



Role of Village Health Committees in Improving Health and Nutrition Outcomes: A Review of Evidence from India

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Context

The Government of India is promoting a decentralized approach through changes in major programs such as the National Rural Health Mission (NRHM) and the Integrated Child Development Scheme (ICDS). The NRHM places significant focus on creating and supporting Village Health Committees (VHCs) to promote decentralization.

The VHC is intended to be a part of the local self-governance structure of the *Panchayati Raj* Institutions specifically the Village Council called the *Gram Sabha*. The purpose of the VHCs is to build and maintain accountability mechanisms for community-level health and nutrition services provided by the Government. The NRHM provides guidelines on the framework, functions and responsibilities of VHCs and has provided for a flexible “untied fund” of Rs.10,000 per health sub center facility to support local actions. The role of the VHCs, as mentioned in the NRHM guidelines is

- To create awareness in the village about available health services and their health entitlements
- To develop a Village Health Plan based on an assessment of the situation and priorities of the community
- To maintain a village health register and health information board and calendar
- To analyze key issues and problems pertaining to village level health and nutrition activities and provide feedback to relevant functionaries and officials; and
- To present an annual health report from the village to the *Gram Sabha*

The NRHM guidelines suggest that the VHC should include representatives from the village *Panchayat*, Community-Based Organizations and NGOs, other community representatives and village health and nutrition workers and they note that the committee should include members from disadvantaged communities (e.g., scheduled castes, scheduled tribes, minority groups). The VHC is also expected to oversee the work of village health and nutrition functionaries such as the Auxiliary Nurse Midwife (ANM), *Anganwadi Worker*

(AWW) and Accredited Social Health Activist (ASHA) and to be involved in managing the local sub-centre, which is accountable to the *Gram Sabha*.

This paper provides highlights from an evidence review on VHCs. The purpose of the evidence review was:

To analyze the available evidence to determine the key lessons learned in the area of the role of Village Health Committees in improving health and nutrition outcomes.

Evidence Review Process

Considering the importance of VHCs for decentralization and achieving improved health and nutrition, leaders from the central and state Government (including Health and Family Welfare and Women and Child Development Department officials) agreed that it was important to conduct an evidence review on this topic. The USAID-funded Vistaar Project facilitated the evidence review, which was conducted by national experts in this field.

The Project team identified existing evidence within India for the review, through a literature review as well as direct requests for information from many experts working in this field. The team initially identified over 30 interventions that



had a focus on community involvement and VHCs and then short-listed seven of them, based on these criteria:

- The intervention should have a focus on community involvement similar to the NRHM concept of a VHC
- There should be enough data and documentation on the effort to understand the inputs as well as the outputs and outcomes (e.g., data on indicators such as regular

meetings of VHC, development of village health plans, monitoring of village health plans)

Of the seven interventions selected for the review, two were led primarily by the Government, one by a medical college and four were collaborative efforts of multiple non-Governmental agencies. See Table 1 for more information about the interventions reviewed.

Table 1: Overview of Interventions

Intervention Name	Lead Agencies	Focus Areas
Community-Led Initiatives for Child Survival (CLICS) ^(6, 8, 9)	Dept. Community Medicine, Mahatma Gandhi Institute of Medical Sciences	Fostering partnerships between “Village Coordination Committees” and the Dept. of Community Medicine, using a social franchising model in Wardha, Maharashtra
Improving Community Participation in Decentralized Planning of RCH services ⁽¹⁸⁾	Foundation for Research in Health System and Dept. of Health & Family Welfare (Government of Karnataka)	Supporting community involvement and decentralized planning in Mysore, Karnataka
Integrated Village Planning Model ^(11, 22, 23)	Government of Uttar Pradesh and UNICEF	Establishing mechanisms to foster collaboration between the community and Government service providers in Lalitpur, Uttar Pradesh
Communitization of Grass-root Health Services ^(1, 19)	Government of Nagaland	Supporting and promoting community ownership of public resources and assets and decentralizing authority over service delivery in Nagaland
Community Mobilization for Improving Mother and Child Health through Life Cycle Approach ^(2-5, 7, 12, 13)	Child in Need Institute (CINI) and Govt of Jharkhand	Promoting community level social mobilization networks in Ranchi, Hazaribagh and Gumla districts of Jharkhand
“Swajal” Project (Village Water and Sanitation Committee component) ⁽¹⁰⁾	Government of Uttar Pradesh, Government of Uttaranchal and World Bank	Supporting demand driven community participation in seven districts of Uttar Pradesh and 12 districts of Uttaranchal
Community Health Activist (Mitakin) Program ^(17, 20, 21)	Government of Chhattisgarh	Introducing and supporting a cadre of village health activists to increase demand for health services and improve health service delivery in Chhattisgarh

The Vistaar Project team prepared summaries of the selected interventions including available data on effectiveness, efficiency and expandability of these interventions. These summaries were provided to the lead implementing agencies for their feedback and then shared with the expert reviewers prior to the expert review meeting. (These summaries are available on the IntraHealth website: <https://www.intrahealth.org>).

The team worked with Government officials and recognized experts to form a panel of experts in this field to conduct the evidence review. The expert group included Government officials and representatives from NGOs, academia, donors, professional associations, and other sectors. (See Table 2)

A group of 24 recognized technical experts met for two days on August 29 and 30, 2007 to review the seven selected interventions. The experts worked in a consultative manner to achieve the following objective:

To analyze the available evidence to determine the key lessons learned in the area of fostering strong village health committees.

Table 2: List of Experts

Mr. Akhilesh Tewari	Sarthi Development Foundation, Uttar Pradesh	Dr. Rajiv Tandon	USAID, New Delhi
Dr. Anant Kumar	Xavier Institute of Social Service, Jharkhand	Ms. Ruth Vivek	Centre for Health and Social Justice, New Delhi
Mr. Anup Hore	Krishi Gram Vikas Kendra, Jharkhand	Mr. S. P. Sinha	Ministry of Health and Family Welfare, Government of Jharkhand
Mr. B. B. Goel	State Innovations in Family Planning Services Project Agency, Uttar Pradesh	Ms. Sarovar Zaidi	ICICI, Mumbai
Dr. Deepak Raut	Central Bureau of Health Intelligence, Government of India	Ms. Sonali Sinha	Ministry of Health & Family Welfare, Government of Jharkhand
Dr. J. L. Chittoria	Directorate of Family Welfare, Government of Uttar Pradesh	Prof. Subodh Sharan Gupta	Dpt. of Community Medicine, MGIMS, Maharashtra
Dr. Madhulika Jonathan	UNICEF, Jharkhand	Dr. Suranjeen Prasad	Child in Need Institute, Jharkhand
Ms. Manjiri Bhawalkar	Abt Associates Inc., Cambridge, MA, USA	Dr. T.B. Prasad	TATA Steel Rural Development Society, Jharkhand
Mr. Mukesh Kumar	CARE India, New Delhi	Dr. T. Sundararaman	National Health System Resource Center, New Delhi
Dr. Nirmala Murthy	Foundation for Research in Health Systems, Karnataka	Ms. Tanvi Jha	Child in Need Institute, Jharkhand
Ms. Paromita Das	Vikas Bharti, Jharkhand	Ms. Uma Prakash	Dpt. of Women Empowerment & Child Development, Government of Uttarakhand
Dr. Prakash Gurnani	UNICEF, Jharkhand		
Mr. Rajan Kumar	Ministry of Health & Family Welfare, Government of Jharkhand		

Note: Other invited experts were unable to attend.

Lessons Learned

The expert reviewers identified a number of lessons learned about VHCs for application within the framework of NRHM and grouped them into the categories of:

- Community orientation to the role of VHCs
- Community representation in the VHCs
- Civil society participation and support to VHCs
- Village ownership of the VHC and the Village Health Plan
- Village Health Plan development
- Implementation and monitoring of the Village Health Plan
- Linking the VHC with Government systems and services

Community Orientation to the Role of the VHC

- The evidence from these interventions shows that successfully establishing a VHC is a long and formal process. It takes time to gain acceptance and generate community participation and ownership and there are complex local socio-political issues that may need to be addressed

Community Representation in the VHCs

- The VHC should have wide representation from different sections of the village population, including women, different castes and classes, and adolescents to ensure responsiveness to the various health needs in the village
- The evidence shows that it is important to have gender sensitive leadership of the VHC to enhance outcomes

Civil Society Participation and Support to VHCs

- The support of civil society agencies, such as NGOs, CBOs, Self Help Groups can be very helpful in setting up of the VHCs and meeting related NRHM objectives

Village Ownership of the VHC and the Village Health Plan

- It takes time and skills in facilitation and communication to lead to a village's understanding and ownership of a VHC and Village Health Plan
- There are challenges, but the VHC can improve the functioning of the Government service delivery at Primary Health Centers and Community Health Centers
- The VHC may function better and have better relationships with the Government health services if the VHC is established and able to help select their own health and nutrition functionaries (e.g., ASHA)
- Regular meetings of the VHC are associated with more successful outputs and outcomes

Development of the Village Health Plan

- The evidence shows that it is helpful for the VHC to identify local health problems and gaps, focusing on both the demand and the supply side
- Gathering the needed information and preparing a Village Health Plan requires considerable, sustained effort

Implementation and Monitoring of the Village Health Plan

- It seems advisable for the VHC to start with a simple, feasible Village Health Plan that has clear objectives and targets
- The VHC should develop a monitoring mechanism, with a

few simple indicators, to monitor progress on the plan

- Outcomes have improved where the VHC has linked with the Government to support service providers and where the VHC has linked with block level officials

Linking VHCs with Government Systems and Services

- The VHCs can consider using the citizen's charter mechanism to establish linkages with the Government systems and institutions [including the *Panchayati Raj* Institutions (PRIs)], as well as with Government health services (e.g., for transport, referrals)
- The VHC seems to work better when it supports and serves as an ally with the health system (e.g., supporting the community-level health and nutrition workers such as the AWW and ANM), rather than acting mainly as an outside critic or activist group

Other Lessons

- It is helpful if there is seed money available to use for start-up activities of the VHC
- One model for use of the "untied fund" of Rs.10, 000 (made available under the NRHM) that appears successful is for a village health worker (e.g., ANM) and the VHC to have a joint account with the elected head of the *Gram Sabha* or *Sarpanch*
- Existing groups like SHGs and livelihood groups can help form a VHC or form the basis for a VHC

Evidence Gaps

In addition, the experts identified several important evidence gaps, where additional knowledge is needed. These are:

- The best roles for outside groups like CBOs and NGOs
- Strategies to include adequate representation from distant or isolated hamlets and very vulnerable and marginalized groups in the VHC
- Lessons about the working relationship between the VHC and the *Gram Panchayat*
- Evidence with more outcome level data to show what works in terms of VHC

In Summary

The evidence review process is a useful approach to build consensus among experts and program leaders, inform program planning, and assist with decision making. The Vistaar Project experience shows that this process is most valuable when:

- It is conducted in an open, inclusive and participatory manner
- The focus is on learning lessons, not identifying the "best model"
- The audience is clear, and the evidence is reviewed from their perspective (i.e., in this case, the evidence was reviewed for application in Government programming)

The Vistaar Project greatly appreciated the opportunity to be a part of this evidence review and is honored to join with the technical experts, implementing agencies, and Government program leaders and implementers who are using evidence to improve MNCHN program impact.



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We believe in a world where all people have an equal opportunity for health and well-being.

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The Purpose of the Vistaar Project is:

To assist the Government of India and the State Governments of Uttar Pradesh and Jharkhand in taking knowledge to practice for improved maternal, newborn, and child health and nutritional status

IntraHealth International, Inc. is the lead agency for the Vistaar Project

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