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# Village Health Sanitation and Nutrition Committees (VHNSCs) under National Rural Health Mission (NRHM): How Much do the People Know about Them?

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## Abstract:

Village Health Sanitation and Nutrition Committees (VHSNCs) have been constituted as a key mechanism of India's National Rural Health Mission (NHRM). These committees play a vital role in successful implementation of NHRM at village level. NHRM aims to restructure the health delivery systems towards providing universal access to equitable, affordable and quality health care responsive to the health needs of the community. The VHNSCs are the fulcrum around which entire National Rural Health Mission revolves. The VHSNCs are one of the major instruments of NRHM for decentralizing and empowering local people to achieve village health, nutrition and sanitation. The VHSNCs are established to increase community ownership and for utilizing power of the local people in every aspect of governance and administration of community health, nutrition and sanitation. The VHSNCs offer equitable participation to local people in health governance and provide them an opportunity to access the basic services at the village level itself. Periodic reviews and evaluation have shown that VHSNCs have contributed significantly in decentralized health planning, however, given the vast untapped potential of the local people; these committees are still to reach the expected levels. Against this scenario, present study examined some of the selected VHSNCs in state of Punjab and found that there is little information with local people about the composition, functioning and role of these committees. For making these committees effective, it is essential that the VHNSC members have good knowledge and understanding about the process of formation, composition, determination of membership and process of nomination of members to these bodies. In this

  

light, the present paper brings out the major findings about the level of awareness of the local people about the working of VHNSCs at the village level.

**Keywords**: Constitution, Village Health and Sanitation Committees, National Rural Health Mission, Community Participation and Primary Healthcare

## INTRODUCTION

Village Health, Sanitation and Nutrition Committees (VHSNCs) are one of the key elements of the National Rural Health Mission (NRHM). This program was launched by Government of India in the year 2005 for providing accessible, affordable and quality health care to people living in rural areas. The mission has been very successful in improving the social determinants and public services at village level. VHSNCs have provided major micro level interventions under this mission by accelerating community participation, supporting health activities, implementing and monitoring all health programmes. These committees were formed at each village with a primary objective to inform the community about the health programmes and government initiatives and to enable them to participate in the planning and implementation of these programmes, and take collective action for attainment of better health status at the village level. As such, the VHSNCs also been authorized to facilitate Panchayats in understanding and devising mechanisms for better health governance and other public services apart from providing leadership to the community for collective action to improve health status. Apart from this, these committees provide support and facilitate the work of community health workers like Accredited Social Health Activists (ASHA) and other frontline health care providers (Government of India, 2012).

Just after the implementation of NRHM by the Government of India, Government of Punjab also implemented this program and accordingly constituted Village Health Sanitation and Nutrition Committees in every village as a key mechanism to effectuate community health governance in Punjab through its Mission Director, NRHM vide notification no. 1/70/07-5HB-IV/695, dated October 10, 2007 (Annexure II). As per government guidelines, the committees initially were named as Village Health and Sanitation Committees (VHSCs) but their scope was expanded by Government of India in the year 2011 by giving additional responsibility of nutrition as well at the village level. In this light, the committees were reconstituted as well as rechristened as VHSNCs. Post this change, the composition of these committees was changed by the State Government. Prior to this change, these committees consisted of 11 members, of which, half essentially were women. It was mandatory for every hamlet within a revenue village to be provided due representation in the respective VHSNC. This was to ensure that the needs of the weaker sections especially Scheduled Castes (SC), Schedule Tribes (STs), other backward classes (OBCs) are fully reflected in the activities of VHSNCs. To make them more inclusive , a provision was made to have at least 30 percent representation from local NGOs and the

  

representatives from women self-help groups. The representation of Panchayati Raj Institutions (PRIs) was also made mandatory. The chairperson of the VHSNC should essentially have to be an elected member of the gram panchayat (village council elected by villagers). He/she could be a Sarpanch (village elected head) or simply a member. The Auxiliary Nurse Midwife (ANM) of the health sub-centre of the village was made the convener of VHSNC.

As aforesaid, the composition of VHSCs was changed because the village health sanitation committees were transformed into village health sanitation and nutrition committees by central Government in the year 2011. The inclusion of the word 'nutrition' in the nomenclature of Village Health Sanitation Committees was done vide order no. Z18015/8/2011-NRHM-II of the Government of India (Ministry of Health and Family Welfare), dated: July 25, 2011. In compliance to this order, the state government in supersession of earlier notification dated 21/10/2007 and 22/12/2008 issued fresh guidelines for expanding the role of village health and sanitation committees to include the word 'nutrition' within its ambit. Likewise, the activities of VHSNC were also expanded. This change necessitated the participation of Anganwadi Workers, ANMs and ASHAs and the consequent renaming of the committees as Village Health, Sanitation and Nutrition Committees (VHSNCs). This modification was done in accordance with the revised guidelines (July 2013) issued by the Ministry of Health and Family Welfare, Government of India vide File No. Z-28013/1/13 –NRHM- IV, dated September 13, 2013.

Under the 2013 guidelines, the VHSNC were to have at least 15 members. There was no cap on the maximum number of members. If need be, a committee could have more members as well. Under the new guidelines, the chairperson of the VHSNC has to be a woman elected member (panch) of the gram panchayat preferably from the Scheduled Castes/Scheduled Tribes communities. These guidelines brought another change as well that related to the convener. Now ASHA has to be the member-secretary cum convener of the VHSNCs. It was done because she ordinarily has better rapport, acceptance and community ownership in the village. Further, it was made essential that the service users like the antenatal care mothers, lactating mothers and mothers with children of up to three years, should also have to be the members of VHSNCs. The general rules stipulate that the formation of VHSNC is mandatory in every village with a population of over 4000 persons. The formation of these bodies is a participatory process. All the selections/nominations are done by the community people keeping in view the letter and spirit of the Government guidelines. For formation, the Gram panchayat members, ASHA, ASHA facilitator (block mobilizer) and ANM at the respective village, hold the meeting of the village (gram sabha). By an open discussion in the meeting, the members are selected/nominated through a consultative process. Except for the frontline staff of government health related services like the ANM, the Anganwadi Worker (AWW), Anganwadi Helper (AWH), ASHA and the School teacher, rest of the members are nominated by the gram sabha only. It is mandated in the NRHM guidelines that chairperson should be the woman panch of gram panchayat preferably belonging to the SC/ST categories. In case, there is no woman SC panch in gram panchayat,

  

then preference is given to any woman panch member. ASHA is designated as the member-secretary and the convener of VHSNC. Given her job responsibilities and rapport with the community people, it is expected that ASHA can play a very important role in providing a more organized and sustained support mechanism for the VHSNC. If there is more than one ASHA in a particular VHSNC, in that case, one of them is selected by consensus as member secretary and convener. This arrangement could also be by rotation amongst the ASHAs. The tenure for each ASHA is decided by mutual consensus. There is a provision via which more than one elected member of a panchayat can be included in the VHSNC, however, their number should be limited to one third of the total number of members and preference should have to be given to women panchayat members. Guidelines also mandates that members from community based organizations, members of pre-existing committees and the service users should also be nominated to the VHSNC by the gram sabha. The final selection list has to be essentially ratified with the inclusion of all relevant suggestions of the members of gram sabha.

The tenure of VHSNC should have to be parallel with the tenure of gram panchayat. As and when a new panchayat is elected, VHSNC has also to be re-constituted. Thus the term of VHSNC shall be co-terminus with that of the gram panchayat where it is located. There is no bar on reselecting/re-nominating those members who have been active and effective as VHSNC members. Also there is no bar on dropping those members who have not been active in their earlier tenure. VHSNC can select new members to replace non active members or add a new member within the set norms by two-third majority. As VHSNCs have been formed to take collective actions on issues related to health, sanitation and nutrition, the main functions of a VHSNC is to maintain a record of village population, especially vulnerable groups (pregnant women, children, malnourished children) and events such as births, deaths and immunization apart from performing specified functions for decentralized planning of health and its determinants in a particular village. As a mechanism for community based planning and monitoring, these bodies act as the platform for improving health services and for addressing specific local needs and services. Along with health, VHSNCs also perform activities related to sanitation and malnutrition like awareness about unsafe water, unhealthy living conditions and unhealthy habits. In general, these bodies make special plans to make health services accessible to all vulnerable sections of the society at the village level. On the whole, the Village Health Sanitation and Nutrition Committees in Punjab are doing an impressive job but the people in rural areas are not as much aware about their formation, constitution and functions, due to which, the activities of these bodies are severely hampered at the village level. Keeping this in mind, the present paper focuses on examining the level of awareness of the villagers with regards to formation, constitution and functions of Village Health, Sanitation and Nutrition Committees.

## THE STUDY

The present study was carried out in Mansa and Pathankot districts of North Western state of Punjab. The sample constituted 198 VHSNC members and 198 non-member/beneficiaries

  

making a total of 396 respondents for the purpose of final data collection. The sampling was done by adopting a multi-stage purposive-cum-stratified random sampling approach.

**Selection of Districts:**

Depending upon the general health indicators, State government had identified six high priority districts under the NRHM program namely, Mansa, Barnala, Sangrur, Muktsar, Gurdaspur and Pathankot (Govt. of Punjab, HMIS (2013)). Out of these six high priority districts, we picked up two districts namely, Mansa and Pathankot. These two districts were chosen because one of these two districts (Mansa) had the highest institutional deliveries while second district, (Pathankot) had the lowest institutional deliveries.

**Selection of VHSNCs:**

In the second stage, three VHSNCs from each health block of the two identified districts were picked up. Since both Mansa and Pathankot districts have three health blocks each, nine committees from Mansa district and similarly nine VHSNCs from Pathankot district were selected. Likewise, a total of 18 VHSNCs were identified for final selection of the respondents. For selecting the VHNSCs, purposive sampling approach was adopted. Only those VHSNCs were identified which were perceived as the best in terms of their performance.

**Selection of Respondents:**

For the sample, all the VHSNC members and an equal number of non-members (beneficiaries) were drawn randomly. Accordingly, 198 members of the VHSNC committees and 198 non-members/beneficiaries formed the final sample of this study. In total, 396 respondents were interviewed from both the districts i.e. 198 from Mansa (99 members and 99 beneficiaries) and 198 from Pathankot (99 members and 99 beneficiaries).

## DATA COLLECTION:

Interview schedule was specifically designed to get the required information. The primary objective, inter alia, was to know the awareness level of members and the non-members about their composition, process of formation and functions of Village Health, Sanitation and Nutrition Committees in their respective villages. We collected the data by visiting each household and interviewing the identified member or non member, as the case may be.

## DISCUSSION AND INTERPRETATION

VHSNCs are the vehicles of community participation in the governance and administration of health, sanitation and nutrition at the village level. These committees are mandated to facilitate involvement of community members in actions and decisions that affect their lives and the life of their fellow beings. VHSNCs play an important role in successful implementation of health and

  

nutrition schemes. They involve local population to ensure successful implementation of all schemes, programme run by the Government or Non-Government Organizations. Participation of community in rural health, sanitation and nutrition is a strategy to develop locally responsive health care and this is ably done through these bodies. They are the most important levers to achieve a continuously improving health care system at the grassroots levels. Each Village Health Sanitation and Nutrition Committee comprises of 15 members including elected members of the gram panchayat, women, and the vulnerable groups giving representation to entire community. The VHSNC has to be a truly representative body. The ANM of the health department, the Anganwadi worker of the ICDS, and the school teacher are included as members besides, the representatives of existing community based organizations like Self Help Groups, NGOs, Youth committees, etc. In case, there are separate committees on school education, water and sanitation or nutrition, efforts are made to integrate these committees with VHSNCs. The ANM, AWW and ASHA along with the panchayat leadership ensure that every section of the population of the village is represented. As the aim of the present study is to examine the level of awareness of the community members about the composition, determination of membership and functions of VHSNCs, the discussion in the subsequent sections is in that light only.

**Awareness about the Composition of VHSNCs**

The awareness of the community members towards VHSNC has a decisive role in increasing the efficacy of these committees. Unless people are not truly aware about them, VHSNC cannot work optimally. Not only that, awareness also induces motivation among the people to engage in the activities of these committees, thereby, achieving a sustainable and community owned health governance at village level. Awareness of the people increases participation which, in turn, increases transparency. In this light, the analysis in the present section has been done on awareness level of the villagers. It has been done by using a three point scale - fully aware, somewhat aware and not at all aware.

Table 1: Awareness of Respondents about the Composition of VHSNCs

| **Districts** | **Awareness of Respondents about the Composition of VHSNCs** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Members (N=198)** | | | | **Non Members (N=198)** | | | | **Total (N=396)** | | | |
| | Fully | Some what | Not at all | Total | Fully | Some what | Not at all | Total | Fully | Some What | Not at all | Total |
| Mansa | 17 (17.2) | 71 (71.7) | 11 (11.1) | 99 (100) | 0 (0.0) | 68 (68.7) | 31 (31.3) | 99 (100) | 17 (8.5) | 139 (70.2) | 42 (21.2) | 198 (100) |
| Pathankot | 14 (14.1) | 67 (67.7) | 18 (18.2) | 99 (100) | 0 (0.0) | 52 (52.5) | 47 (47.5) | 99 (100) | 14 (7.0) | 119 (60.1) | 65 (32.8) | 198 (100) |
| Total | 31 (15.6) | 138 (69.7) | 29 (14.7) | 198 (100) | 0 (0.0) | 120 (60.6) | 78 (39.4) | 198 (100) | 31 (7.9) | 258 (65.1) | 107 (27.0) | 396 (100) |

Figures in parentheses denote percentages

The data revealed that more than one fourth (27 percent) respondents in the area of the study were totally ignorant about the composition of VHSNCs in their village. The worst was the fact that even the members of VHSNCs (14.7 percent) did not know anything what so ever about the composition of VHSNCs. These members were members just in the name sake. They were thoroughly non-committal, totally disinterested and indifferent towards the issues and activities of these bodies. The data further depicted the scenario on the other extreme of the spectrum was also not inspiring either. From among the members, just 15.6 percent were fully aware about every aspects of composition whereas from among the non members, none expressed to be knowing the composition fully well. Of the total respondents, only 7.9 percent were found affirmative about full knowledge of the VHSNC's composition. Across the districts, the trends were, by and large, the same. In Mansa district, the proportion of the respondents who were fully aware about the composition was 8.5 percent whereas for Pathankot district, it was just 7 percent. However, when we combine 'fully aware' and 'somewhat aware', the overall picture is not that bad. The data reflects that from among the members, quite a big number (85.3 percent) were those who knew one or the other aspects of composition of the VHSNCs. For the proportion (65.1 percent) of the total respondents who were in the middle category (somewhat aware), there is a tremendous possibility of improvement. If they are given some training, they can surely come up in the first category (fully aware). Hence the appropriate authorities in the government as well as in NGOs must provide motivation and periodic training to the middle category respondents. If the awareness level of the respondents who are in middle category (partially aware) is increased through some value added short term training program/seminars/discussions, it will certainly help strengthen the working of VHSNCs at village levels by leaps and bounds. Singh and Prohit, (2012) in their study, found that composition of all the 17 sampled VHSNCs in their study did not fulfill the NRHM guidelines. Dhiman et al., (2020) brought out that all members of committee knew about VHSNCs but the level of awareness among community members (67.6 percent) was comparatively lesser. It is because they did not receive any official training nor were the guidelines available with them.

From the present analysis, it can be said that the community members in general are not as much aware about the composition as it is expected or optimally ought to be. However, the overall situation is not very grim and there is a tremendous possibility of improvement. In both the districts, the middle category i.e. neither fully aware nor totally ignorant, the number was quite significant. These respondents have a huge potential of improvement and thus, must be the target population for further training and enrichment. Sharma et al. (2016) observed that majority of the members had not received any formal training before joining the VHSNCs. Singh et al. (2012) found that the guidelines for the composition are not abided by in all cases while in many VHSNCs, they were not even available. From the present study, it is observed that decentralized planning of healthcare delivery through community participation as envisaged under NRHM is lacking. The main reasons which the study could identify were lack of training of the VHNSC members and non-members regarding the composition of VHNSCs. These findings are similar to

  

the study conducted by Sharma et al., (2016) which found that lack of awareness regarding functions of VHSNC was mainly due to lack of training. Singh and Mor (2013) indicated that about one-third (32.1 percent) respondents were fully aware about the composition of VEDCs while a huge chunk of more than three fifth (62.8 percent) respondents were neither absolutely ignorant about the composition nor were they fully aware. Singh and Mor also revealed that the respondents in the middle category were well educated and seemingly aware about the composition of VEDCs but they lacked the confidence of saying that they know it all. Overall, the awareness of the VEDCs members about the composition of VEDCs was fairly good. The same trend was observed in the present study as well. Overall situation as regards the awareness of the community members on composition of VHSNCs in Punjab was not that bad. It is very important that more capacity building workshops/trainings should be organized especially for the middle category. If possible, some behavior change workshops can prove very fruitful towards changing the negative perception of the respondents towards these bodies.

**Process of Formation of VHSNCs: How much do the People Know?**

Formation of VHSNCs at village level is to facilitate the process of decentralized health planning. These committees are formed to take collective actions on issues related to health and are envisaged as mechanisms for community based planning and monitoring. They act as a platform for the community people from all hues to work towards improving health services and addressing specific local needs of the people. Thus, representation of all the groups and castes is an essential condition in the formation of a VHSNC. The formation of VHSNC is a participatory process in which community mobilization is indispensable. The members of gram panchayat, ASHA and ANMs are assigned leadership roles in selecting the members through an elaborate consultative process. All the consultations are done with the community at the gram sabha (village council) meetings. Gram sabha constitute entire population of the village above the age of 18 years. After the consultation, the list of members is finalized by the gram sabha after incorporating all the suggestions and recommendations of every member of gram sabha.

**Table 2: Awareness of Respondents about the Process of Formation of VHSNCs**

| **Districts** | **Awareness of Respondents about the process of Formation of VHSNCs** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Members (N=198)** | | | | **Non Members (N=198)** | | | | **Total (N=396)** | | | |
| | Fully | Some what | Not at all | Total | Fully | Some what | Not at all | Total | Fully | Some what | Not at all | Total |
| Mansa | 11 (11.1) | 51 (51.6) | 37 (37.3) | 99 (100) | 0 (0.0) | 48 (48.4) | 51 (29.2) | 99 (100) | 11 (5.5) | 99 (50.0) | 88 (44.5) | 198 (100) |
| Pathankot | 8 (8.0) | 47 (47.5) | 44 (44.5) | 99 (100) | 0 (0.0) | 37 (37.3) | 62 (42.4) | 99 (100) | 8 (4.0) | 84 (42.5) | 106 (53.5) | 198 (100) |
| Total | 19 (9.6) | 98 (49.4) | 81 (41.0) | 198 (100) | 0 (0.0) | 85 (42.9) | 113 (57.0) | 198 (100) | 19 (4.8) | 183 (46.2) | 194 (49.0) | 396 (100) |

Figures in parentheses denote percentages

  

As discussed, the process of formation of these bodies is not very complicated and tedious process, yet quite a large number of people still don't take any interest. Most of the members of gram sabha don't attend the gram sabha meetings in the first place. The reasons for non attendance is usual indifference, inter group rivalries, political jealousies, social invisibility of some caste groups due to dominance of oligarchies besides the reasons linked to earning livelihood. F or many, gram sabha meetings are a waste of time as they have to forgo their daily earnings if they attend these meetings. For others, gram sabha meetings are not democratic but dominated by only a few individuals, so it is of no use attending such meetings where decisions are fixed. In some cases, the meetings of gram sabhas are not even held on ground but only on papers.

In this scenario, there were a huge percentage of the people who replied in negative on being asked if they know about the process of formation of VHSNCs. The data revealed that almost half of the respondents (49.0 percent) in the sample were not at all familiar about the process of formation whereas only a very small number (4.8 percent) stated to be fully aware. A little less than half (46.2 percent) had some knowledge about the process of formation. They were neither fully aware, nor fully ignorant. Across the districts, the trends were, by and large, the same but Mansa was slightly better than Pathankot on this account. Mansa was relatively better despite the fact that the general health indictors of Mansa in comparison to Pathankot, were not better but on the lower side. No apparent reason can be attributed to such a result.

It was observed that despite quite a large number of members being unaware about the formation, the government guidelines were followed in letter and spirit. There was no case in the sample where any guidelines or rules were flouted or abused. Singh and Prohit (2012), however, had something else to say on this aspect. They indicated that all the ANMs, ASHAs knew about the formation process but the awareness was relatively less among the members of panchayat. They found that only one out of the six members of panchayat knew about the process of formation of the VHSC in their area of study. Malviya et al. (2013) reported that the members of the PRIs and SHGs did not even receive the guidelines from the appropriate authorities. The ASHAs and the ANMs were told about the guidelines only verbally. They were not supplied with any written document about guidelines. Same thing was reported by about 65.6 percent members of panchayats. They told that only verbal instructions were given by the block level authorities. As regards the SHG members , they were totally ignorant on this aspect and many of them came to know about their membership only at the time when the this study was carried out. Twenty three (71.8%) ANMs and 21 (65.6%) ASHAs knew about at least half of the guidelines regarding formation of VHSC while none of the PRI members and SHG members knew about even that much. It was observed that the non-members were not at all aware about anything regarding the formation process of VHSNC in both the districts, neither these people were informed nor they even bothered to know anything. The findings of our study are in contrast to the findings of Mohanti, et al. (2013) wherein the awareness of the people about the

formation was as high as 50 percent of the members. In the study of Singh and Mor (2013), the members of village education development committees (VEDCs) did not know anything about the procedure followed for nominating various members i.e. who nominates whom etc. Members were not even interested as well in knowing about the procedures of formation or nomination as these school management committees were not on their priority list. They held the membership just for the sake of paper formalities. The observation revealed that the ignorance was an outcome of the lack of intention of the members than lack of education. Most of the members as well as non members did not even care about the existence of these bodies. For them, it did not matter at all whether there should be a committee as such or there should not be. Cumulatively, the proportion of people who were unaware about the process of formation was more in Pathankot district than the Mansa district. The reason for non awareness was not because of lack of education but lack of transparency, lack of training and lack of information sharing by the concerned officials of the Government. The apathy of government officials towards the community people was another reason for non awareness.

**Determination of Membership of VHSNCs (Election/Nomination)**

In this section, we tried to know about the extent of awareness of the members and beneficiaries of the VHSNCs regarding the process of nomination at various levels. The respondents were straightaway asked whether the membership to VHSNCs is determined by nomination or an election. To this, an overwhelming majority (57.5 percent) replied that the members of VHSNCs are not elected but nominated. However, they preferred elections over nomination because of two reasons. One was that in nominations, favoritism, nepotism, networks and clout matter more than merit or reputation of an individual. The nominations ordinarily are not done in an impartial and professional manner. Another reason for preference of elections over nominations was due to the fact that elections are relatively a long drawn process and people enjoy every activity associated with elections ranging from canvassing to declaration of results. It is simply a time for celebrations and merry making. During such elections, whole village is abuzz with activities. The contestants come to their houses for soliciting vote and support. They woo them with all sorts of incentives and favors. People really enjoy every activity of an election especially the canvassing and the frequent visits of the contestants to their homes. Usually, elections are almost like a fair, a fun activity in a village in Punjab. Hence the respondents preferred elections for the membership to VHSNCs than nominations.

  

Table 3: Awareness about the Determination of Membership of VHSNCs

| Districts | Awareness about the Determination of Membership of VHSNCs | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Members (N=198) | | | Non Members (N=198) | | | Total (N=396) | | |
| | Yes | No | Total | Yes | No | Total | Yes | No | Total |
| Mansa | 76 (76.8) | 23 (23.2) | 99 (100) | 49 (49.5) | 50 (50.5) | 99 (100) | 125 (63.1) | 73 (36.8) | 198 (100) |
| Pathankot | 68 (68.6) | 31 (31.4) | 99 (100) | 35 (35.4) | 64 (64.6) | 99 (100) | 103 (52.0) | 95 (48.0) | 198 (100) |
| Total | 144 (72.7) | 54 (27.3) | 198 (100) | 84 (42.5) | 114 (57.5) | 198 (100) | 228 (57.5) | 168 (42.5) | 396 (100) |

Figures in parentheses denote percentages

Quite a good number (48 percent) of the respondents expressed ignorance as how an individual is made a member of VHSNCs. The data collected for Mansa district showed that there was a proper criterion for nomination of VHSNCs members (63.1 percent) while for 36.8 percent respondents no proper procedure was followed for the nomination of VHSNC members. In Pathankot district more than half (52 percent) endorsed that there was a proper information and fair mechanism for the nomination of VHSNCs members. The respondents generally were aware in both the sampled districts about nomination as the principal criterion for determination of membership to VHSNCs. On the whole, the actual procedure adopted for determining of the membership was known to quite a substantial number of the people who were interviewed.

Singh and Mor (2013) found that 72.5 percent villagers knew that members of the school management committees in Punjab were made through nominations rather than elections. The findings of our study are, by and large, in conformity to the general perception that the nuances of the nominations to the VHSNCs are not very elaborately known to the respondents, however, they know that the members are not elected but nominated. Most of them believed that the choice of the officers of the government or the dominant village people matters more than anything else. No marked differences were apparent across the two districts on this aspect.

**Process of Nomination of Members of VHSNCs: What do People Know?**

The members and office bearers of Village Health, Sanitation and Nutrition Committees are nominated by a properly laid down process of the government. Each Village Health Sanitation and Nutrition Committee comprises of 15 members. They include elected members of the panchayat, women, and the vulnerable groups including scheduled castes. The VHSNC has to be a representative body where the ANM of the health department, the Anganwadi worker of the ICDS, and the school teacher should have to be included as members besides the representatives of NGOs/SHGs or other community based groups like youth clubs , *mahilla mandals* etc. In order to know the actual method of nomination, the respondents were specifically asked about

  

the government requirements regarding various categories of the VHSNC members. The respondents were asked as to who is authorized to nominate VHSNC members as per government guidelines. To this question, more two fifth (40.8 percent) respondents stated that the membership of VHSNC is determined by nomination and the nominations are done in the gram sabha. However, nearly one fourth (23.2 percent) held the view that members are nominated by Senior Medical Officer under National Health Mission, whereas 36 percent respondents thought that it is the gram panchayat of the village and not gram sabha that decides the members and nominates them. As per the guidelines, however, the nominations are done in a collective way. They are decided in a meeting of the whole village wherein all villagers above the age of 18 (gram sabha) get together and have elaborate deliberations. Finally, a consensus is reached as regards the nominations and a list is prepared. Thereafter this list is further sent to the appropriate authorities of the government. The procedure of nomination through gram sabha was known only to a little more than two fifth existing members (43.8 percent) which means that an whopping more than half (56.2 percent) were not knowing even this much. Similarly among the non members, only 35.8 percent were aware where as the rest were totally ignorant. This was not an inspiring situation at all.

Table 4: Awareness about the Process of Nomination of Members

| **Determination of Membership** | **Awareness about the Actual Process of Nomination of members of VHSNCs (Yes Respondents)** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Mansa** | | | **Pathankot** | | | **Both** | | |
| | **Members N=76** | **Non-Members N=49** | **Total N=125** | **Members N=68** | **Non-Members N=35** | **Total N=103** | **Members N=144** | **Non-Members N=84** | **Total N=228** |
| Nomination by Gram Sabha | 36 (47.3) | 17 (34.7) | 53 (42.4) | 27 (39.7) | 13 (37.1) | 40 (38.9) | 63 (43.8) | 30 (35.8) | 93 (40.8) |
| Nomination by SMO/NRHM officials | 15 (19.8) | 11 (22.4) | 26 (20.8) | 19 (28.0) | 8 (22.9 ) | 27 (26.2) | 34 (23.6) | 19 (22.6) | 53 (23.2) |
| Gram Panchayat | 25 (32.9) | 21 (42.9) | 46 (36.8) | 22 (32.3) | 14 (40.0) | 36 (34.9) | 47 (32.6) | 35 (41.6) | 82 (36.0) |
| Total | 76 (100) | 49 (100) | 125 (100) | 68 (100) | 35 (100) | `103 (100) | 144 (100) | 84 (100) | 228 (100) |

Figures in parentheses denote percentages

  

Across the districts, data revealed that that, a little more than two fifth (42.4 percent) respondents in Mansa district thought that VHSNC members are nominated in gram sabha but the details were not known to them. In this district, more than one fifth (20.8 percent) respondents stated that SMO/NRHM officials nominate the members to VHSNCs. The trends were not very different in Pathankot. In this district, the proportion of the respondents who believed that gram sabha nominates the members to VHSNCs was 39 percent where as the percentage of respondents who thought that SMO/NRHM officials nominate the members was 26.2 percent. Overall, the statistical figures revealed that majority of the respondents in both districts were aware about the fact that the process of nomination of members in carried by the gram sabha and not by the SMO/NRHM officials or gram panchayat. However, most of them (both members and non-members) were not aware about the fact that nomination is the only criterion for determination of VHSNC membership. Some of the respondents thought that the government officers have discretion to choose members as per their own wisdom and choice from other committees or the government departments. The minute details were not known to many of the villagers.

**Functions of VHSNCs:**

As stated in earlier sections, the primary aim of setting up of VHSNCs at village level is to involve the community members in the issues relating to health, sanitation and nutrition. This committee is mandated to undertake all activities that are helpful in achieving better health, in reducing malnutrition, and improving overall sanitation. These committees involve the ANMs, AWWs, ASHAs and ICDS supervisors and other stakeholders in achieving the larger goal of decentralized health governance with the active participation of other community members. These committees also supervise the functioning of Anganwadi Centres (AWC) and help strengthen the working of this centre and further facilitate in improving the nutritional status of women and children. The committee is also authorized to address the grievances relating to health, nutrition and sanitation. Government expects that the committee should, preferably, act as a sub-committee of gram panchayat and function under the overall supervision of gram panchayat as its arm. Although t**he functions of these committees may vary slightly from state to state, the primary functions across all states are the same.**

**Functions as Stated by the Members of VHSNCs:**

In the survey, the researcher asked the members about the functions of these committees as per their understanding and analyzed the responses. As perceived by the members as well as the non members, the major functions of these committees is to identify health needs and problems, supervise the work of ANM/ASHA/AWW, monitoring health services under NRHM, maintenance of bank account, ensuring proper utilization of untied funds, celebrating Village Health Nutrition Day, organizing collective action for health promotion and to ensure participation of community in all health activities and services. The community people mainly

  

perceived these committees for carrying out activities relating to the utilization of grants and organizing social functions/celebrations at the village level. Towards this, the researcher observed that there is a need of changing this perception and make community people realize that VHSNCs are the people' forum set up to encourage community participation in all village level to improve the quality of health services, levels of nutrition and sanitation by performing functions of a varied nature. These bodies are set up not merely to undertake activities relating to utilization of grants/funds and organizing the cultural programmes but have larger goals of community engagement in overall governance, planning and administration of activities relating to health, sanitation and nutrition. It was very uninspiring to further note that there were just a few people only among the non members who perceived VHSNCs as a community owned institutions established to achieve better standards of health, nutrition and sanitation at the grassroots level.

Table 5: Awareness about the Functions of VHSNCs

| **Functions of VHSNCs** | **Distribution of Respondents (N=396)** | | | |
|---|---|---|---|---|
| | Fully aware | Some What aware | Not at all aware | Total |
| To identify health needs and problems | 53 (13.3) | 103 (26.1) | 240 (60.6) | 396 (100) |
| To supervise the work of ANM/ASHA/AWW | 63 (15.9) | 117 (29.6) | 216 (54.5) | 396 (100) |
| Maintenance of bank account | 101 (25.5) | 119 (30.1) | 176 (44.4) | 396 (100) |
| Proper utilization of untied funds | 55 (13.8) | 99 (25.0) | 242 (61.2) | 396 (100) |
| Village health planning | 29 (7.3) | 65 (16.4) | 302 (76.3) | 396 (100) |
| Public dialog for addressing major health problems | 44 (11.1) | 97 (24.5) | 255 (64.4) | 396 (100) |
| To ensure participation of community in health services | 43 (10.9) | 80 (20.2) | 273 (68.9) | 396 (100) |
| To celebrate Village Health Nutrition Day | 100 (25.2) | 150 (37.9) | 146 (36.9) | 396 (100) |
| Monitoring of health services under NRHM | 48 (12.1) | 110 (27.8) | 238 (60.1) | 396 (100) |
| Organizing local collective action for health promotion | 43 (11.0) | 87 (21.9) | 266 (67.1) | 396 (100) |

Figures in parentheses denote percentages

From the analysis, it is evident that most of the members thought that the main functions of these bodies are merely to celebrate village health nutrition day and maintain a bank account and utilize government funds. As regards the primary functions in terms of community involvement, decentralized health planning and governance, the awareness was very low. The data revealed that a whopping percentage of respondents (76.3) were totally unaware about the fact that these bodies are set up for health planning through participation of community in all decisions relating to health services (68.9 percent). Another important function of organizing collective action for health promotion at village level was also completely unknown to about 67.1 percent people of the village. In general, it was not very inspiring to note that the proportion of people who were completely unaware about the relatively significant functions of VHSNCs was high. From this, it can be said that the people see these bodies just as account keepers or as bodies made to utilize the government grants. Only a little more than one tenth (13.3 percent) respondents were fully aware about the fact that the VHSNCs have been set up to identify health needs and problems and are not merely for celebrating annual health day or keeping bank account. The findings of this study, by and large, are similar to the findings of the study done by Malviya et al. (2013). The study found that none of the stakeholders knew about all the functions of VHSC. A large majority (93.7%) of the sampled SHG members could not tell even a single function of the VHSC. The situation was not that bad in case of PRI members as the proportion of ignorant members from panchayats was much lesser (21.8%). The findings by Singh and Mor (2013) also reinforce the claims that the awareness level of the members of village education development committees (VEDCs) about functions of VEDCs was very less.

On the whole, the analysis of our study depicted that the awareness of respondents about the functions of VHSNCs was very less. The members of the VHSNCs needed more information on this aspect. The awareness levels can be improved through periodic trainings/workshops or awareness lectures by appropriate officials of the health department and other elated departments. The VHSNCs are mainly perceived as the bodies for carrying out activities relating to the utilization of grant or organizing village health and nutrition day which is not true. So there is a need to change this perception. It is important to create a perception that VHSNCs are the grass-root level forums set up to encourage community participation in health activities, thereby, improving the quality of health services and health status at the village level. These committees perform functions of varied nature and not just the functions relating to the utilization of funds and organizing only the annual health day celebration. Except for the ASHAs, AWWs and ANMs, most members did not viewed VHSNCs as a community owned institution made to achieve better standards of health services at the village level. This was not a good trend and required intervention of the government as well as other stakeholders and decision makers.

  

## CONCLUSION

Keeping in view the crucial link between community participation and equitable quality health, it is important to make people understand that VHSNCs can work more effectively only with their active engagement. With greater participation of the stakeholders like panchayats, community members, informal and formal leaders, teachers and parents, these bodies can give the maximum in terms of decentralized health planning and achieving better health standards. To start with, the awareness about the composition, process of formation of VHSNCs has to be increased through organizing capacity building workshops and trainings. Members have to be aware of the selection/nomination process and other aspects of the VHSNC's formation on priority basis. It is very important to select and nominate the best possible people available in the village. There is an urgent need for improving overall awareness level of the community people besides sorting out the basic problems such as the non representative and lopsided composition. As most VHSNCs in Punjab did not had minimum number of required members as mentioned in the guidelines of NRHM, such issues needs to be ironed out on priority.

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There are no conflicts of interest

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