

A study of community participation in CHW led VHSNCs in the state of Chhattisgarh

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Introduction:

In order to strengthen community participation in health, along with the ASHA programme, the Village Health, Sanitation and Nutrition Committees (VHSNC) are a key component being promoted under NHM. The objectives of VHSNC as defined by the state guidelines are:

1. Monitor health and healthcare services at the village/community level
2. Preparing and executing Village health plans to address local health gaps through collective action
3. Promoting involvement of PRIs in health
4. Raising community awareness on health and Govt. programmes
5. Utilizing Untied Grant transparently for addressing health needs of the village.

In Chhattisgarh, efforts to promote this community based institution were started in year 2007. Around 19,180 VHSNCs exist across the state now. The VHSNCs thus have completed around 14 years of being in existence. It was therefore timely to evaluate the performance of VHSNCs in meeting their objectives.

Objectives of the Study:

- A) To find out the aspects in which VHSNCs are performing well and to identify areas where there is scope for further improvement
- B) To find out the performance of VHSNCs in utilization of Untied Grant
- C) To recommend steps needed for improving effectiveness of VHSNCs in meeting their objectives

Methodology:

Sampling: All 146 blocks from 33 districts of the state have been considered for this study. 5 VHSNCs from each Block so a total 730 VHSNCs have been considered for this study. In each block, 5 VHSNCs have been selected on the basis of simple random sampling method.

Interview Questionnaire: A questionnaire was prepared to gather the required information.

Respondents: One of the Mitanins of the revenue village act as the convener of the VHSNC for a term of 5 years. The convener Mitanin keeps all the records and plays the secretarial role for this committee. So the convener Mitanin was considered as the respondent for this study.

Major Findings:

1. Functionality of VHSNC

1.1 Wall writing on VHSNC: In 76% villages, wall writing on VHSNC's meeting day, time and place was found. 90% villages had VHSNC members name written in wall. 86% villages found with wall writing of name and designation (name plate) of members in their house. Expenditure details displayed in only 47% villages. 96% villages found with hamlet level committee and in 93% villages had hamlet level information register (*suchna panji*).

Particular	No. of VHSNC (n=668)	Percentage
Wall writing on VHSNC's meeting day, time and place	509	76
Wall writing of VHSNC's members name	599	90
Wall writing of name and designation of member in their home	575	86
Display of expenditure details of VHSNCs	316	47
Formation of hamlet level committee	640	96
Keeping information register at hamlet level	621	93

1.2 Gender composition of VHSNC: 69% of the VHSNC membership is of women. Percentage of female members in the committee has increased over last 9 years.

Particular	In present study		In 2012 (%)
	Total Members (n=12391)	Percentage	
Female	8561	69	56
Male	3830	31	44

1.3 Attendance of members in the meeting: 81% of the female members and 30% of male members had attended the last VHSNC meeting. Attendance of female members is higher comparison to male members.

Particular	No. of members attended meeting	Percentage
Female members (n=8561)	6927	81
Male members (n=3830)	1155	30

1.4 Comparison of attendance between members and others in the meeting: 72% of the members had attended the last VHSNC meeting.

Particular	Total attendance (n=11182)	Percentage
Members (Female and Male)	8082	72
Others	3100	28

1.5 Average attendance in the meeting: According to the last month meeting in an average 17 persons had attended the meeting. It includes members and non-member participants.

Last meeting attendance	No. of VHSNCs	Average attendance
11182	668	17

1.6 No. of meeting in last 6 months: 97% of the VHSNCs had minimum of 4 meetings in last 6 months.

Particular	No. of VHSNC (n=668)	Percentage
1-3	19	3
4-6	649	97

1.7 No. of VHSNC had meeting last month: 93% of the VHSNCs had organized meeting during last month.

Particular	No. of VHSNC (n=668)	Percentage
Yes	620	93
No	48	7

1.8 Fixed day for monthly meeting: Most of the VHSNCs (78%) had conducted last month meeting on fixed day or fixed date.

Particular	No. of VHSNC (n=668)	Percentage
Fixed Day	340	51
Fixed Date	183	27
Other	145	22

1.9 Which day VHSNC meeting conducted: 94% VHSNCs had organized meeting in other than VHND day during last month. According to assessment report 2012, most of the VHSNCs meetings were organized on VHND day which was resulting low attendance. So as per the findings it was suggested to organize meeting in any other day and below table shows that most of the VHSNCs have implemented the suggestion.

Particular	In present study		In 2012 (%)
	No. of VHSNC (n=668)	Percentage	
VHND	43	6	84%
Other day	625	94	16%

1.10 Place where the last VHSNC meeting was conducted: Maximum of 34% of the VHSNCs had organized their last meeting in public places, whereas according to the assessment report 2012, 60% of the VHSNC's meetings were being organized inside AWC. The VHSNCs are expected to arrange their meeting in the public and open places so that meeting will be visible and members as well as other villagers can attend the meeting.

Particular	In present study		In 2012 (%)
	No. of VHSNC (n=668)	Percentage	
Panchayat bhawan	91	14	9
AWC	102	15	60
School	12	2	3
Other govt building	62	9	6
Other public place	231	34	9
Mitanin home	11	2	10
Others home	27	4	1
Other	132	20	2

2. Village Health Planning

2.1 Type of problems for which plan was made in VHSNC meeting: VHSNCs have focused more on nutrition security and social inclusion issues (56%) followed by health issues (21%), water and sanitation issue (15%).

According to 2012 VHSNCs assessment report, 25% of planning was done on nutrition security and social inclusion issues, 25% of on health issues and 21% on water and sanitation issue. So it shows that there is a huge increase (25% to 56%) of attention on nutrition security and social inclusion issues.

Type of Problems		In present study			In 2012 (%)
		No. of Issues (n= 2906)	Percentage	Total	
Health Issues	Pregnant women's health related	123	4%	21%	25%
	Institutional Delivery related	67	2%		
	Immunization related	69	2%		
	Diarrhea/ Malaria related	154	5%		
	Other health related	203	7%		
Nutrition Security and Social Inclusion Issue	Malnutrition related	176	6%	56%	25%
	School related/MDM	158	5%		
	Anganwadi related/ PMMVY	430	15%		
	PDS related	285	10%		
	MNREGA related	283	10%		
	Problems related to vulnerable sections- Widow/ oldage /disability related	251	9%		
	Violence against Women	34	1%		
	Livelihood related	16	1%		
Water and Sanitation Issues	Drinking water related	311	11%	15%	21%
	Toilet related	46	2%		
	Sanitation related	78	3%		
Other Issues	UT fund related	14	1%	8%	30%
	Others	208	7%		

2.2 Kind of solutions made by VHSNC to address identified gaps: In 41% of cases, attempt was made to resolve issues through discussion with local service providers/ Sarpanch/ officials. Advice to family was the next with 22% of cases and writing application with 16% of cases to resolve the issues. It shows that VHSNCs have identified more of local level issues, thus solution was sought through discussion.

In comparison to VHSNCs assessment report 2012, it is found that resolving issues through discussion with service provider/ GP/ official has increased from 14% to 41% and helping from untied-fund has reduced from 26% to 6%. It shows that in last 10 years VHSNCs have gain confidence in discussing with service provider/ GP/ official towards resolving various issues. Reduction of helping from untied fund shows about the poor availability of fund with the VHSNCs.

Type of solution	In present study		In 2012 (%)
	No. of Issues (n= 2747)	Percentage	
Helped from Untied fund	162	6%	26%
Advised to concern Family	608	22%	27%
Discussed with service provider/GP/ officials	1143	41%	14%
Wrote application to higher authority	439	16%	5%
Arranged voluntary labour	62	2%	2%
Helped the patients reaching hospital	116	4%	3%
Provided other kind of help	217	8%	4%
No help provided so-far	0	0	19%

2.3 Responsibility to solve the problems: Mitanins are taking up the responsibility to address the gaps (42% cases). PRI members also contributing significantly with 48% of cases. ANM, AWW and MT also lead 34% of cases. Other active members also took responsibility in addressing the issues (24%).

In comparison to VHSNC assessment report 2012, it shows the responsibility being taken by PRI members has increased significantly. Secondly, it's the mitanin who takes responsibility in most of the cases. Other members taking responsibility has also increased for 17 point which shows the participation overall VHSNC in resolving issues.

Particular	In present study		In 2012 (%)
	No. of persons (n=2906)	Percentage	
Mitanin	1228	42	43
MT	529	18	14
Panchayat Members	1399	48	26
ANM	229	8	4
AWW	235	8	7
Other	691	24	7

2.4 Success rate of VHSNCs in addressing gaps: VHSNCs were able to resolve 65% of issues identified by them. It shows a strong collective effort by the members with minimum resources with them.

In comparison to assessment report of 2012, the success rate has declined merely. The reason may be that the many of the local issues have been resolved gradually.

No. of problems identified	No. of problems for which action was planned	No. of problems for which attempts are made	No. of problems which got resolved	Percentage of problems resolved as per 2012 study
2906	2747	2295	1900	
100%	95%	79%	65%	69%

3. Untied Fund

3.1 Untied fund received: The NHM has provision of providing Rs.10,000 untied fund per year per VHSNC, but 21% VHSNCs didn't get untied fund during 2022-23.

Amount	No. of VHSNC (n=668)	Percentage
Below 5000	146	22
5001-10000	329	49
Above 10000	50	7
Nil	143	21

3.2 Amount available with VHSNCs: 15% VHSNCs didn't have any amount available with them and a majority of 48% VHSNCs had less than 5000 fund with them. VHSNCs use untied fund towards support to very needy people, financial support in emergency, transportation facilities for patients and welfare activities. So a VHSNC without fund will not be able to provide above services.

Amount	No. of VHSNC (n=668)	Percentage
Nil	100	15
Below 5000	319	48
5001-10000	147	22
10001-15000	57	9
15001-20000	28	4
20001-25000	4	1
Above 25000	13	2

Decision making for expenditure of untied fund: 91% VHSNCs had the written resolution against the last expenditure. In comparison to assessment report 2012, improvement in collective decision making is visible.

Particular	In present study		In 2012 (%)
	No. of VHSNC (n=668)	Percentage	
Yes	609	91	81
No	59	9	19

3.3 Activities for which untied fund was used: Broadly, maximum of 28% expenditure on administrative and miscellaneous activities followed by 25% towards IEC, 17% on health, 13% on Nutrition, 9% items mandated by government and 8% on water and sanitation. Specifically, other activities under miscellaneous contribute 20% of total expenditure is an area of concern.

In comparison to 2012 assessment report, presently untied fund utilization towards health, nutrition and IEC related activities has increased where as fund utilization for water and sanitation and items mandated by Govt. orders has decreased. It shows that presently VHSNC have focused more health issues, nutrition issues and IEC purpose, which indicates that untied fund is being utilized for appropriate purposes.

Activities		In present study		In 2012 (%)
		Percentage of Expenditure	Total	
Health	Help of patient for treatment	8%	17%	8%
	Health Camp	2%		
	Baby blanket	3%		
	Jhula for newborn	1%		
	Mosquito net	2%		
	Smokeless chulha	1%		
Nutrition	Ration for poor families	6%	13%	3%
	Ration for malnourished children	3%		
	Helping for labour during lockdown	4%		
Water and Sanitation	Handpump repairing	5%	8%	30%
	Murum, sokhta gadda, nali	3%		
IEC	Wall writing	25%	25%	5%
Items mandated by Govt. orders	ANC table	2%	9%	28%
	DDT spray	0%		
	Purchasing drugs for Mitans	7%		
Administrative expenses and Miscellaneous	Register, Chair , Mats, Travel exp.	8%	28%	26%
	Other activities	20%		

4. Relation of VHSNC with Cluster level Federations

4.1 Decision to participate in the VHSNC cluster meeting: In 80% VHSNCs decision was made during last meeting to participate in upcoming VHSNC cluster meeting. It shows that, in most of the VHSNCs it is being decided to send their representations to the cluster level meetings.

Decision taken	No. of VHSNCs (n=668)	Percentage
Yes	536	80
No	132	20

4.2 Participation of VHSNC members in the VHSNC cluster meeting: About 61% of the participants were Mitanins. Thus it requires more efforts to bring other members to VHSNC cluster meetings.

Participants	No. of Members (n=10578)	Percentage
Mitanin	6484	61
Others	4103	39

4.3 Topics discussed in VHSNC cluster meeting: It shows that in VHSNC cluster meeting, mostly discussion held on Food security issues, followed by drinking water and health issues. Other topics contribute around 18% is a matter of concern.

Topics discussed	No. of times (n=2340)	Percentage
Health	549	23
Food security	735	31
Drinking	558	24
Gender	77	3
Other	421	18

Conclusion:

The VHSNCs have completed 14 years since its inception in the state. In this last 14 years VHSNCs have made significant progress towards achieving their objectives. VHSNCs have been formed in more than 95% of the revenue villages. Almost all of them have a bank account. VHSNCs are receiving facilitation support from the Mitandin Support Structure. Mitanins and PRIs are jointly providing leadership to VHSNCs.

Functionality of VHSNCs:

The VHSNCs have made adequate effort to strengthen the committee through IEC. Majority of VHSNCs have done wall writing of VHSNC's meeting date, time, and place of meeting and names of its members. Most of the places it was found that there is a system of name plate (name and designation) in each member's house. There is functional hamlet level committee found in maximum villages. Each of those villages had information register (suchna panji) to inform and alert their members regarding upcoming VHSNC's meeting.

VHSNCs were found to be dominated by the women membership and their attendance in the monthly meetings. Attending VHSNC meeting is open for member as well as others, but it was found that, it's mostly the members attending the meeting. The average attendance in the meeting is 17. Meeting attendance has increased significantly over last 10 years. Most of the meetings were conducted either on fixed day or fixed date. Earlier most of VHSNC meeting were being organized on VHND day and inside the AGW centre, as a result there was less attendance. But according to the present study most of the meetings have been organized on non-VHND day and mostly in open public places. Regarding organizing of last month meeting it was found that more than 90% of VHSNCs had organized meeting in the last month.

Village Health Planning:

Majority of VHSNCs are planning local collective action for addressing identified gaps. Attention being given more on the nutrition security and social inclusion issues followed by health and water and sanitation issues. Half of the attempts towards resolving issues are discussion with the local service providers/ Sarpanch/ Authorities. In majority of cases it is the PRI members and Mitanins taking responsibility to work on the plan. In comparison to assessment report of 2012, involvement of PRI in taking responsibility has increased significantly. VHSNCs are able to resolve around two-third of issues

identified by them. In comparison to assessment report of 2012, the success rate has declined merely. The reason may be that the many of the local issues have been resolved gradually.

Untied Fund:

The NHM has provision of providing Rs.10,000 untied fund per annum per VHSNC, but during 2022-23, around one-fifth VHSNCs didn't receive untied fund. Majority of the VHSNCs have untied fund but around half of the VHSNCs have fund below Rs.5000. More than 90% of the VHSNCs have written resolution against the last expenditure. The utilization pattern shows that funds have been utilized for a variety of socially useful purposes.

In comparison to 2012 assessment report, presently untied fund utilization towards health, nutrition and IEC related activities has increased where as fund utilization for water and sanitation and items mandated by Govt. orders has decreased. It shows that presently VHSNC have focused more health issues, nutrition issues and IEC purpose, which indicates that untied fund is being utilized for appropriate purposes.

VHSNC and Cluster level federation:

In majority of the VHSNCs it is being decided to send their representations to the cluster level federation meetings. Around two-third participants are Mitanins. Thus, it requires more efforts to bring other members to VHSNCs cluster meeting. As per the objective, discussion being held on Food security issues, followed by drinking water and health issues during VHSNCs cluster meeting.

Recommendations:

As per the findings of the present study, following recommendations are made to strengthen the VHSNCs-

- VHSNC is almost dominated by female membership, so need drive to add more male members in to the committee.
- In some cases still VHSNC meeting being conducted inside Panchayat/ AWC/ public buildings. So to have more attendance there is need to organize meetings in the open place.
- Display of expenditure details of VHSNCs need to be promoted to ensure transparency of the utilization of untied fund.

- Administrative and miscellaneous expenses needs to minimize and committee need to be encouraged to invest more on health and nutrition related issues.
- Mitanins and PRI members are mostly taking responsibility to attempt towards resolving identified issues. So, other members of the VHSNCs too need motivate to take such responsibility.
- Since one-fifth of the VHSNCs didn't receive untied-fund during 2022-23 and by the time of study half of the VHSNCs had fund below Rs.5000 because of top-up system against Rs.10000 of untied fund. So, each year it is required to release full untied fund to all VHSNCs.
- Need to make further efforts so that more non-Mitanin representatives from VHSNCs attend the cluster level federation meetings.
