ORIGINAL ARITICLE

Assessment of village health sanitation and nutrition committee under NRHM in Nainital district of Uttarakhand

Semwal V[1], Jha SK[2], Rawat CMS[3], Kumar S[4], Kaur A[5]

1, 4 Junior Resident, 2 Associate Professor, 3 Professor, 5 Assistant Professor, Department of Community Medicine, Government Medical College Haldwani, Nainital, Uttarakhand

Abstract | Introduction | Methods | Result | Conclusion | References | Citation

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Address for Correspondence: Vandana Semwal, Junior Resident, Department of Community Medicine, Government Medical College Haldwani, Nainital, Uttarakhand
E Mail ID: drvandanasemwal@gmail.com

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Abstract

Background: The Village Health Sanitation and Nutrition Committee (VHSNC) is one of the major initiatives under National Rural Health Mission (NRHM) to decentralize and empower local people to achieve NRHM goal. Limited studies have been conducted to assess the VHSNC in India. **Objective:** To assess the composition of VHSNC and find out the deviations, if any, from the prescribed framework of guidelines, awareness of VHSNC members about their roles and to assess the functioning of VHSNC**. Methodology:** The cross-sectional study was carried out from July 2012 to June 2013 in two selected blocks (out of eight) in Nainital district of Uttarakhand. A total of 18 VHSNCs were studied, nine from Haldwani and nine from Bhimtal covering 48 revenue villages, 31 in Haldwani and 17 in Bhimtal block respectively. Out of 139 members in 18 VHSNC, 110 members were interviewed. **Results:** Mean age of the study subjects was 39.01 ± 8.5 years. Out of the 110 members studied maximum 73 (66.4 %) were female and 37 (33.6%) were males. Maximum subjects, 35 (32.8%) were qualified up to intermediate followed by 29 (26.4%) graduates. Maximum 78 (70.9%) participants belonged to Others (General) category, 30 (27.3%) belonged to scheduled caste and only two (1.8%) belonged to OBC category. There were no subjects belonging to scheduled tribe. Out of the 110 members interviewed there were 18 (16.4%) Gram Pradhans, 10 (9.1%) Female Health Workers, 20 (18.2%) ASHAs and 15(13.6%) Anganwadi Workers. There was very low awareness among the members about role of the committee. Maximum, 93 responses were for cleaning village environment which were given by all 18 Gram Pradhans, 16 ASHAs and ward members.

Key Words

Village Health Sanitation and Nutrition Committee; NRHM

Introduction

An estimated 2.5 billion people (more than 35% of the world's population) lack access to adequate sanitation.(1) Water, sanitation and hygiene has the potential to prevent at least 9.1% of the global disease burden and 6.3% of all deaths.(2) The state of water, sanitation and hygiene reflects the health of a nation and this is particularly relevant in a country like India where 68.84% of the population resides in rural areas.(3) The definition of primary health care embodied terms such as "self reliance" and "self determination" and full participation of the community was considered among the prerequisites of the approach. Participation of

people in the planning and implementation process was considered both as a right and a duty.(4)

The Government of India launched the National Rural Health Mission (NRHM) in April 2005.(5) The Village Health Sanitation and Nutrition Committee (VHSNC, earlier known as Village Health and Sanitation Committee) is one of the major initiatives under NRHM to decentralize and empower local people to achieve NRHM goal. VHSNC comprises of village level health workers, representative from Panchayat Raj Institution (PRI) and representatives of various CBO including groups who are marginalised.(6) The roles of VHSNC include development of the village health plan, monitoring of health activities in the village and having a comprehensive understanding of health related activities. Untied fund is also made available to VHSNC for various health activities including IEC, household survey, preparation of health register, organization of meetings at the village level etc.

Uttarakhand is one of the states where NRHM is currently operational since October 27th, 2005 but the VHSNCs came into existence on 25th of February 2009. Under the NRHM implementation framework, the VHSNCs have been constituted in all the villages and are being provided with an untied fund of 10,000 rupees. There are 15431 VHSNCS operational in Uttarakhand with 15431 operational joint accounts.(7) The available reports do not give enough information and a clear depiction on the functional status of the VHSNCs.

Limited studies had been conducted to assess the VHSNC in India. Earlier studies conducted to assess VHSNC indicated that formation of committees and fund utilization was not according to guidelines and there were irregularities in conduction of meetings.(8) In one study most of the members were neither aware about their membership in VHSNC nor about the use of Village Health Fund (VHF).(9) Another study revealed that some states did not have bank accounts.(9,10) However, there have been some studies that show effective functioning of VHSNCs.(10,11)

Aims & Objectives

With this background the present study was planned in Nainital district to assess the composition of VHSNCs and find out the deviations, if any, from the prescribed framework of guidelines, awareness of VHSNC members about their roles and to assess the functioning of VHSNCs.

Methods

The cross-sectional study was carried out from July 2012 to June 2013 in two selected blocks out of eight in Nainital district of Uttarakhand. The study district and blocks were purposively selected. Bhimtal block from hilly area and Haldwani block from plain area were selected to represent the entire district as the district comprises of hilly and plain zones. Motahaldu PHC from Haldwani block and Bhimtal PHC from Bhimtal block were randomly selected. From each PHC, three sub-centres were selected and from each sub-centre three VHSNCs were selected. Thus a total of 18 VHSNCs were studied, nine from Haldwani and nine from Bhimtal covering 48 revenue villages, 31 in Haldwani block and 17 in Bhimtal block respectively.

The respondents of the study included all the members of the VHSNCs including Gram Pradhans (GP) as chairman, FHW (Female Health Worker), ASHA workers (Accredited Social Health Activist), PRI members (Panchayati Raj Institutions), AWW (Aangan Wadi Workers), Gram Panchayat Adhikari (GPA), Line men (Jal Vibhag) , teachers and NGO representatives. The chairpersons of all

18 VHSNCs were contacted and a list of members along with their addresses and phone numbers in their respective committees was taken. Each of the enlisted members was then individually tracked in their villages and interviews were conducted. A total of 110 members out of 139 were interviewed. The remaining 29 members were unavailable even after 4 visits and were thus excluded from the study.

Due permission was obtained from the institutional ethics committee. A verbal informed consent was taken from the participants. For primary data collection, tools were developed, pre-tested, and administered to the subjects. Techniques used to collect the data were interview using semi-structured schedules. The secondary data was collected using a separate check list that included observation of records maintained at VHSNC. Data was analyzed using SPSS v 20.

Result

Mean age of the study subjects was 39.01 ± 8.5 years. Table 1 shows that out of the 110 members studied, maximum 73 (66.4 %) were female and 37 (33.6%) were males. Maximum subjects, 35 (31.8%) were qualified up to intermediate followed by 29 (26.4%) graduates. Sixteen members (14.5%) were postgraduates while eight (7.3%) had studied up to 8th standard. Out of the 110 study subjects, maximum 78 (70.9%) belonged to others (general) category, 30 (27.3%) belonged to scheduled caste. Only two (1.8%) belonged to OBC category. There were no subjects belonging to scheduled tribe.

Out of the 110 members interviewed, there were 18 (16.4%) Gram Pradhans, 10 (9.1%) FHW, 20 (18.2%) ASHAs and 15 (13.6%) AWWs. Twenty one (19.1%) ward members, 7(6.4%) Self Help Group Members and one (0.9%) member from Mahila Samakhya Group were also studied. Out of the Government officials interviewed, nine (8.2%) were Gram Panchayat Adhikaris along with four (3.6%) teachers from education department and five (4.5%) line men from water department (Jal Vibhag) (Table 1)

Table 2 shows response of VHSNC members regarding their roles. Out of 110 participants only 93 responded by giving multiple responses. Maximum 93 responses were for cleaning village environment which were given by all 18 Gram Pradhans, 16 ASHAs and ward members, 12 AWWs, nine FHWs and Gram Panchayat Adhikaris, five members of Self Help Group, four members of the Jal Vibhag , three teachers and one member of the Mahila Samakhya Group.

Thirty six responses were for arrangement of clean water which were given by 10 Gram Pradhans, eight ASHAs, five Gram Panchayat Adhikaris, four AWWs and ward members, two FHW, two members from the Jal Vibhag and one member of Mahila Samakhya Group. Least response (one) was for ensuring that there is no maternal or child death and that response was given by one ASHA worker (Table 2).

Table 3 shows that last meeting was held in the year 2013 in only eight of the VHSNC while 7 VHSNCs held their last meetings in 2012. In one VHSNC the last meeting was held in the year 2009 and no records were found in two VHSNCs.

For activities of VHSNCs, only 43 participants responded with multiple responses out of 110 participants. Out of 87 responses, 23 were for cutting shrubs and this response was given by 11 Gram Pradhans, seven ward members and one FHW, one ASHA, one AWW, one Self Help Group member and one Gram Panchayat Adhikari. Twenty two responses were for cleaning of tanks and it was given by 10 Gram Pradhans, four ward members, two FHWs, two Gram Panchayat Adhikaris, one AWW, one

ASHA, one Self Help Group member and one teacher. Least responses were for toilets being repaired and procurement of First Aid Kit and both these responses were given by Gram Pradhans (Table 4).

Discussion

Mean age of the study subjects was 39.01 ± 8.5 years. This finding is similar to the findings of Pandey & Singh (2011) who reported that for the female respondents, mean age was 34 ± 9.9 years and for the males, the mean age was 39 ± 5.1 years.12 NRHM guideline calls for 50% representation by females in each VHSNC, this seems to have been followed in district Nainital as the present study reported 61.9 % of the members to be women (Table 1). Pandey & Singh (2011) found similar results that women constituted 64% of the VHSNCs in the 50 districts studied in Rajasthan.(12) Recommended participation of female members has also been reported by other studies.(13,14,15) In the present study the maximum members (70.5%) belonged to others (general) category (Table 1). This finding is in contrast to Pandey & Singh (2011) who found that around 27% of the members were SCs, 28% were STs, 21% were other castes and 24% belonged to the other backward castes (OBCs).12 Singh & Purohit (2010) reported that all the VHSNCs fulfilled the guidelines for inclusion of SC/ ST/ OBC.(13) Mohan HL et al (2012) found the representation of scheduled caste and scheduled tribe representatives among the non-functionary females has increased from 40% to 44%.(16)

In the present study all VHSNCs were represented by Gram Pradhan, ASHA, AWW, FHW, Ward members and GPA but the presence of members from Jal Vibhag, Self Help Group, MSG and teachers was very low (Table 1). NRHM guidelines state that 30% of the members should be from an NGO and due representation should be given to women from SHG or other such organisations, VHSNCs in district Nainital seem to be lacking in this area. The findings of this study are also similar to those of Singh & Purohit (2010) who reported in their study that none of the VHSNC had school teacher as its member, only 4 had retired persons, 13 had AWW's, only 2 VHSNCs had ASHA workers, only 1 with representation from SHG and ex-servicemen and only 4 with NGO representatives.(13) Karpagam S. (2012) found that the constitution of VHSNCs in terms of its members from various areas did not conform to the NRHM guidelines.(14)

In the present study it was observed that all the members were of the view that cleaning the village environment was the primary role of the VHSNC. There were 36 responses for arranging clean water and 14 for helping destitute women. Very few members were aware about the other functions of VHSNC such as making Village Health plan (VHP), celebrating Health Day or maintaining VHR, (Table 2). Similarly Pandey & Singh (2011) reported that maximum members thought that raising health awareness was the VHSNC's key responsibility, preparing VHP was added only after probing.(12)

Karpagam S. (2012) reported that the members mentioned a number of health and sanitation related activities but there was no mention of important roles like generating awareness about available health services, developing VHP, maintaining VHR and health information board, informing the health authorities of key health and nutrition issues or preparing Village health report Card.(14)

In the present study, it was found that meetings were organised irregularly, last meeting being in the year 2013 in only eight VHSNCs followed by last meeting in 2012 in 7 VHSNC. In one VHSNC there had been no meeting since the year 2009. In two VHSNCs there were no records of any meeting (Table

3). Pandey & Singh (2011) reported that around 61% of ASHAs, 53% of the community members and 41% of PRI members reported having a VHSNC meeting every month, whereas 37% of ASHAs, 44% of community members and 59% of PRI members reported that meetings took place on MCHN Day.(12) Public Health Resource Network assessment of VHSNC (2008) Chhattisgarh field study and Orissa field study too suggests that meetings were held occasionally.(9)

The present study revealed that 69 (62.7%) members acknowledged that they had no knowledge of the activities that had been carried out since the last meeting, 37.3% affirmed that some activities had been done by the committee (Table 4). Most of the members affirmed that cutting of shrubs was done. These findings are corroborated by Public Health Resource Network assessment of VHSNC (2008) in Chhattisgarh field study which found that none of the respondents were clear about the activities that were undertaken by the committee in the past one year,9 while an Assessment of VHSNC by State Health Resource Centre, Chhattisgarh (2013) reported that 74% of VHSNCs were carrying out village health planning.(15)

Conclusion

The composition of the VHSNC in terms of female representation was as per guidelines in all the VHSNCs studied, but adequate representation by members of SHG and NGOs was not present. Similarly the representation from education department and Jal Vibhag was not found as per the guidelines. Meetings were held rarely and irregularly. Very few members knew about the Village Health Plan and its importance in the development of the community and none of the VHSNCs studied were involved in making the VHP. Knowledge about the activities on Village health day was found to be lacking in most of the members.

Recommendation

The paucity of knowledge has been a barrier to develop the best strategy to overcome the drawbacks of VHSNC. However, new research initiatives with bigger sample size are solicited to validate the outcome of the study.

References

1. World Health Organization and UNICEF. Progress on Drinking Water and Sanitation: 2013 Update. United States: WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation; 2013.
2. Pruss-Ustun A, Bos R, Gore F, Bartram J. Safer water, better health: costs, benefits and sustainability of interventions to protect and promote health. World Health Organization, Geneva, 2008.
3. Govt. of India (2012), Census 2011, Provisional Population Report, Office of the Registrar General and Census Commissioner India, Ministry of Home Affairs, March 31st, 2011.
4. Mehtap Tatar. Community Participation in Health Care: The Turkish Case. Soc. Sci. Med. 1996; Vol. 42(11):1493-1500.
5. National Rural Health Mission 2005-2012. Mission document. (Last accessed on August 2nd 2013). Available from: http://www.mohfw.nic.in/NRHM/Documents/Mission_Document.pdf
6. NRHM Framework for Implementation 2005–2012: (Last accessed on August 2nd 2013). Available from: http://www.mohfw.nic.in.
7. NRHM facility center. Statewise Progress under NRHM Status as on 30.06.2012: Published on September 25th, 2012.
8. An assessment of utilization of untied fund provided under NRHM in UP, 2008–09 by National Institute of Family Welfare New Delhi. Available from http:www.mohfw.nic.in.
9. Prasad V. An Assessment of the status of VHSNCs in Bihar, Chhattisgarh, Jharkhand and Orissa in March 2008. Public Health Resource Network: (Last accessed August 2nd 2013). Available from: www.shsrc.org.
10. NHRM's Common Review Mission 2nd, 2008: (Last accessed August 2nd 2013). Available from: http://www.mohfw.nic.in
11. Why some water and sanitation committees are better than others. A study in Karnataka and Utter Pradesh Water and sanitation program, South Asia: (Last accessed August

2nd 2013). Available from: http://www.wsp.org.
12. Pandey A, Singh V. Tied, Untied fund? Assessment of Village Health Sanitation and Nutrition Committee, involvement in utilization of untied fund in Rajasthan, CHEERS Rajasthan.(Last accessed on 2013 29th July). Available from: http://www.chsj.org.
13. Singh R, Purohit B. Limitations in the functioning of Village Health Sanitation and Nutrition Committees in a North Western State in India. Int J Med. Public Health. 2012 ;Vol. 2(3):39-46.
14. Karpagam S. An exploratory study of VHSNC and ARS functioning. Karnataka; Karnataka State Health System Resource Centre. Bangalore: March 2012.
15. Village Health Sanitation and Nutrition Committees (VHSNCs) in Chhattisgarh: An Assessment. State Health Resource Centre. Raipur: Chhattisgarh; July 2013.
16. Mohan HL et al. Village Health Sanitation and Nutrition Committees: evaluation of a capacity-building intervention in Bagalkot and Koppal districts of Northern Karnataka. BMC Proceedings 2012, 6 (Suppl 5):O2

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Tables

TABLE 1: BASELINE CHARACTERISTICS OF THE PARTICIPANTS (N=110)

Characteristics		Frequency	Percent
Sex	Female	73	66.4
	Male	37	33.6
Education	Post Graduate	16	14.5
	Graduate	29	26.4
	Intermediate	35	31.8
	High School	22	20.0
	8th Pass	08	7.3
Caste	Others	78	70.9
	OBC	02	1.8
	SC	30	27.3
Designation	Gram Pradhan	18	16.4
	FHW	10	9.1
	ASHA	20	18.2
	AWW	15	13.6
	Ward Member	21	19.1
	SHG	07	6.4
	GPA	09	8.2
	Line Man (Jal Vibhag)	05	4.5
	Teacher	04	3.6
	MSG	01	0.9

TABLE 2: RESPONSE OF VHSNC MEMBERS REGARDING THEIR ROLES (N=93) *

	Designation (no. of members responded)	Total	% of responses

Roles of VHSNC	GP (18)	FHW (9)	ASHA (16)	AWW (12)	WM (16)	SHG (5)	GPA (9)	JV (4)	Teacher (3)	MSG (1)	(93)	
Create awareness on Sanitation	2	0	2	0	1	0	0	0	0	0	5	3.0
Ensure there is no Maternal /child death	0	0	1	0	0	0	0	0	0	0	1	0.6
Ensure immunization is proper	1	0	1	0	0	0	0	0	0	0	2	1.2
Ensure supplementary food	3	3	2	0	0	0	0	0	0	0	8	4.9
Arrange clean drinking Water	10	2	8	4	4	0	5	2	0	1	36	22
Clean village Environment	18	9	16	12	16	5	9	4	3	1	93	56.7
Prevent epidemic	0	0	2	0	0	0	0	0	0	0	2	1.2
Help destitute women	4	3	4	2	0	0	1	0	0	0	14	8.5
Create awareness on Health Schemes	1	1	1	0	0	0	0	0	0	0	3	1.8
Total responses *Multiple Response Table											164	100

TABLE 3: YEAR OF LAST MEETING HELD IN VARIOUS VHSNCS

VHSNC	Year of last meeting
1	No record found
2	2012
3	2013
4	2012
5	2012
6	2012
7	No record found
8	2012
9	2009
10	2013
11	2012
12	2013
13	2013
14	2013
15	2013
16	2013
17	2013
18	2012

TABLE 4: THE ACTIVITIES PERFORMED BY VHSNC IN THE PAST YEAR (N=41)*

Activities	Designation (no. of members responded)									Total (41)	% of responses
	GP (17)	FHW (3)	ASHA (3)	AWW (1)	CM (8)	SHG (1)	GPA (6)	WD (1)	Teacher (1)		
Cleaning & chlorinating tanks	10	2	1	1	4	1	2	0	1	22	25.3
Cutting shrubs	11	1	1	1	7	1	1	0	0	23	26.4
Constructing water tank	2	1	1	0	0	0	1	1	0	6	6.9
Cleaning drains	7	1	1	1	2	1	1	0	1	15	17.2
Maintaining roads	1	0	0	0	1	0	1	0	0	3	3.4
Repairing toilets	1	0	0	0	0	0	0	0	0	1	1.1
Purchasing First aid kit	1	0	0	0	0	0	0	0	0	1	1.1
Purchasing water filter	0	0	0	0	0	0	2	0	0	2	2.3
Spraying DDT	2	0	1	0	0	0	2	0	0	5	5.7
Distributing phenyl bottles	5	0	0	0	3	0	1	0	0	9	10.3
Total responses *Multiple Response Table										87	100