VILLAGE HEALTH, SANITATION AND NUTRITION COMMITTEES (VHSNCs) AS VEHICLES OF PRIMARY HEALTHCARE: EXPLORING THE AWARENESS OF THE COMMUNITY PEOPLE ABOUT THEIR FUNCTIONS AND ACTIVITIES

Lakhvir Singh[1], D P Singh[*2], Jasvir Kaur[3], Harjinder Kaur[4] and Harpreet Singh[5]

[1]*Assistant Professor, Department of Social Work, Punjabi University, Patiala*
[2]*Professor, Department of Social Work, Punjabi University, Patiala*
[3]*Senior Nursing Officer and* [4]*Medical Social Worker, Post Graduate Institute of Medical Education & Research, (PGIMER), Chandigarh*
[5]*Master Student, Department of Social Work, Punjabi University, Patiala*
[1]sukhlakha@gmail.com, [2]mordps@gmail.com, [3]jasvirkaur65d@gmail.com,[4]hkdandiwal88@gmail.comand [5]iharpreetjawandha@icloud.com
[1]ORCHID ID 0000-0002-8847-0896, [2]ORCHID ID 0000-0001-5100-865X, [3]ORCHID ID 0000-0002-2351-2856, [4]ORCHID ID 0009-0006-0895-584X and [5]ORCHID ID 0009-0009-6368-0254
[*]*Corresponding Author Email:* mordps@gmail.com

ABSTRACT

Village Health, Sanitation and Nutrition Committees (VHSNCs) are very important vehicles of primary healthcare at the village level. These bodies ensure community participation in the governance of health by involving all the stakeholders in designing, formulating and assessing the activities of the health action initiatives at the grassroots. As mandated under National Health Mission (NHM), the VHSNCs ensure public participation through representatives of the community-based organizations. The NHM clearly highlights the decentralized process of health care management through Village Health, Sanitation and Nutrition Committees. VHSNCs as an element of NHM strive towards improving accessibility, affordability and accountability of effective primary healthcare to the rural people especially the poor, women and the children. The contribution of these bodies is clearly visible in the rural areas. They are making significant impact in governance of primary health care despite the constraints in terms of illiteracy, ignorance and lack of commitment and coordination among the rural people. Towards more effective achievement of the intended goals of VHSNCs, poverty, illiteracy and lack of coordination and awareness of the people are major issues of concern. Despite all efforts of the government, a large number of the beneficiaries, including the members of VHNSCs, still lack awareness about the functions and activities of these bodies. Keeping this in view, the present study attempts to explore the extent of awareness of community people (VHSNCs' members and beneficiaries) about the functions and activities of these bodies in the state of Punjab. The study was conducted in two districts of Punjab namely Mansa and Pathankot, having high and low institutional deliveries respectively. Using random sampling, all members (n=198) of the sampled VHSNCs from the best performing VHSNCs were selected besides selecting an equal number of beneficiaries (n=198). This way, the sample of the study constituted both members and non-members (N=396).The findings revealed low levels of awareness among both the members and the non-members about the functions and activities undertaken by VHSNCs. The study highlighted the need for periodic trainings for VHSNCs' members and frequent awareness drives for the beneficiaries of these bodies so that the goals of community participation can be optimally achieved under Rural Health Mission.

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

DOI: 10.31838/ecb/2022.11.11.70

Introduction

Rural health care services in India are mainly based on primary healthcare, which aims to provide preventive, promotive, curative and rehabilitative health care services to the people at the village level. All national health policies and programmes in India aim at achieving an acceptable standard of health for all. Keeping in line, one of the most important aspects of primary healthcare is community participation. Community participation in rural health planning and administration is essential in the context of the mandate of World Health Organization wherein development has to people-cantered and must have to promote people's engagement more directly.[1] In order to achieve the goal of all-round village development, village hygiene, sanitation, nutrition, health relief and basic education are just a few of the primary ways. For attaining holistic socioeconomic development, people's participation at the grass-root level is the most important factor. Evidences suggest that most of the health problems of a majority of India's population were amenable to being solved at the primary healthcare level through community participation and ownership.[2] However, community participation and ownership of healthcare infrastructure in terms of local hospitals, clinics and health centres is still lacking due to various factors including poverty, illiteracy, ignorance and indifference of the stakeholders.[3] Besides this, the rural health care services suffer from shortage both in terms of physical infrastructure but also human resources. Though the Government of India's flagship programme called the National Health Mission (NHM) (in April 2005, formally known as National Rural Health Mission) has greatly involved local communities in every aspect of administration of rural health, yet there is a lot more left to be achieved.[4] NHM seeks to provide accessible, affordable, and quality healthcare to the rural population, especially the vulnerable sections besides improving the maternal and child health services across the country.[5] This mission has placed strong emphasis on addressing local issues and making local health community-centric through the involvement of Panchayat Raj Institutions (PRIs).[6] NRHM has clearly envisaged community action as the only guarantee for the right to health care by putting community pressure on the health system. It is widely understood and accepted that to maintain effective quality services, people's ownership and control is inevitable.[7]In this process, one of the key elements in the implementation of NHM is the Village Health Nutrition and Sanitation Committee (VHNSC). These committees are entrusted with the responsibility of enhancing people's participation in improving healthcare services in rural areas by increasing awareness about health and health entitlements with special focus on women and children.[8] The functions 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. The formation, functions, and responsibilities of the VHSNCs are decided as per the NHM guidelines. An 'untied fund' of INR10,000 per VHNSC per annum is provided to facilitate various health activities including Information Education and Communication (IEC) activities, household surveys, preparation of health registers, organization of meetings at the village level etc.[9] The village Sarpanch and ANM jointly hold the bank account for this fund (Government of India, 2012).[10] Maintenance of records (record of meetings, details of expenditure, updating village health register [VHR]) is a task of the VHSNCs that is completed regularly. Community leaders participate in the governance and improvement of the local health facilities and the untied funds are utilized with the consensus of the community. In general, the VHSNCs are doing a commendable job all across and have left a mark in the effective administration of local health services. However, in some regions, the situation is not as good. Studies have reported a lack of awareness among VHSNC members about their roles and responsibilities, and the functions of VHSNCs, mainly due to lack of proper orientation.[11,12]Even in Punjab, there are instances that shows that the lack of awareness of the VHSNC members have adversely affected community participation; thus, affecting the overall functioning of VHSNCs. The present study is a modest attempt to explore the extent of awareness of community people about functions and the activities of VHSNC besides suggesting a way forward for improvement. The primary aim is to examine the awareness of community people about the functions of VHSNCs and the activities undertaken for health promotion and sanitation by VHSNCs in Punjab.

METHODS

Study Design and Sampling

The present study is descriptive, interpretive and evaluative in nature. It attempts to capture the local dynamics in the study area that facilitate or impede the successful functioning of the VHSNCs under NHRM. For the purpose, the study was carried out in Mansa and Pathankot districts of the state of Punjab. The NRHM in its last survey[13] (2013) identified Muktsar, Mansa, Barnala, Sangrur, Pathankot and Gurdaspuras the top six high priority districts because the general health indicators, especially maternal and child health, of these districts were found to be very low. According to the survey, the institutional deliveries in Mansa district were the highest (96%) followed by Barnala (93%), Sangrur (89%), Muktsar (85%), and Gurdaspur (82%) and Pathankot was at the lowest (77%). The survey showed that Mansa district had the high institutional deliveries and Pathankot had the low institutional deliveries. Thus, these two districts were picked up to have a representative sample for the present study. Further, a total of 09 best performing VHSNCs from each of the two districts (Total=18 VHSNCs) were selected purposively. In the third stage, all the members (N=198) of the sampled VHSNCs and an equal number of non-members beneficiaries (N=198) were selected for the final interview. This way, the sample of the study constituted both members and non-members constituting a total of 396 respondents.

Study Measures

'Awareness about the functions of VHSNCs' was measured using a structured interview schedule. We examined whether a member or non-member knows about the following functions and allied key information of the VHSNCs as perceived by them. The information was regarding identification of health needs and problems, supervision of the work of Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activist (ASHAs), maintenance of bank account, proper utilization of untied funds, village health planning, public dialogues for addressing major health problems, ensuring participation of community in health services, Celebrating Village Health and Sanitation Day, monitoring health services under NRHM and organizing local collective action for health promotion.

'Awareness about activities undertaken by VHSNCs for health promotion' was assessed by asking both members and non-members whether VHSNCs conduct the health activities relating to preparing village health plan, ensuring ambulance services and transport facilities for emergency deliveries, support for antenatal care, anaemia treatment and referral, care of school going and malnourished children, group discussion about epidemic diseases and other health issues, providing information on immunization, safeguarding the health of very poor people and availability of first aid kits. The respondents were asked to respond in terms of periodical organization or frequency of these activities.

'Awareness about activities with regard to Sanitation' was measured by collecting data from the respondents related to the number of households having provision of safe drinking water, frequency of cleaning of water tanks, the number of households where people were encouraged to build toilets, and the frequency of safeguarding health of the people in the village jurisdiction against diseases.

RESULTS AND INTERPRETATION

Characteristics of the Respondents

Of the total sampled respondents who were members, more than half (52.6%) members were more than 45 years of age. It was because among these members, greater representation was of the ex-servicemen, the philanthropists and the PRIs members who usually are of higher age. Besides these members many other members such as Anganwadi Worker, ANMs and ASHAs were government employees**.**Across gender, more than two-third (67.5%) were females and were largely housewives (63.4%). As regards the non-members (beneficiaries), the scenario was quite different as most of the beneficiaries (95.5%) were young adults (18-30 years). It was becausethe benefits of VHSNCs are largely drawn by the people in the reproductive age. As regards caste groups of sampled respondents, it was observed that maximum (46.9%) members belonged to the Scheduled Castes (SCs) followed by OBCs (16.3) and General Castes (36.6). The higher number of SCs were because of the caste-based reservation for membership to VHSNCs as per the Government guidelines. As per religion, majority (86.8%) of the total respondents, both members and non-members, were Sikhs followed by Hindus (12.3%). With regards to marital status and education, most of the respondents (99%) were married and

literate (72%). The education level was ranging from middle level to post graduation. Of the total respondents, about62.9% had nuclear families and about two-fifth (40%) of the respondents' families were earning less than one lakh per annum.

Awareness about the Functions of VHSNCs

The awareness about the functions of VHSNCs in general was low among both the members and the non-members. However, a higher proportion of members (ranging from 13% to 34%) compared to non-members (ranging from 0% to 19%) reported that they were fully aware about different VHSNC functions. A large fraction of non-members (ranging from 46% to 97%) compared to members (ranging from 27% to 57%) stated that they do not have sufficient information about various functions of VHSNCs. These findings point towards an inevitable need to ensure that all members and non-members do have sufficient and proper knowledge about the VHSNC programmes, practices, responsibilities etc.

Table 1: Awareness about the functions of VHSNCs

Functions of VHSNCs	Members (N=198)			Non-members (N=198)			Total (N=396)		
	Fully	Some What	Not at all	Fully	Some What	Not at all	Fully	Some What	Not at all
To identify health needs and problems	48 (24.2)	71 (35.9)	79 (39.9)	5 (2.5)	32 (16.2)	161 (81.3)	53 (13.3)	103 (26.1)	240 (60.6)
To supervise the work of ANM/ASHA/AWW	52 (26.2)	77 (38.9)	69 (34.9)	11 (5.6)	40 (20.2)	147 (74.2)	63 (15.9)	117 (29.6)	216 (54.5)
Maintenance of bank account	68 (34.4)	73 (36.9)	57 (28.7)	33 (16.6)	46 (23.2)	119 (60.2)	101 (25.5)	119 (30.1)	176 (44.4)
Proper utilization of untied funds	45 (22.7)	81 (40.9)	72 (36.4)	10 (5.1)	18 (9.1)	170 (85.8)	55 (13.8)	99 (25.0)	242 (61.2)
Village health planning	29 (14.7)	59 (29.7)	110 (55.6)	0 (0.0)	6 (3.1)	192 (96.9)	29 (7.3)	65 (16.4)	302 (76.3)
Public dialog for addressing major health problems	26 (13.1)	58 (29.3)	114 (57.6)	18 (9.1)	39 (19.6)	141 (71.3)	44 (11.1)	97 (24.5)	255 (64.4)
To ensure participation of community in health services	32 (16.1)	55 (27.8)	111 (56.1)	11 (5.6)	25 (12.6)	162 (81.8)	43 (10.9)	80 (20.2)	273 (68.9)
To celebrate VHND	62 (31.3)	82 (41.5)	54 (27.2)	38 (19.1)	68 (34.4)	92 (46.5)	100 (25.2)	150 (37.9)	146 (36.9)
Monitoring of health services under NRHM	38 (19.2)	77 (38.9)	83 (41.9)	10 (5.1)	33 (16.8)	155 (78.2)	48 (12.1)	110 (27.8)	238 (60.1)
Organizing local collective action for health promotion	36 (18.1)	68 (34.4)	94 (47.5)	7 (3.5)	19 (9.6)	172 (86.9)	43 (11.0)	87 (21.9)	266 (67.1)

Figures in parentheses denote percentages

Overall, of the total 396 respondents, a majority (ranging from 55% to 76%) were not at all aware about various functions of VHSNCs. The responses in the table 1 shows that 60.6% of the total respondents were not at all aware about '*Identifying the health needs and problems'*; 54.5% about '*Supervising the work of ANM/ASHA/AWW*'; 61.2% about '*Proper utilization of untied funds*'; 76.3% about *'Village health planning'*; 64.4% about *'Public dialog for addressing major health problems along with sanitation and nutritional problems'*; 68.9% about *'Ensuring the participation of community in health services to enhance the health status*

of the village'; 60.1% about *'Effective monitoring of health services by the VHSNCs'*; and 67.1% about *'Organizing local collective actions for health promotion activities'*.

These findings are in line with other studies such as Malviya et al. (2013) who also reported that none of the stakeholders knew about all the functions of VHNSCs in their area of study. In this study, none of the members were found to be aware about the term 'village health plan'– a specially mentioned activity in the guidelines of VHSNC. The awareness about activities for utilization of untied fund was found in 52.3% members.[14] Kumar et al., (2016) reported that nearly one-fifth of the PRIs members could not tell any function of the VHNSCs.[15]Singh and Mor, (2013) also found that the awareness level of village education and development committees (VEDCs) members about functions of VEDCs was very low.[16] A narrative review of existing research on health committees by Hove et al., (2022), largely derived from African studies conducted between 2008 and 2020, indicated that health committees lacked understanding of roles and functions and they often suffered from weak community linkages and participation, even when they operated within well-established structure.[17] Ramiro et al., (2001) found that the unawareness was mainly due to lack of inclusiveness, poor community engagement and weak support from the health authorities. Apart from that the socio-cultural and historical traditions also were responsible as they allowed little community participation.[18] In our case , the low level of awareness was due to indifference of the community people about VHSNCs and too much dependence on government authorities. Lack of periodic training and lack of commitment of the Government officials was also a matter of concern.

As regards the data on '*maintenance of bank account*', it was evident that nearly one fourth (25.5%) of VHSNC respondents were fully aware about the requirements of bank account, signatory and the untied fund. Whereas nearly one-third (30.1%) of the respondents had some knowledge on this aspect and 44.4% were not at all aware about this function. With regards to the celebration of Village Health and Nutrition Day, nearly one fourth (25.2%) respondents were fully aware while about 38% were somewhat aware and nearly 37% were totally uninformed about this activity. However, the situation was not the same in the study carried out by Dhiman et al., (2020). They observed that most (93.9%) of the committee members in their study knew about the Village Health Nutrition Days (VHNDs) as an activity supported by the VHSNCs.[19]

Overall, the analysis depicted that the awareness of respondents about the functions of VHSNCs was very low. The members were not aware about the actual purpose and role of VHSNCs. They mainly perceived VHSNCs as the bodies for carrying out activities relating to the utilization of grant or organizing village health and nutrition day functions at the village level. Unfortunately, most of the members (except ASHA, AWW and ANM) perceived VHSNCs as institutions established to engage only in sanitation activities.

Awareness about Activities for Health Promotion

In this section, an attempt has been made to understand the extent to which VHSNCs are helpful in health promotion in the village. Nearly 59% of the total respondents stated that VHNSCs conducted health promotion activities and these activities were very effective. These activities included health camps, awareness drives, invited lectures and awareness meetings with the community people. The contribution of VHNSCs about promoting rural health through aforementioned activities was very visible and admired by the community people. Semwal et al., (2013) in his study also found that the VHNSCs organized health promotion activities and they were very impactful.[20] Kumar et al., (2016), however, had different opinion. In their study, most (90%) of the VHSNCs have not organised any health promotion activities in the past three months. The village people did not come forward to collaborate with Government authorities help in organizing health promotion activities due to caste-related dynamics in the community.[21]

Table 2: Awareness about activities for Health Promotion undertaken by VHSNCs

S. No.	Awareness about activities for Health Promotion undertaken by VHSNCs				
	Activities of VHSNCs	**Frequency of activities as stated by respondents**	**Members (N=198)**	**Non-Members (N=198)**	**Total (N=396)**

Did VHSNCs carry out some activities for Health Promotion?		Yes	125 (63.13)	108 (54.54)	233 (58.9)
		No	30 (15.15)	8 (4.04)	38 (9.6)
		Don't know	43 (21.72)	82 (41.42)	125 (31.5)
Yes response (N=233)			**N=125**	**N=108**	**N=233**
1	Frequency of group discussion with community members about epidemic diseases and other health issues	Quarterly	0 (0.0)	0 (0.0)	0 (0.0)
		Six monthly	15 (12)	8 (7.40)	23 (9.87)
		Annually	116 (92.8)	94 (87.04)	210 (90.13)
2	Preparation of village health plan	Yes	1 (0.8)	0 (0.0)	1 (0.43)
		No	12 (9.6)	4 (3.70)	16 (6.87)
		Don't know	114 (91.2)	102 (94.44)	216 (92.70)
3	Frequency of ensuring ambulance services and transport facilities for emergency deliveries	Every time	0 (0.0)	1 (0.4)	1 (0.43)
		Sometimes	26 (20.8)	18 (16.67)	44 (18.88)
		Never	97 (75.78)	91 (84.25)	188 (80.69)
4	Frequency of support for antenatal care– anaemia treatment and referral services	Always	12 (9.6)	9 (8.33)	21 (9.01)
		Sometimes	56 (44.8)	23 (21.30)	79 (33.91)
		Never	56 (44.8)	77 (71.29)	133 (57.08)
5	Frequency of care of children who have malnutrition e.g., treatment, supplement food etc.	Always	5 (4)	7 (6.48)	12 (5.15)
		Sometimes	101 (80.8)	73 (67.59)	174 (74.67)
		Never	19 (15.2)	28 (25.92)	47 (20.18)
6	Frequency of providing information on immunization	Always	125 (100)	104 (96.29)	229 (98.29)
		Sometimes	1 (0.8)	2 (1.85)	3 (1.28)
		Never	0 (0.0)	1 (0.92)	1 (0.43)
7	Frequency of safe guarding the health of very poor through untied fund	Always	14 (11.2)	6 (5.56)	20 (8.58)
		Sometimes	101 (80.8)	88 (81.48)	189 (81.12)

		Never	11 (8.8)	13 (12.03)	24 (10.30)
8	Frequency of purchasing first aid kits	Quarterly	8 (6.4)	1 (0.92)	9 (3.86)
		Six Monthly	114 (91.2)	70 (64.81)	184 (78.97)
		Annually	18 (14.4)	22 (20.37)	40 (17.17)

Figures in parentheses denote percentages

Of the respondents (N=233) who reported that VHSNCs conducted some health promotion activities (Table 2), most (90.1%) of the respondents affirmed that group discussion with community members towards certain constructive solutions about epidemic diseases and other health related issues are conducted on annual basis. In this area, the VHNSCs were doing a noticeable work at the village level and the community people were getting sensitized. However, in the study done by Bathula et al., (2020) the scenario was opposite. They found out that the members of the VHNSCs had little contact with the beneficiaries on health related problems. In this study only 8% of the households have reported to be contacted by VHSNCs and there were just 5% members who regularly attended VHSNC meetings in last one year.[22]

As regards the awareness on the preparation of village health plan, a majority (92.7%) of the respondents did not even knew if a village health plan is prepared by VHSNCs or not. However, about 6.8% were in the know but replied that VHSNCs do not prepare any such village health plan. In study of Sah et al., (2013) none of the VHNSC members except ANMs knew about preparation of villagehealthplan.[23] It is clear from the present analysis that majority of the respondents were totally ignorant about village health planning which underscores the urgency of awareness generation and sensitization of the members to be more proactive about preparing plans for the village health. To improve the situation, it is important to devise mechanisms for identification health care priorities for an effective health planning across all sections of the village population.

Regarding the availability of ambulance services and transport facilities for emergency deliveries, majority (80.7%) of the respondents stated that these services/facilities have never been made available for poor people. Interestingly 18.8% affirmed that such services are provided on some occasions. Given the existing situation, it is very much needed that the members of VHSNCs should work with commitment to fulfil the mandate of these bodies. They should be properly trained to utilize the 'untied fund' for provisioning services relating to ambulance and transport so that the beneficiaries do not suffer for the want of these amenities. With regards to the support structures for pregnant and antenatal care, anaemia treatment and referral, nearly three-fifth (57%) respondents (except ASHA and ANMs)reported that VHSNCs never conduct any activities to support antenatal women, whereas 34% reported that they help the needy during referral to reach the hospital only at times. From the analysis , it evident that reveals there is a need of capacity building of the members of VHSNC so that they can generate awareness about government schemes on this aspect particularly the Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakaram (JSSK) etc. among the marginalized groups at the village level.

VHSNCs in Punjab provide nutrition counselling as well as home ration to the needed children. During the survey almost three fourth (74.7%) respondents informed the researcher about this aspect. They stated that the VHSNCs do provide home ration and nutrition counselling to those children who are unable to come to Anganwadi centres or having other difficulties such as disability or illness etc. The Anganwari Workers (AWW) stated that they always take care of children, especially in cases of malnutrition by providing ration and vitamin A solutions. From the findings it is clear that VHNSCs are doing a good job with regards child nutrition but still there is a lot of scope for improvement. It was observed that except AWWs, the rest of the members need to be made more proactive and sensitized towards their role and contribution for increasing the efficacy of these bodies. As regards the immunization of children at village level, the VHNSCs are doing a noticeable work. A whopping majority of the respondents (98.3%) stated that ASHA, AWWs are always at the forefront in motivating the village people towards immunization of their children. From time to time, they go door to door

for informing the parents for vaccination of the children. But this was not the case in the study carried out by Semwal, et al. (2013) in which it was reported that only 1.2% members ensured proper immunization.[24] In this study, the VHSNCs were, nonetheless, were doing fairly good with regard to safeguarding the health of the very poor in the village. This was stated by as high as 80% of the respondents. These respondents affirmed that VHSNCs motivated the community people about the importance of cleanliness in promoting health. In our study VHSNCs did purchased first aid kits and were also used them as and when required. Semwal, et al., (2013) reported lower figure only 1.1 percent member procurement of first aid Kit.[25]

The present study shows that there can be time dedication and iterative assessment and discussion for the different activities towards VHSNC. Surprisingly, majority of the respondents were totally ignorant about the mandate of preparing health planning so there is urgent need to generate awareness and sensitization among members about village health planning because it is an important mechanism to identify health care priorities and to take appropriate action at various levels. The VHSNCs should be trained and able to utilize the untied fund for emergency transportation for delivery or referral. The study also reveals the need for capacity building of VHSNCs members first so that they can generate awareness about JSY/JSSK among the marginalized groups and facilitate collection of information about such groups. The present study depicts that except the ASHA, AWW and ANMs, the rest of the members need to be aware and sensitized about their roles towards the committee as they are not much aware about their responsibilities.

Awareness about Activities with Regard to Sanitation

Overall, in both the districts, about 40% respondents (45.9% members, 38.3% non-members) stated that VHSNCs did implement activities or tasks towards village sanitation (Table 3) such as provision of safe drinking water, cleaning of water tanks, testing of portability of water, encouraging people to build toilets, placing bins in the village, educating people regarding the use of bin and safeguarding health of the people in the village jurisdiction against diseases. However, about two-third (34.5%) respondents (30.8% members, 38.3% non-members) stated that VHSNCs have not undertaken any sanitation activities so far, while 25% respondents (23.2% members, 26.7% non-members) were not aware of the sanitation activities for their specific localities conducted under the umbrella of VHSNCs.

It was observed that the VHSNCs were involved in sanitation activities in both the Districts in the sample. The work was noticeable but the respondents, who reported in the negative, did so due to their ignorance about the sanitation activities of VHSNCs. It is therefore important that more awareness about the sanitation activities is done by the concerned stakeholders. In the study by Passi et al., (2017), it was highlighted that in the meetings of the VHSNCs, health, hygiene, and water sanitation issues were discussed quite regularly. However, nutrition related issues were discussed only occasionally.[26] Karpagam S. (2012) reported that the members of these bodies were lacking in their crucial responsibilities regarding raising awareness about the availability of health services, developing Village Health Plan (VHP), maintaining Village Health Register and health information board.[27]

Table 3: Awareness about VHSNCs activities with regard to sanitation

S. No.	Awareness about activities with regard to Sanitation				
	Activities of VHSNCs	**Frequency of activities as stated by respondents**	**Members (N=198)**	**Non-Members (N=198)**	**Total (N=396)**
Did VHSNCs carry out some activities for sanitation?		Yes	91 (45.9)	69 (34.8)	160 (40.4)
		No	61 (30.8)	76 (38.4)	137 (34.6)
		Don't know	46 (23.3)	53 (26.8)	99 (25.0)
Yes Response (N=160)			**(N=91)**	**(N=69)**	**(N=160)**
1	No. of households with provision of safe	In all households	70 (76.92)	51 (73.91)	121 (75.63)

	drinking water as perceived by the respondents	In some households	21 (23.07)	18 (26.08)	39 (24.37)
		In no households	0 (0.0)	0 (0.0)	0 (0.0)
2	Frequency of cleaning of water tanks	Yearly	0 (0.0)	39 (56.52)	39 (24.37)
		Half-yearly	69 (75.82)	11 (15.94)	80 (50)
		Quarterly	22 (24.17)	19 (27.54)	41 (25.62)
3	No. of households where people were encouraged people to build toilets	In all households	73 (80.21)	49 (71.01)	122 (76.25)
		In some households	17 (18.68)	14 (20.28)	31 (19.38)
		In no households	1 (0.6)	6 (3.7)	7 (4.37)
4	Frequency of safeguarding health of the people in the village jurisdiction against diseases through sanitation camps	Yearly	0 (0.0)	6 (8.69)	6 (3.75)
		Half-yearly	44 (48.35)	30 (43.48)	74 (46.25)
		Quarterly	47 (24.3)	33 (14.3)	80 (50)

Figures in parentheses denote percentages

The VHSNCs did conducted sanitation-related activities as in evident from the data (Table 3). More than three-fourth (75.6%) respondents informed that VHSNCs provided safe water drinking facility in all the households in their respective villages. As regards cleaning of water tanks, half of the respondents stated that VHSNCs performed this activity on half-yearly basis. Semwal, et al., (2013) reported that 25.3% members of these bodies actually were involved in cleaning and chlorinating water tanks at the village level.[28]

About VHSNCs efforts on encouraging people to build toilets so as to retain and maintain healthy environment and living culture, nearly three-fourth (76.2%) respondents said that VHSNCs always motivated the villagers regarding toilets building programme. VHSNCs also were instrumental in safeguarding the health of the people in the village jurisdiction against diseases. They did this by organising sanitation and awareness camps (Table 3). According to about half of the respondents, these camps were organized quarterly by the VHSNC members (ASHA workers) to educate people about diseases.

It is also evident from the data that majority of the respondents were aware about VHSNCs conducting water source cleaning. But they expressed that in spite of all good work; there is lack of efforts made so far to educate people about diseases. Despite being preventable and curable, anaemia, infant and child malnutrition, malaria, tuberculosis and diarrhoea remain widely prevalent in sampled villages. The prevalence of vector-borne and water-borne diseases can be halted by sensitizing people about the importance of sanitation and hygiene. VHSNCs can play n important role in help people get access to clean drinking water and improving sanitation facilities at the household as well as community level. In this regards and also in general , the VHSNCs need to upgrade themselves towards new educational tools and techniques such as audiovisuals, print material or through verbal communication, mobile phone (texting) and social networking applications. Such digital tools will have to be put into extensive use to educate people against the diseases as well as in updating them about the functioning and roles of these bodies.

CONCLUSIONS

Overall, this study revealed low levels of awareness about the functions of and activities undertaken by VHSNCs among both the members and the non-members. Hence, there is a need to provide more information to the

members and the beneficiaries about the functions and role of VHSNCs, including utilization of the untied fund and preparing village health plans. Use of digital technology should be increased. Periodic trainings, workshops or awareness lectures by appropriate officials of the health department need to be organized more frequently. It is very important to create a perception that VHSNCs are a grass-root level forum made to encourage community participation in health activities so as to improve the quality of health services and health status at the village level by performing functions of varied nature. Exploratory research through community consultation needs to be undertaken to better understand the factors that influence community participation, including barriers and facilitators, along with potential solutions. In general, the VHSNCs are doing a commendable job despite constraints and impediments of various types.

Financial Assistance

No

Conflicts of Interests

No

REFERENCES

1. World Health Organization. (2003). The World Health Report: Health Systems: Principled Integrated Care. Chapter 7.*Retrieved on 20.02.2022.* https://apps.who.int/iris/bitstream/handle/10665/42789/9241562439.pdf;jsessionid=32DE7455CF36659285C1A5042D95CCA8?sequence=1

2. Government of India. (2012). Three Decades of ICSSR-ICMR Committee Report & the Re-Assertion of Social Determinants of Health. Quoted in Das, M. et. al., (2016).An Assessment of the Functioning of the Village Health Sanitation and Nutrition Committee in the Rural Areas of Kamrup District, Assam. International Journal of Medical Science and Public Health.5 (10):2052-2056. *Retrieved on 25.02.2022. https://www.ejmanager.com/mnstemps/67/67-1456548570.pdf*

3. Putri,A., Joebagio,H. and Indarto, D (2017). Community Participation in Sanitation Kampung Program, Surakarta. Journal of Health Promotion and Behavior. 2(3): 257-271. *Retrieved on 22.02.2022 from* <https://pdfs.semanticscholar.org/f7f8/8a0846cb0e7e24c587677d737ce61603f4ef.pdf?_ga=2.85662746.2055806772.1645120474-2048877803.1642343991>

4. Kamble, R.U., Garg, B.S., Raut, A. V. and Bharambe, M.S. (2018). Assessment of functioning of village health nutrition and sanitation committees in a District in Maharashtra.*Indian Journal of Community Medicine*. 43(3):148-152. *Retrieved on 11.02.2022 from https://journals.lww.com/ijcm/Fulltext/2018/43030/Assessment_of_Functioning_of_Village_Health.3.aspx*

5. Government of India, Ministry of Health and Family Welfare. (2006). National Rural Health Mission: Broad framework for Preparation of District Health Action Plan.*Retrieved on 22.02.2022 from https://nhm.gov.in/images/pdf/guidelines/nrhmguidelines/distt_health_action_plan.pdf*

6. Sah, P. K., Raut, A.V., Maliye, C.H., Gupta,S. S., Mehendale, A.M. and Garg, B.S. (2013). Performance of village health, nutrition and sanitation committee: A qualitative study from rural Wardha, Maharashtra. The Health Agenda. 1(4):112-117.*Retrieved on 22.02.2022 from https://www.researchgate.net/publication/315769560_Performance_of_village_health_nutrition_and_sanitation_committee_A_qualitative_study_from_rural_Wardha_Maharashtra*

7. Ahmed, S. I.(2017).Functioning of Village Health Sanitation and Nutrition Committees in Punjab: An Appraisal. Journal of Chemistry, Environmental Sciences and its Applications.3(2):101-122.*Retrieved on 22.02.2022 from* file:///C:/Users/admin/Downloads/22-Article%20Text-26-1-10-20190611%20(4).pdf

8. Passi R., Goel S. and Ajay S. (2017). Assessment of Village Health Sanitation and Nutrition Committees of Chandigarh, India. *Journal of Public Health. 61(4): 290-296.Retrieved on 03.02.2022from*

.*https://www.researchgate.net/publication/321629308_Assessment_of_village_health_sanitation_and_nutrition_committees_of_Chandigarh_India*

9. Semwal, V., Jha, S.K., Rawat, C.M.S., Kumar, S. and Kaur, A. (2013). Assessment of Village Health Sanitation and Nutrition Committee under NRHM in Nainital district of Uttarakhand. Indian Journal of Community Health. 25(4): 472-479. *Retrieved on 09.02.2022 from* https://www.researchgate.net/publication/289313997_Assessment_of_village_health_sanitation_and_nutrition_committee_under_NRHM_in_Nainital_district_of_Uttarakhand

10. Ministry of Health and Family Welfare. (2005-2012). National Rural Health Mission: Framework for Implementation. New Delhi: Government of India Press.

11. Sah, P. K., Raut, A.V., Maliye, C.H., Gupta,S. S., Mehendale, A.M. and Garg, B.S. (2013). Performance of village health, nutrition and sanitation committee: A qualitative study from rural Wardha, Maharashtra. The Health Agenda. 1(4):112-117.*Retrieved on 22.02.2022 from https://www.researchgate.net/publication/315769560_Performance_of_village_health_nutrition_and_sanitation_committee_A_qualitative_study_from_rural_Wardha_Maharashtra*

12. Malviya, A., Dixit, S., Bhagwat, A. K., Bansal S. B. and Khatri, A. K. (2013). Assessment of Functioning of Village Health and Sanitation Committees (VHSCs) of Indore District. Online Journal of Health and Allied Sciences, 12(4): *01-05 Retrieved on 09.02.2022 from https://www.researchgate.net/publication/296552580_Assessment_of_Functioning_of_Village_Health_and_Sanitation_Committees_VHSCs_of_Indore_District*

13. Government of Punjab. (2013). National Rural Health Mission: Human Management Information System of NRHM (HMIS, 2013).

14. Malviya, A., Dixit, S., Bhagwat, A. K., Bansal S. B. and Khatri, A.K. (2013). Assessment of Functioning of Village Health and Sanitation Committees (VHSCs) of Indore District. *Online Journal of Health and Allied Sciences, 12(4):*01-05 *Retrievedon09.02.2022 from https://www.researchgate.net/publication/296552580_Assessment_of_Functioning_of_Village_Health_and_Sanitation_Committees_VHSCs_of_Indore_District*

15. Kumar, V. Mishra, A.J and Verma, S. (2016). Health planning through Village Health Sanitation and Nutrition Committees A qualitative study from India. International Journal of Health Care Quality Assurance. 29(6): 703-715. *Retrieved on 09.02.2022 from file:///C:/Users/admin/Downloads/IJHCQA-01-2016-0009.pdf*

16. Singh, D.P. and Mor, R. (2013). *Community Participation in School Education.*New Delhi: Shipra Publications.

17. Hove, J., D'Ambruoso, L., Kahn, K., Witter, S., Merwe, M.V.D., Mabetha, D., Tembo, K. and Twine, R. (2022). Lessons from Community Participation in Primary Health Care and Water Resource Governance in South Africa: A Narrative Review. *Global Health Action, 15(1):1-18.* Retrieved on 03.02.2022 from *https://eresearch.qmu.ac.uk/bitstream/handle/20.500.12289/11666/11666.pdf?sequence=1&isAllowed=y*

18. Ramiro, L.S., Castillo, F.A.,Torres,T. T., Torres, C.E., Tayag, J.G., Talampas, R.G.and Hawken, L. (2001).Community Participation in Local Health Boards in a Decentralized Setting: Cases from the Philippines. *Health Policy Planning. 16(2): 61–69. Retrieved on 16.02.2020from https://academic.oup.com/heapol/article/16/suppl_2/61/646906*

19. Dhiman A., Khanna P. and Singh T.(2020). Evaluation of village health sanitation and nutrition committee in Himachal Pradesh, India.*Journal of Family Medicine and Primary Care. 9(9): 4712-4716.Retrieved on 03.02.2022 from* https://journals.lww.com/jfmpc/Fulltext/2020/09090/Evaluation_of_village_health_sanitation_and.37.aspx

20. ibid

21. Kumar, V. Mishra, A.J and Verma, S. (2016). Health planning through Village Health Sanitation and Nutrition Committees A qualitative study from India. International Journal of Health Care Quality Assurance. 29(6): 703-715. *Retrieved on 09.02.2022 from file:///C:/Users/admin/Downloads/IJHCQA-01-2016-0009.pdf*

22. Purohit, B. and Singh, R.(2012). Limitations in the Functioning of Village Health and Sanitation Committees in a North Western State in India.International Journal of Medicine and Public Health. 2(3):39-46.*Retrieved on 10.02.2022 from https://ijmedph.org/sites/default/files/IntJMedPublicHealth_2012_2_3_39_108389.pdf*

23. ibid

24. ibid

25. ibid

26. Passi R., Goel S. and Ajay S. (2017). Assessment of Village Health Sanitation and Nutrition Committees of Chandigarh, India.*Journal of Public Health. 61(4): 290-296.Retrieved on 03.02.2022 from https://www.researchgate.net/publication/321629308_Assessment_of_village_health_sanitation_and_nutrition_committees_of_Chandigarh_India*

27. Karpagam, S.(2012). An Exploratory study of VHSNCand ARS Functioning.Karnataka; KarnatakaState Health System Resource Centre Bangalore in collaboration with Navnirman Trust, Raichur.*pp 1-42. Retrieved on 16.10.22from file:///C:/Users/admin/Downloads/An_exploratory_study_of_VHSC_functioning.pdf*

28. ibid