the meeting.

Question was asked to the respondent regarding. whether or not the ANM/ASHA visits the village for the purpose of immunization etc. Hundred percent of the respondents told that ANM makes regular village visit for the immunization. About 98.5 percent told that ASHA accompany ANM during such village visits. Seventy two percent of the respondents told that apart from providing immunization and health checkups to pregnant mother, ANM/ASHA also conduct meeting/discussions with village women community members regarding how to maintain proper health and hygiene among themselves. Respondents were asked a direct question whether or not ANM/ASHA conducted regular meeting of the VHSNC and Pradhan is also present? 51.7 percent of the respondents said that yeas they conduct regular meetings. Respondents were once again quizzed to suggest ways to spread awareness about the presence of VHSNC in their village and the response was similar to what they gave earlier, i.e., regarding availability of dedicated seating place for meeting.

The background characteristics of the members of VHSNC in the sample, in Haidargarh block of district Barabanki, Uttar Pradesh is discussed below. Off the 101 members interviewed 18 were VHSNC presidents or the Pradhans, 16 were ASHAs as member secretary of the VHSNC, 65 were members to the committee and 2 interviewed members worked in other capacity i.e member of the civil society.

The mean age of the VHSNC committee members was 41 years with 95 percent confidence interval of 38.7 to 43.1 years. About 16 percent of the members were illiterate while 31 percent of the members were either educated up-to primary or upper primary level, 18 percent were educated up-to high school level while 16 percent of the members were educated up-to intermediate level. Eighteen percent of the members got educated upto graduation, while about one percent were educated up-to post graduate level. Ninety five percent of the members were Hindus and the remaining members were Muslims. Thirty six percent belong to Schedule caste category while OBC and General caste category members accounted for 32 percent each. Thirty seven percent of the members had two or less children. Thirty one percent had three children while the reaming thirty two percent of the members had 4 or more children. Members were asked to report how many members or the active members are there in VHSNC committee? Five percent of the members told there are 5 members, ten percent told there are 6 active members, thirty percent of the members told there are 7 or eight members another 10 percent told there are nine active members, five percent said there are ten members in the committee, while ten percent said there are 12 active members in the committee. This reflects varying degree of responses provided regarding the correct number of members in the VHSNC committee, among the members themselves and is reflection on their knowledge about the scheme. Ninety one percent of the members were into the committee since past more than two to three years. Five percent of them were members of the committee since past one year. Three percent were members of the committee since past less than a year, while about one percent was members since more than five years.

Members of the VHSNC were asked to provide the details regarding the trainings provided to them and details on the related quality parameters associated with VHSNC training. All the interviewed VHSNC members had attended the training and large proportion (91.0%) of them attended at-least two trainings. Five percent of the members said they attended 20 or more training sessions up-till now. Eighty two percent of the members who attended the training said the place of training was good while another 18 percent said it was satisfactory. Teaching learning methodology involved teaching aids and training was participatory & not just the lectures all day long.

Ninety eight percent of the members said that refreshments/lunch was given during the training and among them seventy two percent said it was edible while other 28 percent of the members responded that the refreshments/lunch was of good quality. All the members received remuneration after the training. Eighty nine percent of the members said they got Rs. 400 while seven percent didn't have any response. Three percent said they got Rs. 1000 while 2 percent of the members said they got Rs. 4000. Sixty eight percent of the respondents rated the training as good while 31 percent rated the training as better. One percent didn't rate the training. Ninety nine percent of the members said that they received information on the Untied funds and ninety eight percent of them told the correct amount which is Rs. 10000/-. About two percent of the member who said that the information was given about untied funds in the training, could not give any response when probed how much untied fund actually gets allocated to VHSNC. Seventy six percent of the member of the committee said that the various head on which the untied funds could be used were explained in the training, while 24 percent of the members said it was not explained. Almost all the members responded correctly when asked about the frequency of VHSNC meetings which they answered as monthly.

Members of the VHSNC committee were asked to provides the details of the training attended by the members of VHSNC in the year 2017-18. Twenty seven percent of the members attended all the 12 meetings. Those who attended a smaller number of meetings (<12) in the FY 2017-18 were asked to provide the reasons for not attending all the 12 meetings. Fifty two percent responded being busy with other NHM work while thirty-one percent said that they were outstation. Smaller percentage were either busy in training or have joined recently besides not being well. Large proportion of the VHSNC members however kept VHSNC meeting as their first priority amongst the list of work they supposed to carry out. Almost all the members (98 percent) said that VHSNC is useful for the development of the village and it's not a waste of money. Large proportions of the member feel VHSNC provides a platform to discuss and resolve health, sanitation, and nutrition related problems locally.

Question was asked to provide the details of the visible positive impact seen in the community in respect of the VHSNC work. Large proportions of members were of the opinion that VHSNC has led to speedy redressal of health and sanitation issues of the community. Beside toilets being build and regular bleaching of the drainages were another positive impact of the VHSNC training. VHSNC has also led to the increased awareness among villagers to keep their surroundings cleans

At the time of the survey, training of ASHAs were being conducted. There was a shift in the way the VHSNC accounts were to be operated as the local ASHAs were made the member secretary. ASHA now can operate the VHSNC account jointly with the President of the VHSNC. Though the capacities of ASHA were being built, all the VHSNC bank accounts were not operational with ASHA as member-secretary. Some of the VHSNC accounts were still operational with ANMs name. It is for this reason that he VHSNC of all the visited VHSNC could not be verified to understand how the untied funds record keeping and unitization were maintained.

CONCLUSION

Providing VHSNC for every revenue village with population of 500+ is an excellent policy decision. ASHAs being made a member secretary of the VHSNC is a step in a right direction for providing impetus to the bottom-up, decentralized approach of health care service delivery and planning under the umbrella of the National Health Mission programs. However, the processes of opening of the bank account jointly along with the village Pradhan needs to be speeded up. The capacity building of ASHA in utilization of the untied funds, maintenance of record registers, fixing meeting-agenda, maintenance of minutes, action taken reports, cash-book updation, and maintenance of bill vouchers besides how to organize the monthly meeting should be done at the continuum so that the creation of VHSNC at the level of Revenue Village serves the very purpose for which it is envisaged.

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