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How Does VHSNC Works and Utilizes the Funds Received?

By
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Under the guidance of
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MBA- Hospital & Health Management (MBA-HM)
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CERTIFICATE

This is to certify that Ms. Yogita Murde has completed the summer training at **Prognosis Management And Research Consultants Pvt. Ltd., Pune** from 12.04.2014 to 12.06.2014, and has conducted the following projects under my personal guidance and supervision. All the data related to the study is the first hand data collected by her.

Project – How does VHSNC works and utilizes the funds received?

Her approach to the project has been sincere, scientific and analytical. This work is partial fulfillment to the course requirements, recommended for the Post Graduate Diploma in Health and Hospital With specialization in Health Management.

I wish her all the success in future endeavors.

Colonel (Dr.) Ashok Kaushik
Dean (Academic & Students Affairs)
IIHMR, Jaipur

Dr. P.R. Sodani
Dean (Training)
IIHMR, Jaipur

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TO WHOM IT MAY CONCERN

This is to certify that **Ms. Yogita Murde**, PGDHM (Health) student from IIHMR Jaipur, did her summer training under Prognosis Management and Research Consultants Pvt. Ltd. Pune on the topic **" How does VHSNC work and utilizes the funds?"** from **12th April 2014 to 12th June 2014**.

Her approach has been sincere, scientific and analytical towards the study. I wish her good luck in all future endeavours.

Prognosis Management & Research Consultants Pvt. Ltd.

Director

Managing Director,

Prognosis Management and

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I would be failing in my duty if I don't express my sincere thanks to Mrs. Aruna Deshpande, Director, research and statistics and Dr. Dhananjay Pathak, Project Manager, Prognosis for their supervision, valuable guidance and encouragement.

I would also like to convey my heart felt gratitude to my family members and friends for being patient during my summer internship which provided me courage and strength to perform my duty efficiently.

Last but not the least I extent my thanks to all those who have helped me directly and indirectly in completing the summer training program.

Acronyms

1	ANM	Auxiliary Nurse Midwife
2	ARSH	Adolescent, Reproductive and Sexual Health
3	ASHA	Accredited Social Health Activist
4	AWC	Anganwadi Centre
5	AWW	Anganwadi Worker
6	CDPO	Community Development Project officer.
7	GOI	Government of India
8	ICDS	Integrated Child Development Scheme
9	ISO	International Organization For Standardization
10	MD	Managing Director
11	MoM	Minutes of Meeting
12	NGO	Non-Government Organization
13	NRC	Nutritional Rehabilitation Centre
14	NRHM	National Rural Health Mission
15	ORS	Oral Rehydration Salt
16	PCPNDT	Preconception and Prenatal Diagnostic Techniques (prohibition of sex selection) Act (PC-PNDT Act)
17	PHC	Primary Health Centre
18	PIP	Plan of Implementation
19	PPP	Public Private Partnership
20	PRI	Panchayati Raj Institution
21	RCH	Reproductive and Child Health
22	RSBY	Rashtriya Swasthya Bima Yojana
23	SC	Sub center
24	SNCU	Sick Neonatal Care Unit
25	SWOT	Strengths, Weakness, Opportunities and Threats
26	VHSC	Village Health Sanitation Committee
27	VHSNC	Village Health Sanitation Nutrition Committee

Observational Learning

Section-I:

Introduction:

The creation of Prognosis Management & Research Consultants Pvt. Ltd., in 2010, was a progressive step by the management of Pune Health Care Management & Research Centre, a Non-Government Organization (NGO) working in the Health Development Sector since 2005. An undertaking in this regards is included in the next section.

The Development Sector is now their focus for work, which primarily includes health and allied themes. Prognosis offers variety of services aimed at improving the quality of services rendered by various sectors including mechanism for strengthening existing delivery systems. It seeks to deliver such services that are cost-effective, efficient and which translate into sustainable development. It is an ISO 9001-2008 Certified Company.

Clients*:*

- Governments: National & State, local self- government, municipal corporations.
- International organizations.
- Non-government organizations.
- Private enterprises.
- Professional associations.

States covered: Currently it covered 14 States in India. Uttaranchal, Delhi, Rajasthan, Uttar Pradesh, Bihar, MP, Maharashtra, Orissa, Assam, West Bengal, Andhra Pradesh , Karnataka, Tamilnadu, etc.

Its Project management aids are result based planning, bottom-up, multi-stakeholder planning, logical framework analysis, SWOT analysis, Statistical applications: test of significance, chi square test, regression test

Mission:

Considering the prevailing dynamics, provide utmost client centric services enabling them to institute processes for sustainable development.

Vision:

PROGNOSIS is considered a vital resource by multiple stakeholders for rendering specialty services to ensure sustainable growth of clients and PROGNOSIS.

Current thematic areas:

1. Reproductive & Child Health (RCH)
2. Urban health
3. Adolescent Reproductive & Sexual Health (ARSH)
4. Non-communicable diseases
5. Health insurance

Projects:

Completed Projects: 50

Ongoing Projects: 04

Section II: Mode of data collection

This data was collected through the information collected during the orientation of organization by Dr. Abhijit Khanvilkar, MD, Prognosis, Mrs. Aruna Deshpande, Director, Research and statistics and daily observations of routine activities.

Section III:

General findings on Learning:

Observations:

- Prognosis is Non- government ISO certified organization.
- Its area of work is wide spread along 14 states of India.
- Major focused area of it is public health.
- Organization mainly works in the domain of research and consultancy.

- It handled all types of projects with the help of different research methodologies.
- Currently organization is dealing with projects like assessment of implementation of RSBY program, assessment of SNCUs in fourteen districts of Maharashtra and evaluation of implementation of PCPNDT act etc.
- For collection of data, organization out sources the field workers.
- General team of research includes MD, Research; Director, management and statistics, project coordinator, project managers, statisticians, accountant, field workers and other support staff.
- Current thematic areas of the organization are RCH, ARSH, urban health, non-communicable diseases and adolescent health.
- Project management aids are result based planning, bottom-up, multi-stakeholder planning, logical framework analysis, SWOT analysis, Statistical applications like test of significance, chi square test and regression test.
- Organization has democratic as well as participatory management. It involves employees and other project partners in the decision making.
- Organization has co-operative and devoted team.
- Good inter personal relationship and communication among team members.
- Some data entries for running projects were missing; which were of immense importance for the final analysis of projects.

Learning:

- Analysis of quantitative research projects on SPSS.
- Analysis of qualitative research projects with the help of Atlas Ti software.
- Drafting of projects analysis.
- Mapping of the areas under study.
- Conducted qualitative research.
- Drafting of health proposals.
- Prepare budget plans for projects.
- Data entry for different projects like RSBY round-I, round-II, SNCU project and HR study.
- Data cleaning in excel for projects mentioned above.

- Analysis of secondary data for SNCU project.
- Labeling of tables for RSBY study.
- Recoding of entered data in SPSS.
- Collected secondary data of dance schools, theatres and music schools for districts of Maharashtra; for research proposals, to map the contemporary performing arts assets of India.
- Attended meetings for different health proposals.
- Preparation of minutes of meetings.

Section IV:

Conclusive Learning:

Prognosis is the research and management consultancy working in the field of health with centralize authority at the top of the management. There is a proper delegation of authorities in the organization. Democratic and participatory strategies have used for decision making. Each employee is important for the organization; and the top level management ensures updating of employees with reforms in the sector and also for the future. Organization has good inter sectorial co-ordination with central and state Government; local self- government, other NGOs, private enterprises and international organizations.

Special learning in the organization were data entry in the SPSS and Atlas TI; analysis of qualitative and quantitative data with the help of ATLAS TI and SPSS respectively; drafting of health proposals and extracts of the qualitative researches; data cleaning, cross verification of data entries, collection of secondary data for drafting health proposals, conducted qualitative research, drafting of qualitative research, drafting minutes of meeting, preparation of budget proposals, recoding in SPSS, mapping of the areas under study etc.

Project Report

Executive Summary

Introduction:

Government of India in 2005 under NRHM instituted a simple management structure at local level named as VHSC and renamed it as VHSNC after adding a nutrition as a one more component in its ambit in 2011.[1] This was a major initiative by the government to address the malnutrition. After the incorporation of nutrition as an aspect, VHSNCs focuses on issues and actions addressing malnutrition with the active participation of AWW, ANM, ASHAs and PRI representatives.[3]

This committee is a facilitating body for village level development programs relating to health, nutrition, sanitation and reflects the aspirations of the local community.[2] The PRI members aren't properly sensitized on their roles and responsibilities in NRHM related activities. The VHSC meetings and activities are also not organized as stipulated in the guidelines and the participation of members in these meetings and activities, whenever conducted, is not significant.[2] The percentage of women seeking antenatal and postnatal care is higher in VHSC villages than in non-VHSC villages.[4]

Rationale:

As per standards of GOI; VHSNC receives untied funds of Rs. 10000/- per annum from the state Government. Vital focus areas of committee are; different activities pertaining to the health, sanitation, nutrition and vivid activities in relation to village development. It plays vital role in various activities like section of ASHAs; supervision and monitoring of ASHAs, AWW and ANM; contribution in village development activities; mentainance of expenditure of funds received and sharing it with villagers during Gramsabhas. Major part of funds it utilizes for immunization, adolescent health, malaria and sanitation drives; addressing, monitoring, planning actions and implementation of issues related to malnutrition and village cleanliness, improving the facilities of the Anganwadi Centre and any other developmental activities for the village, wall writing of slogan on health and sanitation along with awareness activities in the village.[3] VHSNC is accountable for maintaining expenditure details and for submission of funds utilization certificate and statement of expenditure of the money received. [3]It is also responsible for organization of basic instruments for health checkup camps and to support to the ANMs in organization of Village Health & Nutrition Day in the village.[3] In major domain of VHSNCs, it should indulge in creating awareness regarding issues addressing malnutrition among women and children, referral of malnourished child to nearest NRC, supervise and facilitate the functioning of AWC. It is the facilitating body for village development.[3]

Though VHSNCs are effectively managing the issues in their domain, still it needs to sensitize its members for their roles and responsibilities and capacity building of its members in NRHM related activities.[2] VHSNCs are also suffering from the inadequacies of funds and participation of PRI representatives and lacking in their participation for development plans of village and district level.[2] VHSNCs are also functioning in villages of Poona district of

Maharashtra. We need to understand how does these VHSNCs are functioning; what kind of contributions these VHSNCs have in the process of village development and how, when and on what VHSNCs are utilizing the funds they received and what are their expenditure norms; what is the supervisory system for VHSNCs and details of their functioning.

Methodology:

This study was qualitative in nature. In depth interviews were used to collect the relevant data for the study. In depth interviews were conducted for secretaries of VHSNCs from 19 villages of Shirur block of Pune district. These interviews were conducted by researcher to ensure maximum response from respondents for relevant issues of inquiry. Data was help of Atlas TI software.

Findings:

Study findings have been analyzed with reference to objectives of the study and presented in following sessions-

- Male: female participation in committee.
- Sensitization about roles and responsibilities.
- Activities under VHSNC
- Expenditure norms
- Frequency of monthly meeting
- Duration of meeting
- Common Issues of meeting
- Attendance of committee members to the meeting.
- Maintenance of MoM

- Contribution in block level PIP
- Quantity of funds utilization
- Other source of fund for the same activities
- Reasons for low expenditure
- Current supervision and monitoring

1 VHSNC study collected data reports that VHSNCs contains five males and four females.

2 Almost half of the VHSNC secretaries were not sensitized for their roles and responsibilities, very few of them received official letter providing information regarding their roles and responsibilities and others were rarely instructed by their supervisors regarding the same.

3 When it was inquired to VHSNC secretaries about activities performed under VHSNC, commonly reported activities were: Nutrition – Prepared and distributed laddoos of ground nut, dry dates and coconut, Rajgira; chikki of ground nut, coconut and Rajgira. Purchased and distributed fruits like Banana, apple etc. Also distributed eggs, milk and bourn vita. Sanitation: Purchased Colgate tubes, tooth brushes, Harpic, toilet cleaning brushes, dish wash liquids, dish scrubbers, door mats, soaps, hand wash liquids, napkins, nail cutters, hair oil, combs, brooms, phenyl etc. Water supply: many of them purchased syntax water tanks, tap connections, stainless steel water tanks and pots with cover, long tongs, stainless steel glasses, garden pipes, repaired taps and pipes, constructed toilets and spent for environmental sanitation. Health: some of them conducted health checkup of Anganwadi children by physician, purchased medichlore for water purification etc. Besides these activities some

VHSNCs conducted, health education and guidance sessions for adolescent girls, pregnant women and nursing mothers. Few of them purchased and distributed sanitary pads to adolescent girls and some of them purchased 'pure it' and weighing machines. When enquired whether the funds are utilized for the village or Anganwadi center, almost all reported that these funds were utilized for Anganwadi itself and not for village level activities. However one VHSNC reported to have donated funds for collection and testing of water samples under 'Shardagram Yojana' and another donated for diet of post natal mother. When enquired why funds were utilized for Anganwadi and not for village level activities, almost all secretaries reported that, amounts they received under VHSNC were small and as Grampanchayats are taking care of all village level activities they didn't felt need to spend it for village level, as well as Sarpanch (president) never asked them funds for village level activities.

4 Seven secretaries had received hard copy of expenditure norms for VHSNC funds while most of the secretaries didn't receive it. Among those who didn't receive the hard copy, some were taking decisions on spending as per guidelines given in one day work shop held in last year at Shirur for expenditure norms of VHSNC funds, others were seeking advice from their CDPO, most of them were taking decision by discussing it with their supervisors and few were taking decision by discussing with President of VHSNC.

5 As per data collected almost all secretaries reported that meetings were conducted for VHSNC, while one had reported that no meetings were held. Out of meetings held seven VHSNCs were holding it at Anganwadi centers and thirteen were holding it at Grampanchayat office. Three VHSNCs were conducted meeting once in a year, thirteen

VHSNCs about twice, and one VHSNC about thrice, one VHSNC about four times and one of them ten times a year. Out of VHSNC meetings conducted three of the VHSNCs had conducted it only when fund were release, twelve when funds were release and when VHSNCs need to utilize the funds and three of them were held meetings only to discuss how and where funds to be utilized.

6 Data collected reports that half of the members of the VHSNCs attends meeting regularly.

7 Out of VHSNC meetings held average duration of meetings for different VHSNCs were, one VHSNC held their meetings for fifteen to thirty minutes, eleven VHSNCs for thirty minutes to one hour, five for one hour to one and half hour and one had held the meetings for two to three hours.

8 VHSNCs those who were held meetings out of it; eleven were maintained minutes of meetings properly and updated, four didn't maintained MoM at all and two were not updated it.

9 Common issues discussed in meetings were reported as expenditure of funds, purchase of needed things, health issues like adolescent girls heath- hygiene, how to improve health status of malnourished children, sanitation facilities, water supply facilities, how to motivate people for toilet construction etc.

10 Data collected reports that no VHSNC were contributing at block level PIP. But almost all of them were contributing at village level by actively participating in various development activities.

11 VHSNCs from whom data was collected, sixteen were reported that they were not provided with any funds other than VHSNC for any component already covered under VHSNC and two were received funds from woman and child welfare funds from Grampanchayat and one had received funds from Harit Grameen Company, Ranjangaon.

12 VHSNC secretaries interviewed reported complete utilization of funds.

13 Interview data reports that five VHSNCs were supervised by Anganwadi supervisor, three by Sarpanch, four by both supervisor and Sarpanch, two by supervisor and ANM, two by Sarpanch and Upsarpanch, one by Sarpanch, supervisor and ANM, one by Sarpanch and Gramsevak while one had reported that nobody supervised them.

Existing Gaps and Barriers:

1. Participation of females:

   Almost all VHSNCs are male dominating Female participation in VHSNC is still not equal as that of the male. It is affecting adversely through least participation of female members in decision making.

2. Roles and Responsibilities:

Many of the secretaries were not aware about their roles and responsibilities as a VHSNC secretary. Government officials like Gramsevak, Medical officers of Primary Health Centers etc. didn't took any efforts to sensitize the VHSNC secretaries. This sometimes leads to role confusion among them.

3. Activities under VHSNC:

Though secretaries were aware that their domain of activities includes village level activities too; major activities whatever conducted under VHSNCs were only at Anganwadi level and not covering village level activities. It might be result of negligence of PRI representatives who are the members of VHSNC.

4. Expenditure Norms:

More than 60% of VHSNCs didn't get soft copy of expenditure norms. It leads to confusion in decision making of funds utilization. Secretaries of different VHSNCs are seeking advice from different authorities which was not able to maintain uniformity in pattern of expenditure.

5. Co-ordination:

In most of VHSNCs meetings were not held on regular basis as per standards and only half of the members were attending meetings on regular basis. It resulted in lack of co-ordination in committee members.

6. Duration of meetings:

Most of meetings were held for fifteen to thirty minutes. This indicates that members are not

giving sufficient time for issues needs discussion.

7. Record keeping:

In most of VHSNCs records of meeting were not maintained properly. It fails to provide the details of issues discussed in meeting.

8. Participation in village development:

Most of VHSNCs were contributing in village level development plans. Still it is lacking its contribution in district and block level PIP because of officials at higher level didn't felt need of it.

9. Expenditure constraints:

Due to the constraints on expenditure for particular issues VHSNC members do not have an authority to utilize these funds wherever they need it other than the issue for what that funds were released.

10. Supervision and Monitoring:

Most of the VHSNCs were supervised and monitored by Anganwadi supervisors. President and vice presidents were not that much aware about their responsibilities of supervision and monitoring of VHSNC activities.

Bottlenecks in Existing Practice:

Bottlenecks in existing practice are lack of proper guidelines about roles and responsibilities of VHSNC secretaries. PRI members who are members of VHSNC are also not aware about such guidelines. No availability of government guidelines to many VHSNCs regarding expenditure norms. Training programs needs to organize to train the VHSNC members for their roles and responsibilities and convergence of activities at village level. Meetings need to be conducted on regular basis with maximum participation of VHSNC members to improve the co-ordination among them. Documentation of different activities conducted and meetings held need to be updated. Proper guidelines should be provided as per recent decisions by GOI to keep VHSNC members updated. PRIs need to seek maximum contribution of VHSNC members in village development activities. Female contribution need to be increased in VHSNC. VHSNC members need to be getting contributed in district level planning by Government officials.

Limitations of the study:

- This study did not include interviews of other members of the VHSNC.

- Information related to male: female contribution, activities conducted under it, participation of committee members, frequency of meeting, duration of meeting, availability of expenditure norms, sensitization of committee members towards roles and responsibilities, contribution in village development plans, monitoring and supervision mechanism are only limited to the study VHSNCs only.

- Therefore it does not represent the whole district.

- Study findings cannot be generalized to the wide geographical area.

Recommendations:

- Equal contribution of male-female in committee should be encouraged.
- VHSNC members need to be sensitized thoroughly for their roles and responsibilities by government officials.
- Government should develop monitoring system to keep check on regularity of monthly meetings which will help in enhancing inter sectorial co-ordination and convergence.
- Government should organize periodical one day training programs and workshops to update VHSNC members for the future.
- Audits should be organized every three months for record mentainance; so that secretaries will keep the records updated.
- PRI members should be delegated particular responsibilities under VHSNC; so that they can contribute to their fullest.
- VHSNC members should contribute to district level planning so as to achieve goals of NRHM through micro level activities.
- If the overall achievement in an aspect is satisfactory, there should be a provision allowing flexibility in use of allotted funds for particular aspect after taking resolution from the committee.

- The amount of funds should be increased to sufficient level, so that VHSNCs can contribute in all aspects of it to the fullest, to strengthen its structure and management to achieve the ultimate aims of NRHM.
- Monitoring and supervision system needs to be improved.
- Public private partnership (PPP) should be encouraged to strengthen the structure, functioning and effectiveness of VHSNC

Summary:

VHSNCs are serving as a catalyst for achieving the goals of NRHM through active participation in aspects related to health, sanitation and nutrition. Still the finding shows low quantity of female participation than male. Members of the VHSNCs were not sensitized regarding roles and responsibilities. Most of them didn't receive expenditure norms for the untied funds they receive. Monthly meetings were not held on regular basis; mostly conducted twice a year. . Most of VHSNCs were not keeping minutes of meetings updated and few of them were not maintaining it at all. On average only half of VHSNC members attend meetings. Common issues discussed in meetings were malnutrition and expenditure of untied funds. Activities conducted under VHSNC were mainly focused on malnutrition, sanitation and health related aspects. None of them were contributing in block level PIP; but actively contributing in village development plans. Very few of them received funds from other sources for the same activities. All secretaries reported 100% utilization of funds they received and most of VHSNC activities were monitored by Anganwadi supervisors and few of them by president and vice president of VHSNC.

Conclusion:

Though VHSNCs are contributing well to achieve its overall goals, still there are gaps and barriers in its functioning and utilization of untied funds. It needs proper sensitization of committee members regarding their roles and responsibilities and need to receive hard copy of guidelines for expenditure of funds. VHSNC functionaries require periodic training programs to keep them updated for the future. PRI members need to have particular responsibilities to get more contribution from their side. Equal male: female contribution need to be encouraged. Current expenditure pattern is lacking flexibility in utilization of funds. Monitoring and supervision pattern is not yet systematic and need to develop. Funds are still inadequate to address all the aspects of it. PPP should be encouraged to get work done effectively and systematically.

Chapter I

1.1 Introduction:

Government of India in 2005 under NRHM instituted a simple management structure at local level named as VHSC and renamed it as VHSNC after adding a nutrition as a one more component in its ambit in 2011.[1] This was a major initiative by the government to address the malnutrition. After the incorporation of nutrition as an aspect, VHSNCs focuses on issues and actions addressing malnutrition with the active participation of AWW, ANM, ASHAs and PRI representatives.[3]

Active participation of VHNSC in district development plan fastens the mechanism of monitoring, implementation and inter sectorial convergence.[3] VHSNC members are accountable for implementation of programs. GOI seeking maximum contribution from the community in the delivery of public health services and VHSNC is one of the components of it.[1] VHSNC is responsible for addressing the issues related to malnutrition and taking appropriate steps to tackle it.[3] It is obliged to monitor the village level activities related to health, sanitation, nutrition, school health, village health and nutrition day and mothers meetings etc.[3] committee analyses each maternal and neonatal death in the village and take necessary actions to prevent it.[3] It organizes the regular meetings and discusses the various issues in the village and documents the MoM.[3] It is responsible for informing all government schemes to the villagers and it takes care of SC.[3] It caters major role in selection of ASHAs in the village. In two different allotments GOI issues Rs.10000|- as untied funds[3] VHSNCs can utilize these funds after taking resolution from the committee members in the monthly meetings. These untied funds are managed by the committee for different village level activities like health, sanitation drives, nutrition, immunization, improving facilities of AWC, school health activities, building transport

communication links for referring the patients to the health facilities who are sick, creating public awareness and organization of monthly meetings. Committee maintains the expenditure and presents the certificate and statement of it to the PHC. Committee should share the information of utilization of funds, with the villagers during village meetings. Committee will not withdraw the total amount of Rs.10000/- at one go.[3]

During the different health check-ups it is the responsibility of VHSNC to ensure the availability of all basic instruments like BP apparatus, weighing machine and bedside screen. It is also responsible to support to ANM in organizing village health and nutrition day. During emergency like flood, committee can utilize the funds for relief camps. They can arrange bicycle for ASHA, if the distance covered is too far to reach the households. It is also accountable for promoting best practices of nutrition, congruent with local culture. It explores the causes of malnutrition in the community in depth with the active participation of AWW, ANM, ASHA and ICDS supervisors and refers the children of malnutrition to the nearest NRC.

This committee is a facilitating body for village level development programs relating to health, nutrition, sanitation and reflects the aspirations of the local community.[2]Findings of the previous studies shows that; still the PRI members were not properly sensitized on their roles and responsibilities in NRHM related activities.[2] The VHSC meetings and activities are also not organized as stipulated in the guidelines and the participation of members in these meetings and activities, whenever conducted, is not significant.[2]The percentage of women seeking antenatal and postnatal care is higher in VHSC villages than in non-VHSC villages.[4]

1.2 Rationale:

As per standards of GOI; VHSNC receives untied funds of Rs. 10000/- per annum from the state Government . Vital focus areas of committee are; different activities pertaining to the health, sanitation, nutrition and vivid activities in relation to village development. It plays vital role in various activities like section of ASHAs; supervision and monitoring of ASHAs, AWW and ANM; contribution in village development activities; mentainance of expenditure of funds received and sharing it with villagers during Gramsabhas. Major part of funds it utilizes for immunization, adolescent health, malaria and sanitation drives; addressing, monitoring, planning actions and implementation of issues related to malnutrition and village cleanliness, improving the facilities of the Anganwadi Centre and any other developmental activities for the village, wall writing of slogan on health and sanitation along with awareness activities in the village.[3] VHSNC is accountable for maintaining expenditure details and for submission of funds utilization certificate and statement of expenditure of the money received. [3]It is also responsible for organization of basic instruments for health checkup camps and to support to the ANMs in organization of Village Health & Nutrition Day in the village.[3] In major domain of VHSNCs, it should indulge in creating awareness regarding issues addressing malnutrition among women and children, referral of malnourished child to nearest NRC, supervise and facilitate the functioning of AWC. It is the facilitating body for village development.[3]

Though VHSNCs are effectively managing the issues in their domain, still it needs to sensitize its members for their roles and responsibilities and capacity building of its members in NRHM related activities.[2] VHSNCs are also suffering from the inadequacies of funds and participation of PRI representatives and lacking in their participation for development plans of village and district level.[2] VHSNCs are also functioning in villages of Poona district of

Maharashtra. We need to understand how does these VHSNCs are functioning; what kind of contributions these VHSNCs have in the process of village development and how, when and on what VHSNCs are utilizing the funds they received and what are their expenditure norms; what is the supervisory system for VHSNCs and details of their functioning.

1.3 Research question:

How does VHSNCs work and utilizes the funds received?

1.4 Objectives:

Preliminary objective of this study was to understand the functioning of VHSNC, its contribution in village development plans and pattern of expenditure of funds received.

1. To understand the functioning of VHSNC.
2. To understand the contribution of VHSNC in village development.
3. To understand the expenditure norms of VHSNC

1.5Application of the study:

Findings of the study can be utilized for strengthening of VHSNC structure and to bring reforms in the functioning of VHSNC. During the period of novel policy making on the same issues findings of this study will be useful for the concern authorities.

Chapter II: Methodology

2.1 Research design: Descriptive

2.2 Research approach: Qualitative.

2.3 Study population: VHSNC secretaries of villages of Poona district.

2.4 Study Sample: VHSNC secretaries of Shirur block of Poona district.

2.5 Sampling method: Convenient sampling method was used for selection of study samples

2.6 Tools: In depth interviews

2.7Justification for selection of research design and research methods:

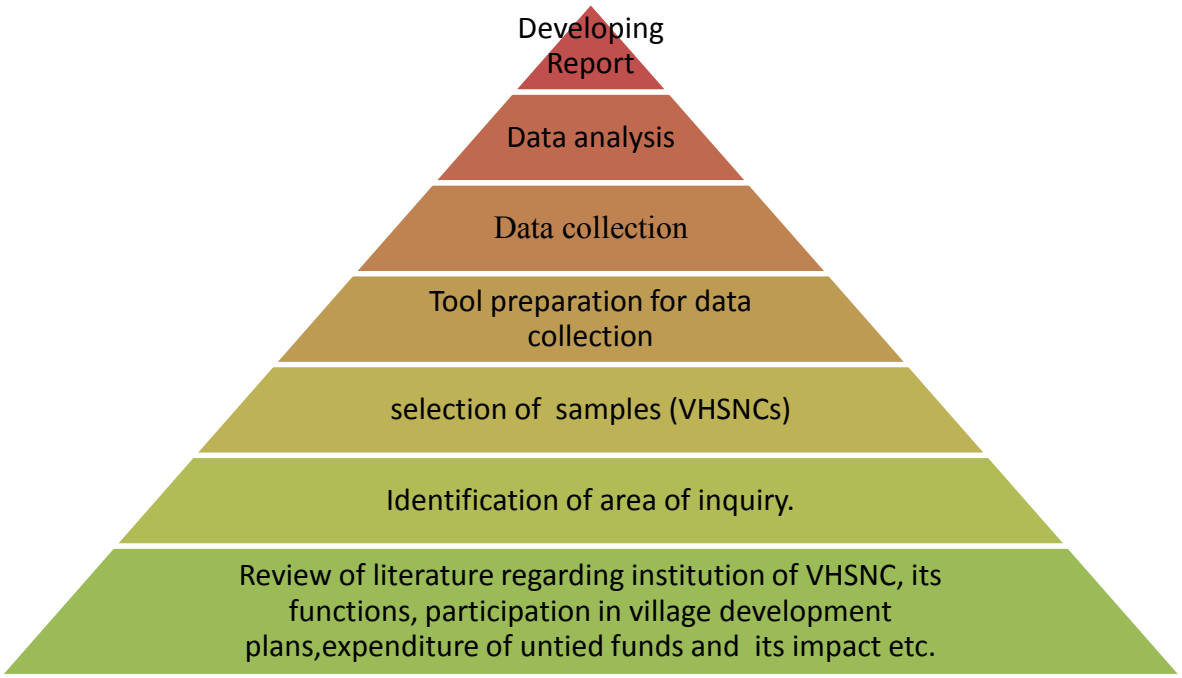
The qualitative research method was suited for this case study as qualitative methods enable researcher to apply theoretical understandings to concepts such as functioning, participation and expenditure norms, which is not possible in experimental research (quantitative research) study. Qualitative research is able to answer in depth about the processes, whereas quantitative research can't.

2.8 Research tools and Data collection:

This study is purely qualitative in nature. In depth interviews were used to collect the relevant data for the study. In depth interviews were conducted for secretaries of VHSNCs from 19 villages of Shirur block of Pune district. These interviews were conducted by researcher to ensure maximum response from respondents for relevant issues of inquiry.

2.9 The procedure:

The steps from which the study was evolved are as below shown in diagram



2.10 Sample coverage:

The method used for this study was qualitative in nature. Universe of the study was all VHSNC secretaries from Pune district of Maharashtra. 19 VHSNC secretaries were selected from 19 different villages of Shirur block from Pune district as per convenience of researcher. After selection of samples, researcher visited samples to collect the data. The data collection tools involved in-depth interviews. Information provided by the respondents was noted down simultaneously by the researcher.

2.11List of study villages:

The table below shows the list of villages of VHSNCs from which data was collected.

Sr. No.	Name of District	Name of Block	Beet	Village name
1	Pune	Shirur	Ranjangaon	Ranjangaon
2				Bhambarde
3				Karanjawane
4				Ganegaon Khalsa
5				Pimpri Dumala
6				Khandale
7				Parodi
8				Shivtakrar
9			Vadu	Vadu Budruk
10				Dhanore
11				Darekar
12				Pate khurd
13				Pate Budruk
14				Rautwadi
15				Vada Punarvasan
16			Koregaon	Sanaswadi
17				Dingrajwadi
18				Apti
19				Vajewadi

2.12 Data collection:

Data was collected from 8th May 2014 to 15th May 2014, in order to achieve the study objectives. Total 19 interviews of VHSNC secretaries were conducted from villages of Shirur block. Probing questions were asked by the researcher to the respondents to get maximum response

pertaining to area of inquiry. Data was collected in Marathi language and noted and then it was translated and transcript into English.

2.13 In-depth interview:

In-depth interviews were conducted with VHSNC secretaries at village level from the Shirur block of Pune district of Maharashtra. These interviews were conducted by researcher who tried to get maximum information from the respondents as far as possible by asking them probing question.

2.14 Data processing:

After the completion of transcription and editing, data analysis was performed. Responses from all respondent were analyzed and clubbed together. The study findings were categorized as per interest of the study and presented in this report. Hence, we get better picture of overall functioning pattern of VHSNC, its contribution in village development plans and the expenditure pattern currently practiced by it.

2.15 Editing and correction of the data processed:

Before moving to the step of analysis, the processed data had needed to go through required editing and corrections so that analysis could start straight away. Some corrections and editing were done on processed data to make the step of analysis simpler.

2.16 Data Analysis:

Responses by respondents were carefully documented and such critical task was done with every single response. It was an important step of the study. Analysis of data was done with the software named Atlas TI. Efforts made to extracts maximum information from the collected data. Analysis of the information provided by the respondents helped in detailed understanding of the VHSNCs functioning, roles and responsibilities, expenditure of untied funds, supervision mechanism, frequency of monthly meetings, and contribution in village development plans, place of meeting, on an average attendance for meeting, activities conducted and quantity of funds utilization etc.

Chapter III: Study findings

1 VHSNC study collected data reports that VHSNCs contains five males and four females.

2 Almost half of the VHSNC secretaries were not sensitized for their roles and responsibilities, very few of them received official letter providing information regarding their roles and responsibilities and others were rarely instructed by their supervisors regarding the same.

3 When it was inquired to VHSNC secretaries about activities performed under VHSNC, commonly reported activities were: Nutrition – Prepared and distributed laddoos of ground nut, dry dates and coconut, Rajgira; chikki of ground nut, coconut and Rajgira. Purchased and distributed fruits like Banana, apple etc. Also distributed eggs, milk and bourn vita. Sanitation: Purchased Colgate tubes, tooth brushes, Harpic, toilet cleaning brushes, dish wash liquids, dish scrubbers, door mats, soaps, hand wash liquids, napkins, nail cutters, hair oil, combs, brooms, phenyl etc. Water supply: many of them purchased syntax water tanks, tap connections, stainless steel water tanks and pots with cover, long tongs, stainless steel glasses, garden pipes, repaired taps and pipes, constructed toilets and spent for environmental sanitation. Health: some of them conducted health checkup of Anganwadi children by physician, purchased medichlore for water purification etc. Besides these activities some VHSNCs conducted, health education and guidance sessions for adolescent girls, pregnant women and nursing mothers. Few of them purchased and distributed sanitary pads to adolescent girls and some of them purchased 'pure it' and weighing machines. When enquired whether the funds are utilized for the

village or Anganwadi center, almost all reported that these funds were utilized for Anganwadi itself and not for village level activities. However one VHSNC reported to have donated funds for collection and testing of water samples under 'Shardagram Yojana' and another donated for diet of post natal mother. When enquired why funds were utilized for Anganwadi and not for village level activities, almost all secretaries reported that, amounts they received under VHSNC were small and as Grampanchayats are taking care of all village level activities they didn't felt need to spend it for village level, as well as Sarpanch (president) never asked them funds for village level activities.

4 Seven secretaries had received hard copy of expenditure norms for VHSNC funds while twelve secretaries didn't receive it. Among those who didn't receive the hard copy, one was taking decisions on spending as per guidelines given in one day work shop held in last year at Shirur for expenditure norms for VHSNC funds, 1 was seeking advice from their CDPO, nine were taking decision by discussing it with their supervisors and one was taking decision by discussing with President of VHSNC.

5 As per data collected almost secretaries reported that meetings were conducted for VHSNC, while one had reported that no meetings were held. Out of meetings held seven VHSNCs were holding it at Anganwadi centers and thirteen were holding it at Grampanchayat office. Three VHSNCs were conducted meeting once in a year, thirteen about twice, one VHSNC about thrice, one VHSNC about four times and one of them ten times a year. Out of VHSNC meetings conducted three of the VHSNCs had conducted it only when fund were release, twelve when funds were release and when VHSNCs need

to utilize the funds and three of them were held meetings only to discuss how and where funds to be utilized.

6 Data collected reports that half of the members of the VHSNCs attends meeting regularly.

7 Out of VHSNC meetings held average duration of meetings for different VHSNCs were, one VHSNC held their meetings for fifteen to thirty minutes, eleven VHSNCs for thirty minutes to one hour, five for one hour to one and half hour and one had held the meetings for two to three hours.

8 VHSNCs those who were held meetings out of it; eleven were maintained minutes of meetings properly and updated, four didn't maintained MoM at all and two were not updated it.

9 Common issues discussed in meetings were reported as expenditure of funds, purchase of needed things, health issues like adolescent girls heath- hygiene, how to improve health status of malnourished children, sanitation facilities, water supply facilities, how to motivate people for toilet construction etc.

10 Data collected reports that no VHSNC were contributing at block level PIP. But almost all of them were contributing at village level by actively participating in various development activities.

11 VHSNCs from whom data was collected, sixteen were reported that they were not provided with any funds other than VHSNC for any component already covered under VHSNC and two were received funds from woman and child welfare funds from Grampanchayat and one had received funds from Harit Grameen Company, Ranjangaon.

12 VHSNC secretaries interviewed reported complete utilization of funds.

13 Interview data reports that five VHSNCs were supervised by Anganwadi supervisor, three by Sarpanch, four by both supervisor and Sarpanch, two by supervisor and ANM, two by Sarpanch and Upsarpanch, one by Sarpanch, supervisor and ANM, one by Sarpanch and Gramsevak while one had reported that nobody supervised them.

Chapter IV

4.1 Existing Gaps and Barriers:

1. Participation of females:

   Almost all VHSNCs are male dominating Female participation in VHSNC is still not equal as that of the male. It is affecting adversely through least participation of female members in decision making.

2. Roles and Responsibilities:

   Many of the secretaries were not aware about their roles and responsibilities as a VHSNC secretary. Government officials like Gramsevak, Medical officers of Primary Health Centers etc. didn't took any efforts to sensitize the VHSNC secretaries. This sometimes leads to role confusion among them.

3. Activities under VHSNC:

   Though secretaries were aware that their domain of activities includes village level activities too; major activities whatever conducted under VHSNCs were only at Anganwadi level and not covering village level activities. It might be result of negligence of PRI representatives who are the members of VHSNC.

4. Expenditure Norms:

   Most of the VHSNCs didn't get soft copy of expenditure norms. It leads to confusion in decision making of funds utilization. Secretaries of different VHSNCs are seeking advice from different authorities which was not able to maintain uniformity in pattern of expenditure.

5. Co-ordination:

In most of VHSNCs meetings were not held on regular basis as per standards and only half of the members were attending meetings on regular basis. It resulted in lack of co-ordination in committee members.

6. Duration of meetings:

Most of meetings were held for fifteen to thirty minutes. This indicates that members are not giving sufficient time for issues needs discussion.

7. Record keeping:

In most of VHSNCs records of meeting were not maintained properly. It fails to provide the details of issues discussed in meeting.

8. Participation in village development:

Most of VHSNCs were contributing in village level development plans. Still it is lacking its contribution in district and block level PIP because of officials at higher level didn't felt need of it.

9. Expenditure constraints:

Due to the constraints on expenditure for particular issues VHSNC members do not have an authority to utilize these funds wherever they need it other than the issue for what that funds were released.

10. Supervision and Monitoring:

Most of the VHSNCs were supervised and monitored by Anganwadi supervisors. President and vice presidents were not that much aware about their responsibilities of supervision and monitoring of VHSNC activities.

4.2 Bottlenecks in Existing Practice:

- Bottlenecks in existing practice are lack of proper guidelines about roles and responsibilities

- PRI members who are members of VHSNC are also not aware about such guidelines.

- No availability of government guidelines to many VHSNCs regarding expenditure norms.

- Training programs needs to organize to train the VHSNC members for their roles and responsibilities and convergence of activities at village level.

- Meetings need to be conducted on regular basis with maximum participation of VHSNC members to improve the co-ordination among them.

- Documentation of different activities conducted and meetings held need to be updated.

- Proper guidelines should be provided as per recent decisions by GOI to keep VHSNC members updated.

- PRIs need to seek maximum contribution of VHSNC members in village development activities.

- Female contribution need to be increased in VHSNC.

- VHSNC members need to be getting contributed in district level planning by Government officials.

Chapter V: Limitations

- This study did not include interviews of other members of the VHSNC.

- Information related to male: female contribution, activities conducted under it, participation of committee members, frequency of meeting, duration of meeting, availability of expenditure norms, sensitization of committee members towards roles and responsibilities, contribution in village development plans, monitoring and supervision mechanism are only limited to the study VHSNCs only.

- It does not represent the whole district.

- Study findings cannot be generalized to the wide geographical area.

Chapter VI

6.1 Recommendations:

- Equal contribution of male-female in committee should be encouraged.
- VHSNC members need to be sensitized thoroughly for their roles and responsibilities by government officials.
- Government should develop monitoring system to keep check on regularity of monthly meetings which will help in enhancing inter sectorial co-ordination and convergence.
- Government should organize periodical one day training programs and workshops to update VHSNC members for the future.
- Audits should be organized every three months for record maintenance; so that secretaries will keep the records updated.
- PRI members should be delegated particular responsibilities under VHSNC; so that they can contribute to their fullest.
- VHSNC members should contribute to district level planning so as to achieve goals of NRHM through micro level activities.
- If the overall achievement in an aspect is satisfactory, there should be a provision allowing flexibility in use of allotted funds for particular aspect after taking resolution from the committee.
- The amount of funds should be increased to sufficient level, so that VHSNCs can contribute in all aspects of it to the fullest, to strengthen its structure and management to achieve the ultimate aims of NRHM.
- Monitoring and supervision system needs to be improved.
- Public private partnership (PPP) should be encouraged to strengthen the structure, functioning and effectiveness of VHSNC.

6.2 Summary:

VHSNCs are serving as a catalyst for achieving the goals of NRHM through active participation in aspects related to health, sanitation and nutrition. Still the finding shows low quantity of female participation than male. Members of the VHSNCs were not sensitized regarding roles and responsibilities. Most of them didn't receive expenditure norms for the untied funds they receive. Monthly meetings were not held on regular basis; mostly conducted twice a year. Most of VHSNCs were not keeping minutes of meetings updated and few of them were not maintaining it at all. On average only half of VHSNC members attend meetings. Common issues discussed in meetings were malnutrition and expenditure of untied funds. Activities conducted under VHSNC were mainly focused on malnutrition, sanitation and health related aspects. None of them were contributing in block level PIP; but actively contributing in village development plans. Very few of them received funds from other sources for the same activities. All secretaries reported 100% utilization of funds they received and most of VHSNC activities were monitored by Anganwadi supervisors and few of them by president and vice president of VHSNC.

6.3 Conclusion:

Though VHSNCs are contributing well to achieve its overall goals, still there are gaps and barriers in its functioning and utilization of untied funds. It needs proper sensitization of committee members regarding their roles and responsibilities and need to receive hard copy of guidelines for expenditure of funds. VHSNC functionaries require periodic training programs to keep them updated for the future. PRI members need to have particular responsibilities to get more contribution from their side. Equal male: female contribution need to be encouraged. Current expenditure pattern is lacking flexibility in utilization of funds. Monitoring and supervision pattern is not yet systematic and need to develop. Funds are still inadequate to address all the aspects of it. PPP should be encouraged to get work done effectively and systematically.

Annexure

VHSNC Questionnaire

Date:

Name of VHSNC member:

AWW no:

Place:

1. What is the Male: Female ratio of the VHSNC that you are a part of?
2. Have you been sensitized about your roles & responsibilities under VHSNC? If yes, How & what? (Probe: Activities conducted for the same)
3. What are the activities that you have performed under VHSNC?
4. Have you been given any expenditure norms to utilize the funds you receive under VHSNC? (If yes, get a copy of the same. If no, how do they decide on spending the amount)
5. Are any meetings conducted for VHSNC? (If yes, when, where, what. If no, WHY?)
6. How many members are present for the VHNSC meeting?
7. What is the approximate duration of VHNSC meeting?
8. Whether MoM is maintained? If yes, is it properly maintained?
9. Which are the common issues discussed in the meeting (Verify from MoM)
10. Does VHSNC contribute in the block level PIP? (Probe: Details)
11. Is your VHSNC provided with funds for any component already covered under VHSNC? (Probe: Details)
12. Reason for no/low expenditure if any.
13. Please elaborate on current supervision and monitoring.

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