



Study on the village health and sanitation committee (VHSC) in Tumkur district of Karnataka, India

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ARTICLE INFO :

Received : 21.07.2014

Accepted : 13.11.2014

KEY WORDS :

Community participation, VHSC, Village health plan

HOW TO CITE THIS ARTICLE :

Kumara, N. and Farooquee, Nehal A. (2014). Study on the village health and sanitation committee (VHSC) in Tumkur district of Karnataka, India. *Adv. Res. J. Soc. Sci.*, 5 (2) : 198-201.

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ABSTRACT

Village health and sanitation committee (VHSC) was constituted to institutionalize community participation in key health related issues and is an important move to decentralize and provides an opportunity for grass root level convergence. It is important that the VHSC be strengthened to ensure that the true spirit of community participation is ensured. VHSC is providing universal access to equitable, affordable and quality health care, especially for the poor and vulnerable communities in rural areas, through greater involvement of the Panchayat Raj Institutions (PRI). According to the Government of India guidelines, these committees are recommended to have 50 per cent women representation and representation by scheduled castes, scheduled tribes and other backward classes. This committee also receives an annual untied fund of Rs. 10,000/- for specific activities. The study has clearly shown that expenditure of 98.28 per cent was spent for the purpose of providing rural health services and rural health plans were prepared. Involvement of ASHA workers in VHSCs was maximum of (88.88 %) followed by the President of VHSCs and least participation of S.C., S.T. and women members was recorded.

INTRODUCTION

The Village Health and Sanitation Committee (VHSC) will form the link between the Gram Panchayat and the community. The VHC would be responsible for working with the Gram Panchayat to ensure that the health plan is in harmony with the overall local plan. It is anticipated that this committee will prepare a Village Health Plan and maintain village level data, supervised by the Gram Panchayat. Engaging the Gram Sabha and other groups in planning and monitoring the Village Health Plan will presumably enforce transparency and accountability.

National Rural Health Mission envisages the community to take leadership at local level, related to health and its related issues. It will be possible only when the community is sufficiently empowered to take leadership in health matters (VHSC). Clearly, it requires involvement of Panchayati Raj Institutions in the management of the health system. This could be possible if a committee is formed in each village under the

chairmanship of Gram Panchayat member and representative from the community such as Gaon budha, women's group, and SC/ST/OBC / minority communities etc. Hence, for the development of the village in each village wherever there is an ASHA Village Health and Sanitation Committee has been formed by providing untied grant for village level activities.

Role of the VHSC :

- The VHSC will be responsible for the overall health of the village. It will take into consideration of the problems of the community and the health and nutrition care providers and suggest mechanism to solve it.
- It will create public awareness about the essentials of health programmes, with focus on people's knowledge of entitlements to enable their involvement in the monitoring.
- It will discuss and develop a village health plan based

on an assessment of the village situation and priorities identified by the village community.

- Analyze key issues and problems related to village level health and nutrition activities, give feedback on these to the medical officer of the PHC.
- The committee will monitor all the health activities that are conducted in the village such as village health and nutrition day, mothers meeting etc.
- VHSC along with the ANM will be responsible to conduct household survey in the village.
- It will maintain village health register and the health information board. The health register and board will be put up at the most frequented section of the village and will have information about the mandated services in the Sub-centre/PHC.
- It will ensure that the ANM visit the village on the fixed days and perform the stipulated activity as per the Sub-centre work plan; oversee the village health and nutrition functionaries like ANM.
- The committee will monitor all the health activities that are conducted in the village such as village health and nutrition day, mothers meeting etc.
- ANM will submit a bi monthly village report to the committee along with the plan for next two months. Formats and contents would be decided by the village health committee. Discuss the report submitted by ANM in the village level meeting and take appropriate action.
- It will discuss every maternal or neonatal death that occurs in their village, analyze it and suggest necessary action to prevent such deaths. Get these deaths registered in the Panchayat.
- The committee will organize regular monthly meeting to discuss various issues in the village and document the minutes of the meeting.
- The committee shall ensure that public dialogue is organized at regular intervals (once in six month) in the presence of Medical Officer of the Primary Health Care Centre. The committee shall ensure that all the issues discussed are recorded and action taken on the issues discussed.
- VHSC will also play a vital role for selecting and supporting the ASHA from the community. Other than health related issues VHSC will also be responsible for the development of the village.
- The VHSC will also take care of the Sub-centre.
- The VHSC will be responsible to inform the community about all the government.

Utilization of the untied grant :

- The untied grant is a resource for community action at the local level and shall only be utilized for

community activities that involve and benefit more than one house hold.

- The committee will utilize the fund after taking resolution in the VHSC monthly meeting and also share the information of utilization of fund with the villagers during village meeting or public dialogue.
- The committee will not withdraw the total amount of Rs.10, 000/- at one go.
- The VHSC will be responsible for arranging all the essential instruments such as BP instruments, weighing machine, examination table, and screen for maintenance of privacy during health check up and other support required in organizing village health and nutrition day in the village by the ANM. It will also provide Rs.100/- to ASHA for organizing monthly village health and nutrition day.
- The procured instruments will remain in the custody of VHSC and during health day or for other health related events the health workers will use the instruments and return it to the committee at the end of the day.
- The committee from its untied fund of Rs. 10,000/- will arrange for the tea/ snacks for the gathered women, children and other beneficiaries during the village health and nutrition day.
- The committee will contribute on behalf of 10 poor BPL families in a year @ Rs. 300/- for allotment of sanitary latrine under Total Sanitation Campaign.
- The fund can be utilized for village level activities such as cleanliness and sanitation drive, school health activities, building transport communication link for transferring the patient to health facilities, health awareness activities, household surveys, improving the facilities of the Anganwadi centre and any other developmental activities for the village/ community.
- The committee will also utilize the fund for wall writing of slogan on health and sanitation along with awareness activities in the village.
- During emergency like flood or any epidemic, the committee will utilize the fund for the relief camps or supplies such as in case of flood it can supply Halogen tablet for purification of water, ORS, bleaching powder etc.
- The committee can procure bicycle for ASHA if it feel that the distance covered by them is too far within the village to reach the households and provide healthcare service and therefore causing hindrance for them to cater all the households.
- The committee will utilize the fund for making signboard in the meeting place of VHSC.

Maintenance of funds :

- The committee will be entitled for annual grant of Rs.10,000 for village level activities.
- The VHSC shall maintain a register of funds received and expenditure incurred and relating it to the activities undertaken.
- The committee will manage the village health fund for various health activities including public awareness about family welfare, immunization, pregnancy, malaria and other issues including health, preparation of health register, and organization of meetings at the village level, house hold survey, sanitation drives or any requirement in conducting the health activities as per the discretion of the VHSC.
- The committee will maintain accounts and timely submit the utilization certificate and statement of expenditure for the money received to the Primary Health Centre.

Maintenance of registers:

Following registers should be maintained :

- Village Health Register
- Birth and Death Register
- Public Dialogue Register
- Referral Register
- Untied Grant Register

Tumkur district is about 70 km to the west of Bangalore, the capital city of Karnataka, three national highways run through the district connecting many districts of Karnataka to Bangalore. Tumkur is at 818.51 meters from the sea level has 10596 sq km land area and it is in the third place in land area of Karnataka state occupying 5.53 per cent of total area consisting of 10 taluks, for the smooth administration district divided into three revenue divisions. Tumkur district has 10 towns and 2708 villages where 5.50 lakh families resides, out of which 4.41 lakh (80.18%) and 1.09 lakh (19.82%) families reside in rural and urban areas, respectively.

In Tumkur district, 2261 VHSC have already formed and 1921 VHSC have received untied fund of Rs. 10.000 p.a and the guidelines for the proper use of funds were issued. These committees are fully operationalised and will play key role in the decentralized planning process.

MATERIAL AND METHODS

A study on the Village Health and Sanitation Committee (VHSC) in Tumkur district, Karnataka State-India was carried out during 2013-14.

90 VHSC members were selected from three taluks of Tumkur district. Village Health and Sanitation Committee members were selected by proportionate random sampling method from three categories (1) Group A : president of the

committee (Elected Gram Panchayat member of that village),(2) Group B: SC / ST / women's representative members (3) Group C : ASHA worker (member Secretary of the Committee) of 30 members each. Thus, 90 members of Village Health and Sanitation Committee were taken as respondents and Data were collected by personal interview method. Out of 90 members, 32 were male and 58 were female members.

Data were also collected from secondary sources of information such as reports of Department of Panchayat Raj and Rural Development and Health and Family welfare Department. Discussions were held with officials of these Departments, experts, executives, to elicit their views, ideas and opinion on the important issues pertaining to village health plans and VHSCs. The data were collected through personal interview and secondary source and were analyzed by using suitable statistical techniques.

OBSERVATIONS AND ANALYSIS

The results from Table 1 indicated that majority (35.55 %) of the respondents were having 10 th pass or High School education followed by having Primary School education (18.88 %), same percentage of 16.66 were illiterates and having Middle School level education and only 11.11 per cent and 1.00 per cent of members were having Higher Secondary School and above education, respectively.

Among the groups, 73.33 per cent ASHA workers were having High School education followed by 20.00 per cent Higher Secondary education.

Group of SC / ST / women's members of VHSC were having the same and highest percentage of 26.66 per cent of illiterates and Primary School education followed by 20 per cent each of Middle school and High School education.

Group A, president of VHSC, majority (30.00%) were having Primary School education followed by the same percentage of 23.33 per cent of illiterates and Middle School educated.

Among all the groups, only one respondent of President of VHSC group were having above Higher Secondary education.

It is apparent from Table 2 that majority of the respondents (70 %) were under middle age category followed by 22.22 percentage of young age and in old age only 7.78 per cent. 23.33 per cent of Group A, President of the committee and SC ST, women's representative were belonging to the younger age groups and old age groups of 16.66 per cent and maximum (60 %) middle age in of Group A, president of the committee. Majority (76.66%) of the ASHA workers were in middle age group followed by 20.00 per cent in young age group.

For understand the functioning of VHSC s in Tumkur district of Karnataka, the data were analyzed. The findings from Table 3 showed that majority (88.88 %) of the ASHA

Table 1 : Distribution of respondents according to their education

Sr. No.	Category	Group A : President of committee		Group B : S.C./ Women's representative members		Group C : ASHA member secretary		Total	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1.	Illiterate	7.00	23.33	8.00	26.66	0.00	0.00	15.00	16.66
2.	Primary School	9.00	30.00	8.00	26.66	0.00	0.00	17.00	18.88
3.	Middle School	7.00	23.33	6.00	20.00	2.00	6.66	15.00	16.66
4.	High School	4.00	13.34	6.00	20.00	22.00	73.33	32.00	35.55
5.	Higher Secondary School	2.00	6.67	2.00	6.67	6.00	20.00	10.00	11.11
6.	Above Higher Secondary	1.00	3.33	0.00	0.00	0.00	0.00	1.00	1.11
	Total	30.00	100.00	30.00	100.00	30.00	100.00	90.00	100.00

Table 2 : Distribution of respondents according to their age

Sr. No.	Category	Group A: president of committee		Group B: SC, ST/Women's representative		Group C: ASHA member secretary		Total	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1.	Young age (<35 yrs)	07	23.33	07	23.33	06	20.00	20	22.22
2.	Middle age(36-50 yrs)	18	60.00	22	73.33	23	76.66	63	70.00
3.	Old age (>50 yrs)	05	16.66	01	3.33	01	3.33	07	7.78
	Total	30	100.00	30	100.00	30	100.00	90	100.00

Table 3 : Distribution of respondents according to their involvement in VHSC meetings

Sr. No.	Category	Group A: president of the committee		Group B : SC /women's representative		Group C : ASHA member secretary	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1.	Meeting and sanitation work	08	44.44	03	16.66	16	8.88
	Total	18	44.44%	18	16.66%	18	8.88%

Table 4 : Expenditure statement (2013-14)

No. of VHSCs formed (2013-14)	No. of VHSCs received funds of Rs. 10.000	Total funds received in Rs. (2013-14)	Total expenditure (2013-14)	Unspent amount in Rs.
2261	1921	17073470 = 00	16780183 = 00 (98.28 %)	293287 = 00 (1.71 %)

workers were involved in all the activities of VHSCs followed by involvement of the President was 44.44 per cent and there was least percentage (16.66) of the SC/ST/ women's members participation.

It is essential to create awareness about VHSC, its functions and role of members to help the rural poor people in turn to achieve objectives / goals of NRHM.

It is concluded from Table 4 in Tumkur 2261 VHSC were formed, but untied grant of Rs. 10.000/annum was given to 1921 VHSCs along with guidelines. Expenditure of 98.28 per cent was recorded.

Acknowledgement :

The authors greatly acknowledge the support rendered by Karnataka State Health and Family Welfare Department and PRIs for conducting the present studies.

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