
Accountability of PRIs and Community Participation in Village Health Nutrition and Sanitation Committees in Uttar Pradesh

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Abstract

Background: It is opined that participation is the first step towards being involved in the community. The Village Health Nutrition and Sanitation Committees (VHNSCs) have been established at the village level by the Indian government as part of its flagship initiative, the National Health Mission, which aggressively promotes and pushes for community participation.

Objective: The purpose of this study is to examine "The Accountability of PRIs and Community Participation in the Village Health Sanitation Committees" in the Barabanki district of Uttar Pradesh.

Methods and Material: A cross-sectional mix method study was undertaken in 4 tehsils of Barabanki District, covering 17 villages in the district of Uttar Pradesh between March 2021 and July 2022. The quantitative component included a pre-tested structured questionnaire and an interview schedule. Furthermore, Focused group discussions (FGDs) and key informant in-depth interviews were undertaken for more information. Informed consent was collected from all the participants. For quantitative methods, bivariate analysis is appropriate. That can be followed by a Binary Logistic Analysis, which is used for qualitative analysis of the data and information collected from the villages of the Barabanki District of Uttar Pradesh.

Results: Only a handful of PRIs in the state were discussing their health issues during the meeting. The ground level PRI system is being hunted by a lack of professional knowledge and quorum. We opine that awareness and importance of the functioning of various health

committees by any level of PRI members does not seem to reveal the dominions of the concerned panchayath. We opine that awareness and importance of the functioning of various health committees by any level of PRI members does not seem to reveal the dominions of the concerned panchayath, nor does it sound like a well-organized means of bringing in much-required changes to advance the quality health care of the rural people or encompass them as key shareholders as per NRHM provisions.

Conclusions: To help ensure effective involvement from all stakeholders, meetings should be scheduled at appropriate times. This may encourage more community participation.

Keywords: Village Health Nutrition and Sanitation Committee (VHNSC), Accountability of PRIs, Community Involvement in health services, Community Participation, NRHM.

INTRODUCTION:

In line with the global call for the achievement of the Sustainable Development Goals by 2030, improving access to primary care in countries like India is considered a public health priority. Community engagement in the planning, delivery, and monitoring of health services is an essential component, as outlined in the 2017 national health policy considered a public health priority. Community engagement in the planning, delivery, and monitoring of health services is an essential component, as outlined in the 2017 national health policy. The synthesis of global knowledge and experience from India advocates for community engagement not only as a tool for the improvement of the health sector but also for the advancement of local governance, which can both directly and indirectly benefit health indicators. There is growing research and evidence in the area of community participation. There is, however, no concrete evidence to support or disprove community involvement. A recently concluded review, though it could not determine the effect, did provide guidance on moving from individual tokenism to meaningful engagement with the community to ensure

better outcomes. The findings of the review are echoed in a study on four communities elsewhere, where, with a structured approach, most of the community groups were able to develop locality-specific approaches. The national policy realised in the form of Village Health, Nutrition, and Sanitation Committees, hereby referred to as VHNSCs at the village level, is designed to ensure community participation and play a leadership role in the governance of health services.

Objective: The purpose of this study is to examine "The Accountability of PRIs and Community Participation in the Village Health and Sanitation Committees" in the Barabanki district of Uttar Pradesh.

Material & Methods: A cross-sectional mix method study was undertaken in 4 tehsils of Barabanki District, covering 17 villages in the district of Uttar Pradesh between March 2021 and July 2022. The quantitative component included a pre-tested structured questionnaire and an interview schedule. Furthermore, focused group discussions (FGDs) from Development Block villages and key informant in-depth interviews were undertaken for more information. Informed consent was collected from all the participants. For quantitative methods, bivariate analysis is appropriate. That can be followed by a binary logistic analysis, which is used for qualitative analysis of the data and information collected from the villages of the Barabanki District of Uttar Pradesh.

Study tool A total of five domains, namely:

- (i) the availability and accessibility of health and nutrition services.
- (ii) satisfaction with health and nutrition services
- (iii) knowledge and awareness about health care and nutrition services
- (iv) community involvement and participation in health and nutrition service planning and implementation

(v) Clarity and accountability in health and nutrition services were identified to address the research question.

Data collection: Each village's Anganwadi Center had a detailed household list. The information on households was collected from Anganwadi workers with family members in the age range of 18–45 years or households with children younger than 5 years to finalise the exhaustive list of participants. In order to capture the community perception, data was collected on the first day of data collection from 10 households, randomly selected from the Anganwadi list of household numbers using the random function of a spread sheet. Qualitative data The data on the functioning of VHNSCs was collected from the following members: the chairman of the committee, the women's representative, and any other member using the FGD. One FGD with VHNSC members was conducted in each tehsil, leading to an overall total of five FGDs. The key informant's interview was undertaken with Anganwadi workers, Auxiliary nurse-wife (ANMs), and the head of the Gram Panchayat. A total of 30 structured interviews were conducted with key informants. Proportions and mean values were calculated. After applying the tests of normality, the Chi-square test was applied, and odds ratios were calculated. The P value of qualitative data was translated from Hindi to English. The content analysis of the qualitative data was done manually as per the themes.

Result: Only a handful of PRIs in the state were discussing their health issues during the meeting. The ground level PRI system is being hunted by a lack of professional knowledge and quorum. We opine that the awareness and importance of the functioning of various health committees by any level of PRI members do not seem to reveal the dominions of the concerned panchayath. We opine that the awareness and importance of the functioning of various health committees by any level of PRI members does not seem to reveal the dominions of the concerned panchayath, nor does it sound like a well-organized means of bringing in much-needed changes to advance the quality of health care for the rural people or encompass them as key shareholders as per NRHM provisions. On the contrary, some village Pradhans were unable to even comprehend the proper way to utilise the untied fund of Rs.

10,000 that was disbursed to them for carrying out the functions and activities of VHSNCs. The FGD findings also indicated that VHSNCs have been set up in almost all villages. However, the awareness levels of their existence were very poor, indicating their poor visibility. Also, in many cases, committee meetings were not conducted regularly. "Login ke pass time he nahin hai, hum tho bahut bullate hai." "Jab jarurat padti hai tho veh Pradhan ya local political leader se kam karvate hai". VHSNC member Most of the Gram Pradhans did mention the public announcement on health programmes and introduced the VHSNC members during the Gram Sabha. However, issues pertaining to health were associated with a certain taboo, like sickness, etc. "Gaon ke log tho bahut kuch karna chahte hai Goan ke udhar ke leye, parantu health service tho government dete hai, tho kuch jyada interest nahi hai." Village Pradhan Discussion,

The communities in the study villages have high motivation levels for community involvement and participation in the planning and implementation of developmental activities. However, participation in health and nutrition services has been extremely low. The community is ready to contribute in monetary terms but is not willing to give their time to participate in the development activities or discussions, especially on health-related issues. improving participation One of the key requirements for social accountability mechanisms to work is social integration among the villagers. The greater the extent of integration, the greater the possibility that people will be willing to come together to exact accountability from various service providers. The VHSNCs have made marginal efforts towards community mobilisation that could have translated into increased involvement and participation of community members to improve health service uptake. Tools like invited spaces for initiating better dialogue and accommodating perspectives are as important as the frequency and modalities of the discussion on the overall village microcosm in which health issues can be embedded. Other methods, like inducing participation or bringing a third party to play the role of facilitator, may result in better participation. These third parties may be NGOs or outside stakeholders. Implementation of community mobilization: There were no targeted interventions planned to increase community participation in any of the health

programmes or to increase community participation in VHNSC meetings. Only select members were informed through messages, making it unclear how this could be considered an effort towards ensuring greater participation. As the rules of community engagement are improving constantly, it was not clear how far the community understood the newer provisions under the government's efforts. Also, the limitation of funds for local-level activities is a constraint. Studies from India have found that with continuous financial support and appropriate technical support, it is possible to improve community participation. Why representation? One can argue that better representation may influence better outcomes. However, a study from Odisha found out that the two may not be linearly related and are dependent on the expected role of the community members in VHNSCs.

However, the encouraging eagerness to contribute to the community's development, both by the households and key stakeholders, has confirmed their sense of belonging. However, they do come together swiftly on the issues that are relevant to their day-to-day needs. Health is perceived as an occasional need, and they consider government health services as free goods that are part of their entitlement, and they don't have to make additional efforts to get them at the desired quality. Representation and participation go hand in hand. There is no free time. Contrary to the popular belief about the availability of disposable spare time in rural areas, fewer people were willing to contribute their time to the functioning of VHNSCs. The contribution of time to these causes is far more important than financial contribution in terms of the requirements for social accountability mechanisms. This may be due to the lower participation of people in the committee meetings, which leads to their lack of knowledge of the workings of the committee and, in turn, makes them less interested in future participation. This vicious cycle is hampering the participation of members in VHNSCs.

Conclusion: The participation of people, in general, is low in village-level meetings. However, if motivated, there is a willingness among the community members to contribute to the overall development of the villages and especially to the health initiatives. Recommendation Equal representation of members from different castes in the VHNSCs can

be a game changer and enhance community participation. Better communication with the beneficiaries on a regular basis can build trust and encourage people to provide their inputs and actively participate in government programmes, which in turn will help in a systematic diagnosis to assess the demand for services. Given that the interest levels of the community members are high, they must be channelled in the right direction for development activities.

Limitation of the study: The study design was limited to the Barabanki district in Uttar Pradesh. However, thus, the findings of the study must be interpreted with the perspective of understanding patterns of VHNSC participation in the whole state. The relevance of the study Community participation was considered an integral part of the National Rural Health Mission in the early 2000s. Participation is an important first step towards the role the community was expected to play, like planning, implementation, and monitoring of the nation-wide programme and giving voice to the people. The findings of this study provide a basic understanding of community participation in this critical structure for health delivery at the village level, and thus how far it can carry forward the spirit of the National Health Mission (which subsumed NRHM) at the village level.

REFERENCES

- Abad-French, F. et al. 2011, Community Participation in Chagas Disease Vector Surveillance: Systematic Review, PLOS Neglected Tropical Diseases, No. 5: e1207.
- Atkinson, Jo-An. et al. 2011, The Architecture and effect of participation: A Systematic Review of Community Participation for Communicable Diseases Control and Elimination. Implication for Malaria Elimination., Malaria Journal, No. 10: pp. 255.
- Prost, et al. 2013 “Women’s Groups Practicing Participatory Learning and Action to Improve Maternal and New born Health in Low Resources Setting: A Systematic Reviews and Meta-Analysis, Lancet” No. 381: pp. 1736-46.
- Banerji, D (2005), Politics of Rural Health in India. Indian Journal of Public Health, 49(3), 113-122.

- Banerji, D (2014). Political Accountability for Outbreaks of Communicable Diseases, Economic and Political Weekly, 49(13), 12-15.
- Dutta, G.P. (1993). The effect of Panchayati Raj on the healthcare system in West Bengal, in Antia, N.H. and Bhatia, K. (Eds), People's Health in People's Hands, The Foundation for Research in Community Health, Bombay, pp. 319-327.
- D.C Nanjunda "A Study on Perceptions' of NRHM Beneficiaries on Rural Health Issues in Karnataka" The Journal of Family Welfare, Vol. 63, Special Issue 2017-18.
- F. No. 3/64/2010-PP-IN, Government of India, Ministry of Minority Affairs.
- Gram Panchayat profile, Ministry of Panchayati Raj Gov. of india <https://grammanchitra.gov.in/>
- G. Mubyazi and G. Hutton, 2012, Rhetoric and Reality of Community Participation in Health Planning, Resource Allocation and Service Delivery: A Review of the Reviews, Primary Publications and Grey Literature, Rwanda Journal of Health Sciences, No. 1: pp. 51-65.
- Jessamy. Bath and J. Wakerman, 2013, Impact of Community Participation in Primary Health Care: What is the Evidence? Australian Journal of Primary Health.
- Kumar V. and Jayanta Mishra A. (2016). Healthcare under the Panchayati Raj Institutions (PRIs) in a decentralised health system. Leadership Health Survey (Bradford Engl), 29(2), 151-67.
- Marston, C. et al. 2013, "Effects of Community Participation on Improving Uptake of Skilled Care for Maternal and New-born Health: A Systematic Review.", PLOS one, No. 8 (2), e55012.
- Ministry of Health and Family Welfare (MoHFW), 2005, "National Rural Health Mission (NRHM), Meeting People's Health Needs in Rural Areas, Framework for Implementation, 2005-2012)", Government of India.
- Pandey N. Perspective on accessibility of public health facilities in rural Uttar Pradesh, India <https://shodhganga.inflibnet.ac.in/handle/10603/184641>