

# EVALUATION OF VHSC TRAINING AND MENTORING PILOT

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## INTRODUCTION:

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**Phase I** of the pilot project was completed in December 2010. The project provided training and mentoring support to 3745 VHSCs, spread across 79 blocks in 23 districts. Subsequently, the government asked FRHS to undertake impact evaluation of the Phase-I of VHSC Training and Mentoring project.

The Government and the NGO partners agreed that in addition to assessing the VHSC fund utilization before and after the training, the impact evaluation should throw light on the functioning of VHSC, and see if any changes in their functioning could be attributed to the training and mentoring project. The following indicators defined the functionality of VHSC, which were to be measured to demonstrate impact of training on them:

1. % VHSCs created awareness in the village about available health services and entitlements
2. % VHSCs developed Village Health Plans reflecting village health situation and priorities
3. % VHSCs analyzed problems pertaining to the health and nutrition program activities and provided feedback to relevant functionaries and officials
4. % VHSCs maintained village health register, health information board and calendar
5. % VHSCs held regular quarterly meeting to discuss village health problems
6. % VHSCs monitored ANMs and MPWs visit to villages on fixed days and contributed to health and nutrition related activities at the village level
7. % VHSCs ensured that every maternal and infant death is registered in the village Panchayat and discussed during the meeting
8. % VHSCs managed village health fund as per the government guidelines

## SAMPLING PROCESS

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The impact assessment was carried out in 50 trained and 50 untrained VHSCs. To select these 100 VHSCs, we first listed the 380 PHC areas wherein VHSCs were trained. We selected every 7<sup>th</sup> PHC-area from this list, starting with seed number of 8. From each PHC-area we randomly selected one VHSC, i.e. about 10 percent of VHSC coming under those PHCs. This selection process ensured representation of all NGO and all districts. Corresponding to each “trained” VHSC we selected an “un-trained” VHSC from the nearest PHC – area that was not involved in the pilot project.

## DATA COLLECTION PROCESS

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Two brief structured tool were created (shown in the *appendix*) to gather the information needed to assess the status of evaluation indicators listed above. Tool 1 was administered to female health worker associated with the VHSC. Tool-2 was administered to 5-6 members selected from each VHSC who included - VHSC chairman, 2-3 active community members, ASHA and ANM. Copies of village health plans were to be obtained where available and their content was to be analyzed. However in some of the VHSCs where village health plans were prepared, we were not able to collect copies because copying facility was not available in the village or nearby. Registered maintained by VHSC and information board were observed; expenditure details of 2010-11 were obtained and analysed; birth and death records at Panchayat were observed.

**Tool-1** gathered basic information about the VHSC from FHW such as whether the VHSC was for Juth Panchayat, who were the office bearer, number of members and their characteristics; VHSC funds received and spent in last three year. This information was to be gathered from FHW from her records. In the trained VHSC we expected to see better utilization of funds as well as reflect the changes made in the officer bearers and signatories to the VHSC bank account since the baseline, which the government had agreed to implement based on the field level feedback received during the project. Two main changes expected as a result of the project were: teachers not to be signatories to the bank account, and more of community members should chair VHSCs.

**Tool-2** was administered to 5 members in each sampled VHSC - 2 of them were community members, 2 health staff and the chairman. This tool contained a series of open ended questions, formed around the 8 dimensions of VHSC functionality identified earlier in the report. Investigators were expected to use the tool as an interview guide to prompt responses from the respondents and seek as much qualitative information as possible to get VHSC members views about the VHSC function, about training they received and what changes they perceived since the training, if any.

8 investigators were selected for the field work, interview guidelines were prepared and investigators were trained for one full day. Investigators were assigned to different regions, each collected data from 10-12 VHSCs.

In the field, the investigators first contacted the NGOs responsible for training VHSC members in the sampled PHC area. They obtained from NGOs the list of VHSCs they had trained and from those lists randomly selected one VHSC each. To select the untrained VHSCs, investigators visited nearby PHCs not involved in the project, and selected one VHSC per PHC from the lists provided by PHCs. Field work was carried out during the months of May to July 2011. NGO facilitators and FHW knew the visit schedule of the investigators so they could remain available during the VHSC visit.

Upon reaching the selected VHSC, investigators first met with the FHW/AWW/Asha whoever was available and collected from them the information about VHSC, as per the schedule 1. Subsequently they contacted four to five other members of VHSCs. They met them individually and filled the sheduale-2.

All schedules were scrutinized by FRHS researchers in the presence of the investigators to ensure that they had not missed any questions and that there was no inconsistency in reporting. Data was entered in excel form and analysed. Findings are presented in the next section.

**FINDINGS:**

Both, trained and untrained VHSC selected for this evaluation, included almost equal number of Juth panchayats VHSC (representing a group of villages) and single panchayat VHSC (representing one village). Out of 50 trained VHSCs 26 were under Juth Panchayat; out of 50 control VHSCs, 21 were under the Juth Panchayat.

In terms of other characteristics, both sets of VHSC had on an average 11 members. Among them 4 were health staff and 7 were community members; 7 were female members and 4 were male members. In 10 percent of trained VHSC community members had not received any training, only the health had attended the VHSC management training provided under the project.

In terms of receipt and utilization for VHSC funds, 94 percent of trained VHSC reported receiving VHSC funds in the previous 3 years compared to 62 percent of the untrained VHSC. Nearly 2/3<sup>rd</sup> of FHW from the trained VHSC knew the amount they had received and how much they had spent each year, compared to half of the FHW from untrained VHSC (Table 1). Over the last three years, trained VHSC had received 94% of the expected grant of Rs, 10000/per year while untrained VHSCs had received 101%. In terms of expenditure, trained VHSC had spent 91% of the funds received compared to 82% by the untrained VHSCs. Training had improved awareness and utilization of VHSC funds.

Table - 1	Trained VHSC		Untrained VHSC	
<b>N</b>	50		50	
<b>Number(%) reported receiving VHSC funds</b>	47 (94%)		31 (62%)	
Year	Average amount received/VHSC	Average amount spent/VHSC	Average amount received/VHSC	Average amount spent/VHSC
<b>2008-09</b>	10000 (N=37)	9473(N=35)	9993(N=24)	8855(N=23)
<b>2009-10</b>	9541 (N=36)	8703(N=35)	9551(N=29)	8245(N=27)
<b>2010-11</b>	8613 (N=39)	7734(N=36)	10958(N=24)	7692(N=23)
<b>%Expected grant received and spent (3-year average)</b>	94%	91% of funds received	101%	82%

TABLE 1

The analysis presented below is based on the data collected from 272 members of trained VHSC and 234 members of untrained VHSCs, using Tool-2. This data was gathered only from community members, excluding ASHA and AWW who were seen as members of the health system.

**Indicator 1: % VHSC undertook health related activity in last six months**

272 members from trained VHSC and 234 members from untrained VHSC were asked if their VHSC had undertaken any health related activity in last six months and if yes, then which ones. 96 percent trained and 69 percent untrained members reported that their VHSC had organized some health related program in the village. They recalled a range of activities that their VHSC

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had organized. The most frequently mentioned activity was village cleanliness, which was mentioned by 48% percent members from trained VHSC and 25% of the untrained VHSC. The next frequently mentioned activity was Mamta day in the trained VHSC and Chlorination of water by in the untrained VHSC (Table 2).

Activities organized by VHSC	Trained VHSC	Untrained VHSC
Food packets given to pregnant woman	47 (17.27%)	56 (23.93%)
Awareness of Immunization	53 (19.48%)	69 (29.48%)
School health program	50 (18.38%)	59 (25.21%)
Mamta day activities	90 (33.08%)	48 (20.51%)
Gave iron tablets to adolescents	29 (10.66%)	31 (13.24%)
Prizes to healthy women and children	35 (12.86%)	25 (10.68%)
Village cleanliness	130 (47.79%)	59 (25.21%)
Chlorination	53 (19.48%)	69 (29.48%)
No activity was organized	11(4%)	72(31%)

TABLE 2

\* Activities mentioned by more than 10 percent respondents are shown in the table above, excluded are those mentioned by 1-2 persons.

### **Indicator 2: % VHSC prepared village health plan reflecting village health situation**

To seek a comprehensive answer to this question, we attempted to obtain a copy of the village health plan if it was prepared or noted down activities listed in the plan and tried to find out from FHW how those plans were decided and who all participated in preparing the plan. The same information was also gathered from committee members in individual interviews with them. 38 percent of trained VHSC had prepared village health plan that we could see; 16 percent of untrained VHSC reported preparing health plan but we could not see any.

The trained VHSC had prepared the village health plans using the template provided to them in the training program. Training had helped in creating awareness among committee members of creating health plans though this activity needed more attention since only 38% Trained VHSCs had prepared their plans.

**Table 3: VHSC preparing village health plan and content of the plans**

Village health plans	Trained VHSC	Untrained VHSC
No. of VHSC prepared village health plan	19 (38%)	8(16%)
No. of VHSC where all members participated in preparing the plan	11(22%)	3(6%)
Only government functionaries participated	1(2%)	0(0%)
No. VHSC where Gov. functionaries and some of the VHSC members participated	7(14%)	5(10%)
<b>Activities listed in the plan</b>		
Chlorination	3(6%)	0(0%)
Sanitation, Water tank cleaning, Anganwadi & Village cleanliness	21(42%)	5(10%)
Mamta day Activities	8(16%)	5(10%)
Health Education/healthy baby competition	2(4%)	0(0%)
Supplementary food to needy Pregnant women & Children	4(8%)	0(0%)

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<b>Water pipe line &amp; hand pump repairing</b>	3(6%)	0(0%)
<b>Sub center cleanness</b>	0(0%)	3(6%)

TABLE 3

### **Indicator 3: % VHSC analyze problems pertaining to health and nutrition activities in the village and provide feedback to relevant functionaries and officials**

VHSC members were asked if they discussed any health related problems during their meetings, what were those problems; did they bring those problems to the notice of any functionary and if any action was taken.

96.3% percent respondents from the Trained VHSC mentioned discussing health related problems in VHSC meetings compared to 50% in untrained VHSC. Half of them also mentioned bringing those problems to the notice of health functionaries (Table 4).

#### **Table 4: Number and (%) of VHSC members reported discussing village health problems in the meeting**

	<b>Members from Trained VHSC</b>	<b>Members from Untrained VHSC</b>
<b>N</b>	<b>272</b>	<b>234</b>
<b>No. of respondents told about the problems discussed</b>		
Behavior/Work by FHW, ASHA and AWW	191(70.22%)	49(20.94%)
Difficulty faced in receiving Chiranjeevi and JSY benefits	162 (59.55%)	39(16.66%)
Problems related to use of untied fund	153 (56.25%)	29(12.39%)
Instances of maternal or child death in the village and causes of death	168(61.76%)	37 (15.81%)
About village cleanness and drinking water	214(78.67%)	64 (27.35%)
Purchase of material, equipment, furniture, medicine etc	189(69.48%)	61(26.06%)
Providing monitory help to needy person for medical treatment	152(55.88%)	61(26.06%)
Others	3(1.10%)	0(0%)

TABLE 4

The most often problem mentioned was village cleanliness and clean drinking water (79%), followed by behavior or work done by health worker and purchases made at health centers (70%). Untrained members usually mentioned fewer and diffused set of problems. The training seemed to have informed the members what health problems they needed to address.

### **Indicator 4: % VHSC maintained village health register, health information board and calendar?**

To answer this question we listed all registers that VHSC maintain and found out if they were updated as was taught during the training. 84% trained VHSC were maintaining health registers or information board; 20 percent of the untrained VHSC maintained registers. Over 50 percent of trained VHSC were also maintaining resolution register, agenda register and expenditure registers but were not maintaining the minute book to the same extent. Untrained VHSC performed poorly on maintenance of registers. Training definitely seemed to have helped in systematizing VHSC record keeping.

#### **Table 5: % Trained and untrained VHSC maintaining the required registers**

	Trained VHSC	Untrained VHSC
N	50	50
No. of VHSC maintained village health register or information board	42 (84%)	10 (20%)
Resolution register available and seen at the time of interview	35 (70%)	18 (36%)
Resolution register updated regularly	33 (66%)	17 (34%)
Minutes book seen at the time of interview	14 (28%)	9 (18%)
Minutes book updated regularly	11 (22%)	8 (16%)
Agenda book available at the time of interview	22 (44%)	12 (24%)
Agenda book updated regularly	20 (40%)	11 (22%)
Expenditure book available at the time of interview	29 (58%)	12 (24%)
Expenditure book updated regularly	27 (54%)	14 (28%)

TABLE 5

**Indicator 5: % VHSC meeting regularly to discuss village health problems**

To assess if the training had any impact on the frequency and regularity of VHSC meetings being held and issues being discussed, we collected data on how often VHSC met in past one year; how many members, on an average, remain present at those meetings and what is discussed during the meeting.

This indicator showed significant differences between the trained and the untrained VHSC. While 72 percent trained VHSC had met at least once in the past one year; only 40 percent of untrained VHSC had met at all. While 78 percent of the meetings of the trained VHSC were attended by 6 or more members; 36 percent meetings of the untrained VHSC had 6+ attendances. Training seemed have created awareness among members of importance of holding VHSC meetings regularly. But did these committees regularly discuss village health problems? According to the members interviewed, 34 percent of trained VHSC and 10 percent of untrained VHSC seemed to be discussing village health problems at VHSC meetings. The mentoring process supported by NGO seems to have helped make the VHSC meetings somewhat more meaningful but data showed that there is a long way to go.

**Table 6: Regularity and attendance at VHSC meetings**

	Trained VHSC	Untrained VHSC
N	50	50
Distribution of VHSC by number of meetings held in past one year		
None	14 (28%)	30 (60%)
1-2	15 (30%)	10 (20%)
3-4	21 (42%)	10 (20%)
No. of VHSC meetings where attendance was 6+	39 (78%)	18 (36%)
Number of VHSC discussing village health problems	17 (34%)	5 (10%)

TABLE 6

**Indicator 6: % VHSC monitor ANM and MPW visits and their health and nutrition related activities in the village**



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Since ANM and MPW visit villages mainly on Mamta days, members were asked if Mamta Days were held regularly in the village (once a month) to which over 90 percent respondents in both the groups said “yes”. Only 6 percent respondents among the trained and 10 percent among the untrained members did not know about the Mamata day. On this indicator, hardly any differences were found between the two groups of respondents: 94% respondents from the Trained VHSC and 90% from the Untrained VHSC reported that VHSCs monitor ANM and MPW visits in the village on fixed days.

**Table 7: VHSC members’ observations and contributions on Mamta day**

VHSC members’ responses	Trained VHSC	Untrained VHSC
N	<b>272</b>	<b>234</b>
<b>Members reported ANM, MPW remain present on Mamta day</b>	251(92.27%)	210(89.74%)
<b>VHSC monitors Mamta day activities</b>	137(50.36%)	99(42.30%)
<b>VHSC has provided logistics on Mamta day</b>	150(55.14%)	124(52.99%)
<b>VHSC has provided financial support on Mamta day</b>	49(18.00%)	15(6.41%)
<b>VHSC motivated beneficiaries</b>	149(54.77%)	117(50.00%)

TABLE 7

**Indicator 7: % VHSC get all maternal and infant death registered in the Panchayat and discuss it VHSC meeting**

This indicator had two parts: (i) extent to which births, infant and maternal deaths were registered with the panchayat and (ii) whether deaths were discussed in the VHSC meeting. In 60% villages with Trained VHSC and 52% villages with Untrained VHSC, Panchayat had registered more than half of the expected number of births. This difference was not significant which suggested that there was no association between VHSC training and registration of vital events.

Only 2 VHSC had reported maternal deaths while 38% of Trained and 22% untrained VHSC had reported infant deaths in their villages.

All trained members and 88 percent of untrained members reported registering every infant and maternal death with the panchayat and 62% of trained members reported discussing these events in the meeting. This data indicates high level of awareness among the members of trained VHSC that maternal and infant deaths need to be registered and discussed in the VHSC meeting, but we cannot say if that was indeed practiced because minutes of the meetings were not available or too sketchy to know if such discussions ever took place.

**Table 8: Awareness among VHSC Members registration of maternal and infant deaths**

	Members from Trained VHSC	Members from Untrained VHSC
<b>VHSC registering maternal and infant deaths</b>	271(99.63%)	207(88.46%)
<b>Instances of maternal or child death discussing in the meeting</b>	168(61.76%)	37 (15.81%)

TABLE 8

**Indicator 8: % VHSC manage village health fund as per government guidelines**

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During the training, trainers had observed that the most sought after information by members was size of VHSC health fund and how it is to be spent. A lot of training time was spent on this topic, alone. Therefore it was no surprise that trained members were more aware about VHSC funds and its management than the untrained members.

Nearly 75 percent trained members knew the guidelines but none of the untrained members knew about these guidelines. 75% trained members and 57% untrained members reported that they knew how the funds were being used. Table below summarizes the gaps in members' understanding of how VHSC funds should be used and how those are being used which throws some light on the ground realities related to VHSC fund management.

Most trained members reported that VHSC funds were mainly used for purchasing equipment and material for Mamta day. However, practically all untrained members said that VHSC funds were used for school health, but very few trained members thought so. This was because just a few months before the evaluation the government had involved VHSC in implementing the school health program. Trained members understood that this event was a one-off program while the untrained members perceived it to be a major VHSC program.

**Table 9: VHSC members' awareness about the VHSC fund utilization**

	Trained members		Untrained members	
<b>N</b>	272		234	
<b>% claimed that they were aware of the guidelines</b>	201 (74%)		1%	
<b>% members knew how funds were being used</b>	205 (75%)		134 (57.3%)	
<b>Members' perception of how VHSC funds are utilized:</b>	<b>Guideline</b>	<b>Expenditure</b>	<b>Guidelines</b>	<b>Expenditure</b>
<b>Village health activities</b>	57 (21%)	13(6%)	0%	11 (8%)
<b>Purchase of equipment/material for Mamta day</b>	163 (60%)	159 (78%)	NA*	103 (77%)
<b>Village cleanliness</b>	126 (62%)	88 (43%)	NA	52 (39%)
<b>Pouring mosquito nets in the medicated solution</b>	9 (4%)	5(2%)	NA	7 (5%)
<b>Providing money to the poor for</b>	67 (33%)	--	NA	--

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treatment				
School health	12 (6%)	15 (7%)	NA	130 (97%)
Meeting VHSC meeting Expenses	12 (6%)	2 (1%)	NA	9 (7%)
To control epidemics	7 (3%)	2(1%)	NA	2 (2%)
Chlorination of water	21 (10%)	17 (8%)	NA	9(7%)

\* NA= not aware

The above table indicates that members from the trained VHSC who knew about the guidelines also knew where the funds could be utilized. Their replies to “items on which the VHSC funds were spent” matched well with the guidelines. This evaluation also showed that the VHSC funds were not utilized for items that were not included in the guidelines. However, VHSC members also need to know that they should spend the VHSC funds only on items or in emergency situations, for which funds from other sources are not available. For example, funds for equipments for Mamta day should be available form subcenter grants; supplies for water chlorination should be available from the panchayat budget, which the VHSC should to learn to leverage

## SUMMARY AND CONCLUSIONS

This report presents findings from the evaluation of the Phase I project called VHSC training and mentoring, which was completed in December 2010. The project provided training and mentoring support to 3745 VHSCs, spread across 79 blocks in 23 districts by involving 25 reputed NGO working in the state. The Government of Gujarat and the NGO partners agreed that in addition to assessing the VHSC fund utilization before and after the training, the impact evaluation should throw light on the functioning of VHSC, and see if any changes in their functioning could be attributed to the training and mentoring project. They agreed upon 8 indicators of functionality of VHSC, which were to be measured to demonstrate impact of training on them.

The impact assessment was carried out in matched sample of 50 trained and 50 untrained VHSCs. Both, the trained and untrained VHSC selected for this evaluation included almost equal number of Juth panchayats VHSC and single panchayat VHSC. Both sets of VHSC had on an average, 11 members. Among them 4 were health staff and 7 were community members; 7 were female members and 4 were male members.

In terms of receipt and utilization for VHSC funds, 94 percent of trained VHSC reported receiving VHSC funds in the previous 3 years compared to 62 percent of the untrained VHSC. Nearly 2/3<sup>rd</sup> of FHW from the trained VHSC knew the amount they had received and how much they had spent each year, compared to half of the FHW from untrained VHSC. However, in terms of funds received, the trained VHSC had received 94% of the entitled grant of Rs, 10000/per year while untrained VHSCs had received 101% of that grant. In terms of expenditure, trained

VHSC had spent 91% of the funds they had received while the untrained VHSCs had spent 82% of the grants they had received.

- ***The training was found to have improved awareness and utilization of VHSC funds.***

Significantly more of the trained VHSC had organized health related program in the village compared to the untrained VHSC (96% vs. 69%) and their activities ranged from village cleanliness drives, chlorination of water tanks to Mamta day activities, which indicated the priorities of the community

- **Training had helped activate the VHSC**

Training had helped create awareness among committee members about developing health plans for their villages though this activity needed more attention because only 39% VHSC had prepared health plans. The training however had very significant impact on maintenance of registers where the untrained VHSC had performed very poorly (87%: 20%). Training definitely seemed to have helped in systematizing VHSC record keeping. It was very heartening to note that:

- **Many untrained VHSC members expressed desire to get this training since they wanted to learn about how to prepare the plans and how to maintain registers (see appendix 3)**

Most members from the trained VHSC mentioned discussing problems such as village cleanliness and clean drinking water (79%), followed by behavior or work done by health worker and purchases made at health centers (70%). Untrained members mentioned fewer problems they discussed, which suggested that the training had informed the members what health problems they needed to discuss and address. But did they actually discuss those problems in VHSC meeting? When directly asked, the responses showed that only 39% Trained VHSC discussed those problem at meeting held in last one year, compare to 10 percent of untrained VHSC. This seemed to be the failure of the mentoring activity which was expected to have larger impact (than it did) on actions taken by VHSC as a result of the training. We therefore concluded that:

- **The project was very successful in creating awareness about what VHSC need to do than but not enough on what they actually did.**

Both trained and untrained VHSC did equally well in terms of their involvement in Mamta day activities which is the government's flagship program. The message about the importance of Mamta day has reached deep enough in the community that 94% respondents from the Trained VHSC and 90% from the Untrained VHSC reported that they monitored the Mamta day activities; ANM and MPW do visit the village on those days.

Regarding the awareness about registering maternal/infant deaths and discussing them in the VHSC meeting, we saw the same pattern as in developing the health plans and record keeping. All trained members and 88 percent of untrained members reported registering every infant and maternal death with the panchayat; 62% of trained members even reported discussing these events in the meeting. It only indicated a high level of awareness among the trained

members but we could not be sure that this was indeed practiced because minutes of the meetings were not available or too sketchy to know if such discussions ever took place.

One area where the training had made significant impact was that VHSC members knew about the guidelines on how VHSC funds could be utilized. Responses from the trained members indicated that the VHSC funds by and large were not utilized for items that were not included in the guidelines. The untrained members did not know the guidelines and their responses showed no such a match with the guidelines.

Though this was a positive effect of the training, the evaluation also suggested that VHSC members need to know that they should spend funds only on priority items for which funds were not available from other sources. For example:

- **VHSC members need to learn to leverage funds from other sources such as subcenter funds for purchases for Mamta day or panchayat funds for chlorination of water tanks instead of using VHSC funds because those are easily available.**

In addition to these findings from the evaluation, most NGO partners, based on their implementation experience, had made several suggestions for the government to consider for improving the implementation of the VHSC training and mentoring process. These are listed in Appendix 4.

In summary: the training was found to be effective in creating awareness but the mentoring was less effective in ensuring changes in the practices. The project period of one year perhaps was not adequate for the mentoring process, which was hardly 6 months, to show the impact. Mentoring phase needs to be extended further to bring the training to the practice level.

## Appendix 1

### TOOL STRUCTURE FOR THE EVALUATION PHASE-1

1a. Is the VHSC In Juth Panchayat?(Yes/No)\_\_\_\_\_

1.b. Details of VHSC office bearers

Details of VHSC office bearers	
Name of the President	
Occupation of President	
<b>Contact Number of VHSC President</b>	
Name of the secretary	
Occupation of secretary	
<b>Contact Number of Secretary of VHSC</b>	
First signatory (position in VHSC)	
Second signatory (position in VHSC)	

c. Funds Received by VHSC from Government: (data to be obtained from the bank passbook)

Financial Year	Funds Received (Rs.)	Funds Utilized (Rs.)
2008-2009		
2009-2010		
2010-2011		

d. No of VHSC Members

(Including President and Secretary)

**e. VHSC Members Details:**

Sr. No.	Name	Is the member health staff/community member?	Male/Female	Received training?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

**Interview Schedule 2:**

To be administered to 5 members in each sampled VHSC: 2 of them community members, 2 health staff and the chairman

**Indicator 1:** Did the VHSC undertake any health related activity in last six months?

( Open ended question )

**Indicator 2:** Did the VHSC prepare village health plan? (if yes, obtain copy)

- What activities were listed in the plan?
- How those were decided?

- Who all participated in preparing the plan?

**Indicator 3: Did the VHSC analyze problems pertaining to village level health and nutrition activities and provide feedback to relevant functionaries and officials)**

- Review the minutes of the meeting recorded in the register for any problem discussed (copy the minutes )
- Did the VHSC bring those problems to the notice of any functionary?
- Describe the action and what happened in those cases
- Have there been any instances of grievance of community against provider that the VHSC brought to the notice of officer?
- If yes, record the instance and what happened in those cases

**Indicator 4: Did the VHSC maintain village health register, health information board and calendar**

- Describe what all registers the VHSC maintained?
- Were those update?
- Observe the board and what it contained? Was the board useful? How?

**Indicator 5: Does the VHSC meets regularly to discuss village health problems?**

- How often does VHSC meet? When did it meet last?
- How many members were present in the last meeting?
- What was discussed during the meeting? (Find out through interview or looking at minute book if they discussed any of the following)
  - Work done by FHW, ASHA and AWW
  - Difficulty faced in receiving Chiranjeevi and JSY benefits
  - Problems related to use of untied fund
  - Instances of maternal or child death in the village and reasons for death
  - Village situation in terms of drinking water and cleanliness

**Indicator 6: Does VHSC monitor ANM and MPW visit village on fixed days? How VHSC contributes to health and nutrition related activities in the village?**



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- How often is Mamta Day held in the village
- When was the last Mamta day held?
- Were all health workers present on the last Mamata day?
- How many VHSC members remain present on mamata day?
- What contribution did VHSC make for the mamta day?

### **Indicator 7: Did VHSC discuss every maternal and neonatal death that occurs in the village and get them registered in the Panchayat?**

- How many births, infants or maternal deaths were registered with panchayat in last 6 months?
- Whether deaths were discussed in the meeting? Y/N

### **Indicator 8: Did VHSC manage village health fund as per government guidelines?**

- Are you aware about the guidelines mentioned in the “Green book” (government guidelines)? (Explore their awareness about the guidelines)
- How was the untied fund used? (open ended)

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APPENDIX 2

**Sampled VHSC**

Sr. No.	NGO	District	Experimental Group		Control Group	
			PHC Area	VHSC name	PHC Area	VHSC name
1	<b>Mahiti</b>	Ahmedabad	Bhadiyad	Kadipur	Bhadiyad	Cher
2		Bhavnagar	Nari	Ganesh gadh	Nari	Savainagar
3	<b>SEWA</b>	Ahmedabad	Kuha	Vadod	Kuha	Rodra
4			Vataman	Nani boru	Vataman	Bholad
5			Manipura	Devpura	Manipura	Kokta
6	<b>TF</b>	Anand	Kunjarav	Trnol	Vaddala	Dateli
7			Bharod	Hamidpura	Nar	Ramodadi
8		Kheda	Janod	Dhathi	Piplvada	Khera na Muvada
9	<b>Navjeevan</b>	Surendra Nagar	Mujidad	Vanala	Siyani	Umedpar
10		Jamnagar	Verad	Sai devadiya	Gunda	Jamrajivada
11	<b>IRDI</b>	Surendra Nagar	Kanka vati	Soladi	Kanka vati	Jiva
12	<b>Swati</b>	Surendra Nagar	Khara Ghoda	Navrangpura	Khara Ghoda	Mota ubhada
13	<b>Anandi</b>	Bhavnagar	Sanosara	Bhutiya	Ranghola	Golrama
14			Songadh	Piparla	Songadh	Panchvada
15		Rajkot	Khakharechi	Chikhli	Bagathala	Khakhrala
16	<b>SSKK</b>	Amreli	Dedan	Vangdara	Timbi	Fasariya
17	<b>AWAG</b>	Patan	Pimpal	Vadavali	Pimpal	Zakhana
18			Gotarka	Satun	Nanapura	Vijaynagar
19		Banas Kantha	Anganvada	Aanganvada	Anganvada	Kasra
20			Kuvala	Khari paldi	Kuvala	Bhodaliya

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21		Kutch	Manfara	Manfara	Manfara	Nilpar
22			Suvai	Ramvav	Gangodar	Badargadh
23	<b>Chetna</b>	Mehsana	Medha	Kanjari	Kalyan pura	Panthoda
24		Navsari	Makumiya	Vangad	God mal	God mal
25	<b>FPAI</b>	Gandhinagar	Saij	Palsana	Soja	Golthara
26	<b>FRHS</b>	Mehsana	Jagudan	Kukas	Linch	Linch
27	<b>Manav Kalyan Trust</b>	Banaskantha	Kuvarsi	Kuvarsi	Gorad	Dalpura
28	<b>Gram Vikas Trust</b>	Jamnagar	Lamba	Lamba	Lamba	Gangani
29	<b>KMVS</b>	Kutch	Netra	Khirasara	Matana Madh	Madh kotda
30			Patri	Patri	Khedoi	Chandroda
31	<b>Prayas</b>	Kutch	Bhimasar	Ajapur	Dudhai	Bhadroi
32		Dahod	Gangardi	Gangardi	Dahod	Bordi
33	<b>SAVA</b>	Porbandar	Mahiyari	Chhatrava	Ranakandorna	Mokar
34	<b>SAVARAJ</b>	Rajkot	Aatkot	Chitaliya	Sardhar	Halenda
35	<b>GST</b>	Navsari	Tankal	Degam	Dhej	Maliya Dhara
36	<b>Vedchhi Pradesh</b>	Surat Tapi	Degama	Butvada	Borda	Budhvada
37			Bhad-bhunja	Nir kot	Virthava	Chimer
38	<b>DHRUVA</b>	Dang	Garkhadi	Karandiamba	Subir	Jinner
39	<b>DCT</b>	Vadodara	Varnama	Kharali	Kelanpur	Talsat
40			Pipalai	Kochvad	Navalam	Moti Sakad
41			Samalaya	Vemar	Tudav	Khunpad
42			Gadh Boriyad	Dholi Kotardi	Palasni	Kadva
43			Makani	Pichuvada	Bhatpur	Kuberpura
44			Bhilodiya	Sompura	Sathod	Knayda
45	<b>SEWA Rural</b>	Bharuch	Bhalod	Or patar	Valiya	Daheli
46			Zaghadia	Limodra	Gundiya	Rajpara
47	<b>Shroff</b>	Vadodara	Rarod	Rarod	Rarod	Fatepura

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48	<b>Foundation</b>		Kanzat	Muval	Kanzat	Sapla
49			Kalarani	Panibar	Kalarani	Seloj
50	<b>SARTHI</b>	Panchmahal	Viraniya	Bhayasar	Boriya	Mor

**APPENDIX 3:**

**Some Field Observations**

No.	NGO	Experimental VHSC	Control VHSC
1	<b>Mahiti</b>	<b>Village-Kadipur, PHC-Bhadiad, Dist.- Ahmedabad</b>  FHW, ASHA and AWW attend meeting, no community member comes; meetings are not regular. ASHA did not know how to use the untied fund. Community members are indifferent, practice caste discrimination	<b>Village-Cher, PHC-Bhadiyad, Dist. - Ahmedabad</b>  Nobody knew about the VHSC in the village. VHSC members did not know anything about the VHSC fund. FHW was deputed to this village only 3 months before. She also did not know anything about VHSC activities
2		<b>Village-Ganeshgad, PHC -Nari , Dist.-Bhavnagar</b>  The VHSC members wanted more training regarding VHSC functioning	<b>Village - Savainagar, PHC- Nari , Dist.- Bhavnagar</b>  Nobody knew about the VHSC in the village even the VHSC members.
3	<b>SEWA-Ahd.</b>	<b>Village -Vadod, PHC- Kuha, Dist.- Ahmedabad</b>  Those members who got the VHSC training, knew a lot about VHSC	<b>Village - Rodra; PHC - Kuha Dist.-Ahmedabad</b>  Nobody except the health functionaries knows about the VHSC.
4		<b>Village - Nani boru,PHC - Vataman,Dist.- Ahmedabad</b>  In the Nani boru Village, VHSC members wanted some more training regarding VHSC.	<b>Village- Bholad, PHC- Vataman, Dist.- Ahmedabad,</b>  Only FHW knew about the VHSC. Even Asha did not know anything about VHSC. She said, only mamta day is organized in the village
5		<b>Village - Devapura, PHC - Manipura, Dist.- Ahmedabad</b>	<b>Village -Kokta, PHC -Manipura, Dist.- Ahmedabad</b>

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		In the Devpura Village, VHSC had resolution register and agenda book, but they do not maintained those registers regularly.	In the Kokta Village, they did not receive fund for the year 2010-11, they said.
6	<b>Tribhuvandas Foundation</b>	<b>Village - Trnol ; PHC-Kunjarav, Dist.-Anand</b>  Only the FHW of the Village knew about the utilization of the fund of the VHSC, no one else knew about this.	<b>Village - Dateli , PHC Vaddala, Dist.- Anand</b>  Every member of VHSC wanted to get training regarding VHSC functioning.
7		<b>Village - Hamidpura, PHC - Bharod, Dist.- Anand</b>  Member who did not get the training did not know anything about VHSC, those trained knew a lot.	<b>Village - Ramodadi, PHC- Nar, Dist.- Anand</b>  No member of VHSC except Asha, AWW & FHW met with our interviewer.
8		<b>Village - Dhathi, PHC -Janod, Dist.- Anand</b>  Even though, VHSC members were trained, only FHW & Asha knew about the VHSC activities & also about the fund.	<b>Village -Khera na Muvada, PHC - Piplvada, Dist.- Anand</b>  In the khera na Muvada village, VHSC members did not know where the fund was used. They wanted training regarding VHSC fund utilization.
9	<b>Navajeevan</b>	<b>Village -Vanala, PHC- Mujidad, Dist.-Surendra nagar</b>  In the Vanala village, VHSC members are well aware about the guidelines which are given in the green book.	<b>Village- Umedpura, PHC- Siyani, Dist.- Surendra nagar</b>  There is no Asha working in the village. VHSC members of this village wanted training regarding VHSC
10		<b>Village -Sai devadiya, PHC-Verad, Dist.- Jamnagar</b>  Sai devadiya village seemed like an ideal village. There is no sanitation or health problem in the village; VHSC members were concerned about health and sanitation of people in the village/ FHW came regularly; Mamata day activity was regular, no child was with birth weight lower than 2.50 kg.	<b>Village - Jamrajivada, PHC - Gunda, Dist.- Jamnagar</b>  VHSC members complained that FHW did not tell anything about VHSC and also about the utilization of the fund of the VHSC. Even Asha and AWW did not know anything about VHSC. There were no registers maintained in the VHSC.  FHW told that she arranges meetings regularly in the village and also gives information about

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			fund utilization to VHSC members, but VHSC members told that FHW did not give any information to them
11	IRDI	<b>Village-Soladi;PHC- Kankavati, Dist.- Surendranagar</b>  Though trained, FHW did not know about the use of untied fund. AW and SC were dirty. FHW wanted to get training regarding utilization of fund for VHSC.	<b>Village-Jiva,PHC-Kankavati, Dist.- Surendranagar</b>  Asha worker of the village had recently joined. She did not know about the VHSC members of the village
12	SWATI	<b>Village - Navrangpura, PHC - KharaGhoda, Dist.- Surendranagar</b>  In the Navarangpura village, after VHSC training, the VHSC members say that they are now well aware about the VHSC activities.	<b>Village- Mota Ubhada, PHC-Kharaghoda, Dist.-Surendranagar</b>  Asha of the village is not present in the village regularly. (She works only on paper, we were told). Asha did not know anything about VHSC. She told that FHW knows everything about the VHSC activities. Asha did not want to participate in the VHSC activities
13	Anandi	<b>Village - Bhutiya, PHC-Sanosara, Dist.-Bhavnagar</b>  VHSC is active, discusses health problems in the meeting and follows them up with authorities. Ensures benefit of "Janani Suraksha" to BPL families. Helps migrant workers get BPL cards. VHSC conducted two health camps with the help of donors. IEC activities are also done on "Mamta Diwas". When necessary, forms of govt. schemes are Xeroxed and provided to beneficiaries. Mosquito nets were given with the efforts of VHSC.	<b>Village -Golrama, PHC-Ranghola, Dist.-Bhavnagar</b>  There is no meeting of VHSC in the village ever before, a VHSC member told us.
14		<b>Village- Piparla, PHC - Songadh, Dist.- Bhavnagar</b>  In this village, the VHSC members told that before VHSC	<b>Village- Panchvada, PHC-Songadh, Dist.- Bhavnagar</b>  The VHSC members wanted training regarding VHSC activities

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		training they were not aware about the VHSC activities and also about the utilization of the fund of VHSC. After the training they are able to maintain registers of VHSC and also aware about the utilization of the fund.	and also regarding utilization of fund. They wanted this training to be given at convenient time for them, like 'in the evening"
15		<p><b>Village - Chikhli, PHC - Khakharechi, Dist.- Rajkot</b></p> <p>VHSC members complained that FHW did not inform them about the utilization of fund of the VHSC. She has not even maintained the registers of VHSC.</p> <p>VHSC members did not say this in front of FHW but only when she was not around.</p>	<p><b>Village - Khakhrala, PHC-Bagathala, Dist.- Rajkot</b></p> <p>In the Khakhrala village, everything was well managed in the VHSC, though it is not a trained VHSC. The registers were maintained very well. Each VHSC member is aware about the VHSC and about the utilization of fund</p>
16	SSKK	<p><b>Village -Vangadara, PHC-Dedan, Dist.- Amreli</b></p> <p>In the Vangadara village, VHSC members are not aware about the fund received for the previous year. They only knew about the fund for the current year. Our interviewer could not meet other VHSC members except health staff due to rainy season's agriculture work.</p>	<p><b>Village - Fasariya, PHC -Timbi , Dist.- Amreli</b></p> <p>In the Fasariya village, Nobody knew about the VHSC. Our interviewer met 2 AWW in the village who did not know anything about the VHSC.</p>
17	AWAG	<p><b>Village Vadavali, PHC - Pimpal, Dist.-Patan</b></p> <p>VHSC member did not like to include Sarapanch of the village in the VHSC. He was interfering with all VHSC activities, they said</p>	<p><b>Village - Zakhana, PHC- Pimpal , Dist.-Patan</b></p> <p>In the Zakhana village, the VHSC members did not know anything about the VHSC. They all wanted training regarding VHSC.</p>
18		<p><b>Village - Satun, PHC -Gotarka, Dist.-Patan</b></p> <p>In the comparison of the untrained members, the trained members are well aware about the VHSC activities.</p>	<p><b>Village - Vijaynagar, PHC-Nanapura, Dist.-Patan</b></p> <p>Nobody knew anything about the VHSC even FHW do not know much about the VHSC. Even they did not maintain any register of VHSC.</p>

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19		<p><b>Village - Aanganvada, PHC - Aanganvada, Dist.- Banaskatha</b></p> <p>Village health plan is not prepared. VHSC meets regularly; uses the untied fund properly. Minute book is not maintained. All members were satisfied with health services. Problems are solved because this village is PHC HQ.</p>	<p><b>Village -Kasra , PHC - Aanganvada, Dist.- Banaskantha</b></p> <p>The FHW did not know who the president of the VHSC was. She did not maintain any register of the VHSC.</p>
20		<p><b>Village -Khari paldi, PHC- Kuvala, Dist.-Banaskantha</b></p> <p>In the Khari Paldi Village, they maintained resolution book, Agenda book, &amp; also Expenditure book. The trained members of the VHSC are well aware about the fund used.</p>	<p><b>Village- Bhodaliya, PHC Kuvala, Dist.-Banaskantha</b></p> <p>In the Bholadiya Village, the VHSC members do not know much about the VHSC activities, they even did not know about the Mamta day celebration in the village.</p>
21		<p><b>Village -Manfara, PHC- Manfara, Dist.- Kutch</b></p> <p>In this village, our interviewer could meet the other member except the health staff. The VHSC members want some more training regarding VHSC.</p>	<p><b>Village - Nilpar, PHC- Manfara, Dist.- Kutch</b></p> <p>In the Nilpar village, No VHSC member was available at the time of the visit. Only AWW was available, and she did not know anything about the VHSC.</p>
22		<p><b>Village - Ramvav, PHC- Suvai, Dist.- Kutch</b></p> <p>The VHSC members told that they are now well aware about the VHSC activities in the village. Only after training they are able to know about the mamta day celebration in the village.</p>	<p><b>Village -Badargadh, PHC- Gangodar, Dist.- Kutch</b></p> <p>In this village, even the FHW did not know anything about the VHSC. She was not able to tell anything about the VHSC.</p>
23	CHETNA	<p><b>Village - Kanajari, PHC- Medha, Dist.- Mehsana</b></p> <p>In the Kanajari Village, the VHSC members do not know where the untied fund was used. They wanted more training regarding</p>	<p><b>Village -Panthoda, PHC- Kalyan pura, Dist.- Mehsana</b></p> <p>In the Panthoda Village, only FHW knew about the fund used in the VHSC. Nobody else knew anything about the VHSC. FHW did not know about the VHSC activities. They all</p>



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		VHSC.	wanted training for VHSC activities.
24		<b>Village -Vangad, PHC Makumiya, Dist.- Navsari</b>  Post of FHW is vacant; AWW signs cheques. In-charge FHW comes only on "Mamta Diwas	<b>Village -God mal, PHC- God mal, Dist.- Navsari</b>  The VHSC members do not know anything about the VHSC activities. They did not have any information regarding the fund received for VHSC.
25	<b>FPAI</b>	<b>Village -Palsana, PHC- Saij, Dist.- Gandhinagar</b>  In the Palsana village, they have maintained the resolution book, agenda book, & also the expenditure book. Even then they did not have any information regarding fund received in the previous year.	<b>Village -Golthara, PHC -Soja, Dist.- Gandhinagar</b>  The president of the VHSC, who is also the Sarpanch the village, was not aware about her designation in the VHSC.
26	<b>FRHS</b>	<b>Village -Kukas, PHC -Jagudan, Dist.-Mehsana</b>  In the Kukas village, the VHSC members wanted more training regarding VHSC as well as more financial help from the Government.	<b>Village -Linch, PHC -Linch, Dist.-Mehsana</b>  In the Linch Village, Only FHW knew about the VHSC formation in the village, nobody else. They all wanted the training about the VHSC activities.
27	<b>Manav Kalyan Trust</b>	<b>Village- Kunvarsi, PHC- Kunvarsi, Dist.- Banas kantha</b>  VHSC Members did not know about the VHSC. They said, people in the village do not know about the benefits provided by the Government	<b>Village- Dalpura, PHC- Gorad, Dist.- Banas kantha</b>  Nobody except FHW knew about the fund utilization of the VHSC.
28	<b>Gram Vikas Trust</b>	<b>Village -Lamba, PHC -Lamba, Dist.-Jamnagar</b>  In the Lamba Village, Only 4 VHSC members knew about the VHSC committee. They did not know about the VHSC fund utilization. Village Panchayat does not support the VHSC, they said. There are many problems in the village regarding sanitation. The Panchayt	<b>Village-Gangani, PHC- Lamba, Dist.- Jamnagar</b>  In the Gangani village, There are only 7 members in the VHSC (5 female, 2 male). The female members of the VHSC are actively participating in the VHSC Activities and the 2 male members have not taken enough interest in the VHSC. Female members of this VHSC

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		members and the other people make fun of VHSC Members	wanted training regarding VHSC.
29	KMVS	<b>Village - Khirasara, PHC-Netra, Dist.- Kutch</b>  VHSC members told that in the previous years they did not know anything about VHSC or utilization of the fund. After training of VHSC, they know about the utilization of the fund for the current year.	<b>Village - Madh kotda, PHC - Matana Madh, Dist.-Kutch</b>  Nobody knew anything about the VHSC or about the Mamata day celebration also.
30		<b>Village-Patri , PHC- Patri, Dist.- Kutch</b>  FHW is trained but does nothing and village people have complained and written for her transfer	<b>Village- Chandroda, PHC-Khedoi, Dist.-Kutch</b>  Nobody in the village knew about the VHSC.
31	Prayas	<b>Village -Ajapur, PHC-Bhimasar, Dist.-Kutch</b>  The FHW and other two active members knew about the VHSC activities. They do not maintain the VHSC registers.	<b>Village -Bhadroi, PHC- Dudhai, Dist.- Kutch</b>  Only AWW and Asha were available in the village at the time of visit. And they both did not know anything about the VHSC Activities.
32		<b>Village - Gangardi, PHC-Gangardi, , Dist.- Dahod</b>  Only FHW of this village has got the training regarding VHSC. But other members also knew about the VHSC activities.	<b>Village-Bordi, PHC- Dahod, Dist.-Dahod</b>  FHW told us that she did not know anything about VHSC or fund of the VHSC. All the registers are submitted in the BHO office
33	SAVA	<b>Village -Chhatrava, PHC-Mahiyari, Dist.- Porbandar</b>  In Chhatrava village, the VHSC members said that before VHSC training they were not aware about the activities and VHSC fund utilization. After the training they are able to maintain registers of VHSC and also are aware of how VHSC funds are utilized. Male members were not participating actively in the VHSC activities	<b>Village -Mokar, PHC-Ranakandorna, Dist.-Porbandar</b>  FHW does not know anything about maintaining of VHSC registers. She had not maintained the Resolution book or the any other register regarding VHSC. VHSC members did not know about utilization of VHSC fund. Male VHSC members were not taking much interest in VHSC activities compared to female members. Female members

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		before the training, but after the training they have started participating actively, they said	wanted training regarding VHSC
34	<b>SAVARAJ</b>	<b>Village -Chitaliya, PHC- Aatkot, Dist.- Rajkot</b>  In the Chitaliya Village, only FHW, Asha & AWW knew about the VHSC, no other members knew about VHSC. Members also did know about VHSC funds and how those were being spent in the village	<b>Village -Halenda, PHC- Sardhar, Dist.-Rajkot</b>  In Halenda Village, all VHSC members knew about VHSC, but nobody was ready to work for it. FHW, Asha and AWW were the only active participants in the VHSC activities
35	<b>Gram Seva trust</b>	<b>Village -Degam, PHC-Tankal, Dist.-Navsari</b>  Regular quarterly meetings were held. Average 10 out of 11 members remain present and  VHSC fund fully utilized, they said. They needed more fund. Village health plan were prepared. Mamta divas board, health services board & Immunization board were prepared and could be seen.	<b>Village-Maliya Dhara, PHC -Dhej, Dist.- Navsari</b>  In the Maliyadhara village, VHSC members did not know anything about the VHSC. Except the FHW, they all wanted the training regarding VHSC.
36	<b>Vedchi Pradesh Seva Samaj</b>	<b>Village -Butvada, PHC-Degama, Dist.- Tapi</b>  All the trained members of the VHSC knew about the VHSC activities, they were well aware about the utilization of the VHSC fund also.	<b>Village- Budhvada, PHC- Borda, Dist.- Tapi</b>  FHW told that there was no VHSC formed in the village, because the village was under the <i>Juth Panchayat</i> .  FHW orally told us that she maintains VHSC registers regularly, but had not brought them with her so we could not see any.
37		<b>Village -Nir kot, PHC- Bhadbhunja, Dist.-Tapi</b>  In the Nirkot village, they had maintained all registers for the VHSC and also they were	<b>Village- Chimer, PHC- Virthava, Dist.- Tapi</b>  FHW of Chimer Village did not give information about VHSC. She told us that BHO did not permit her to give information. She refused to

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		keeping the registers up to date.	give the interview.
38	<b>DHRUVA</b>	<b>Village-Karandiamba, PHC-Garkhadi, Dist.- Dang</b>  In the comparison of the untrained members, those who got the training knew much more about VHSC activities in the village.	<b>Village -Jinner, PHC -Subir, Dist.-Dang</b>  In the Jiner village, Only asha and AWW knew about the VHSC. They had maintained only the minutes book for the VHSC.
39	<b>Deepak Foundation</b>	<b>Village- Kharali, PHC-Varnama, Dist.- Vadodara</b>  Nobody in the village knew about the VHSC. FHW is recently deputed here, so she did not know anything about VHSC. VHSC members did not know about the utilization of VHSC fund. "The former FHW did not give any information about VHSC fund utilization", members said	<b>Village -Talsat, PHC -Kelanpur, Dist.-Vadodara</b>  FHW did not know anything about VHSC because the previous FHW had taken all VHSC registers with her. The FHW we met, had newly joined.
40		<b>Village- Kochvad, PHC-Pipalai, Dist.- Vadodara</b>  The Kochvad Village is situated at the Madhya Pradesh border. So it was too difficult for us to understand the local language of the village people. Facilitator of Deepak Foundation helped our investigator to understand their local language. FHW, though trained , did not know about untied fund	<b>Village -Moti Sakad; PHC -Navalaja, Dist.-Vadodara</b>  Nobody in the village knew about the VHSC. FHW also did not know anything about the VHSC. The VHSC is in under the Juth panchayat, so it is more difficult to gather VHSC members for the meeting, she said.
41		<b>Village- Vemar, PHC- Smalaya, Vadodara,</b>  In the Vemar village, only Asha worker handles all the activities of the VHSC. Nobody else is taking enough interest in the VHSC activities	<b>Village -Khunpad, PHC- Tudav, Dist.- Vadodara</b>  Asha is very active in the Khunpad village. She maintains all the registers of the VHSC.
42		<b>Village- Dholi Kotaradi, PHC-Gadh boriyad, Dist.-Vadoara</b>  Everyone of the VHSC members knew about the fund utilization,	<b>Village -Kadva, PHC- Palasni, Dist.- Vadodara</b>  FHW was not taking any interest in the VHSC activities. VHSC members

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		as per green book.	did not know anything about VHSC
43		<b>Village- Pinchhuvada, PHC- Makani, Dist.- Vadodara</b>  In the Pinchhuvada Village, Nobody knew about their membership in the VHSC	<b>Village -Kuberpura, PHC- Bhatpur, Dist.-Vadodara</b>  Nobody knows about the Mamtaday celebration in the village and also about the VHSC.
44		<b>Village- Sompura, PHC- Bhilodiya, Dist.- Vadodara</b>  In the Sompura village, we hear from members that VHSC was working well. Fund is utilized well. Asha and AWW give good support to the village. Meeting of the VHSC is being organized regularly	<b>Village- Kanayada, PHC- Sathod, Dist.- Vadodara</b>  Nobody in the village knew about VHSC. People of the village did not even know about FHW
45	<b>Sewa Rural</b>	<b>Village- Orpatar, PHC- Bhalod, Dist.- Bharuch,</b>  In the Orpatar Village, no body knew about the VHSC. No member seemed willing to take interest or participate in VHSC activities. VHSC registers were not maintained	<b>Village -Daheli, PHC - Valiya, Dist.- Bharuch</b>  They maintained all the registers in the VHSC and attend regularly the meetings of the VHSC
46		<b>Village -Limodra, Zaghadia PHC, Dist.-Bharuch</b>  ANM, though trained, did not know about VHSC meeting or about maintaining registers; did not know names of VHSC members; VHSC meeting was called only at instance of Seva – Rural	<b>Village -Rajpara, PHC- Gundiya, Dist.- Bharuch</b>  ANM did not hand over the VHSC registers to Asha. ANM is very irregular.
47	<b>Shroff foundation</b>	<b>Village -Rarod, PHC -Rarod, Dist.-Vadodara</b>  In the Rarod village, all the trained memebtrs are well aware about the VHSC activites. Before the VHSC training they did no know anything about the VHSC.	<b>Village -Fatepura, PHC- Rarod, Dist.- Vadodara</b>  In the Fatepura village, the VHSC members are active and knew much about the VHSC. They wanted the training regarding VHSC.
48		<b>Village -Muval, PHC -Kanzat, Dist.-Vadodara</b>	<b>Village- Sampla, PHC- Kanzat, Dist.- Vadodara</b>

**Evaluation of VHSC Training and Mentoring Pilot**

		FHW had taken all the registres of the VHSC with her and she was not present at the time of our visit to the village. Other members of the VHSC knew everything about the VHSC.	FHW is not coming regularly in the village. Teacher of this village complained that FHW did not give any information about the fund which was utilized for the village.
49		<p><b>Village- Panibar, PHC- Kalarani , Dist.- Vadodara</b></p> <p>FHW comes rarely to the village, VHSC members could not show the Resolution book and other registers because all register were taken by another Asha who was not present on the day of meeting. VHSC had informed the Sarpanch and Talati about lack of cleanliness in the village. After the complaint, sanitation work was taken up, members said.</p>	<p><b>Village -Seloj, PHC- Kalarani, Dist.-Vadodara</b></p> <p>In the Seloj village, they have maintained only expenditure book. They wanted training regarding VHSC activities.</p>
50	Sarathi	<p><b>Village - Bhayasar, PHC- Viraniya, Dist.-Panchmahal</b></p> <p><b>In the Bhayasar village, they have maintained all the registers in the VHSC. The VHSC members liked the VHSC training and want to get some more training like the VHSC training.</b></p>	<p><b>Village -Mor, PHC- Bariya, Dist.- Panchmahal</b></p> <p><b>Nobody except Asha, knows about the VHSC. FHW was not present at time of visit.</b></p>

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## APPENDIX 4

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### COMMENTS AND SUGGESTIONS FROM NGOs PARTNERS

#### **SWATI:**

- The number of VHSC members should be the same in all villages. All members should be trained. Instructions from the state and district level are required for ANM, ASHA and AWW to attend the training.
- VHSC should have representation from all castes in the community
- VHSC members should attend MAMTA DIWAS and motivate and help the people to take the benefit of the Govt. health schemes / programs.
- VHSC should meet every month. As there were no regular meetings, many of the members didn't know that they were members. Members should be informed and their consent may also be obtained.
- Difficulties are found in utilizing the untied fund. Many a times, items are purchased first and then members' signatures are obtained in the register by circulating it. In some of the villages, tables, chairs and fans are also bought using VHSC funds.

#### **SHROFF FOUNDATION:**

- VHSCs are required to be re-constituted. VHSC members should be selected in the Gram Sabha.

## *Evaluation of VHSC Training and Mentoring Pilot*

- Activities of VHSC should also be discussed in the Gram Sabha.
- President of the VHSC should be an active member of the Panchayat, other than the Sarpanch.
- Field visits should be arranged for active VHSC members to improve their capacity.
- Regular monitoring of VHSCs is required as part of Health Delivery system. Their accounts should also be checked by Talati or other external agency.
- Refresher training at regular interval may be conducted.

### **GRAM VIKAS TRUST:**

- All member of VHSC should be informed about all the decisions of VHSC
- More specific guidelines are required for use of untied fund
- Suggestions from other community members should also be invited by VHSC
- Regular follow up and monitoring of VHSC may be carried out by PHC MO.
- The resolutions passed by VHSC should be read in gram-sabha.
- I-card should be given to all VHSC members.

### **SARTHI:**

- VHSC should meet every month.
- Field visit of active VHSC should be arranged for practical knowledge.
- Each village should have separate VHSC.
- I-card should be given to the members of VHSC.
- Special training should be arranged separately for secretary to maintain records and registers
- Refresher training at regular interval may be conducted.

### **SAVARAJ:**

- VHSC should meet every month.
- Refresher training at regular interval may be conducted.
- Field visit of active VHSC should be arranged for practical knowledge.



## ***Evaluation of VHSC Training and Mentoring Pilot***

- Some of the VHSC members are illiterate therefore, pre test –post test form should be short and objective.
- More cooperation is needed from health officers as resource persons in training
- Co-ordination with service provider has increased after VHSC training. People have been motivated to take benefit of government schemes.
- ASHA takes active interest and carries out her functions effectively after training.
- FHW interferes in the financial decisions taken by VHSC members.
- As the members of VHSC are not well educated, it is difficult for them to prepare village health plan.

### **DEEPAK FOUNDATION:**

- Committees should be formed at village level, PHC level and taluka level for community monitoring as per the government GR and NRHM guidelines.
- Each village should have separate VHSC
- Co-ordination of VHSC with other village level committees is required.
- Regular monitoring of VHSCs is required as part of Health Delivery System.
- Refresher training at regular interval may be conducted.
- Village health plans prepared by VHSCs must be considered while preparing PHC level, block level and district level plans; at present, there is inconsistency between district health action plan and the plans prepared by VHSC s
- Regularly updated information charts as wall paintings in the villages are very useful for community monitoring.
- Co-ordination with service provider has increased after VHSC training. People have been motivated to take the benefit of government schemes like chiranjivi and JSY.
- State level and district level workshops may be arranged with service providers and NGOs involved in VHSC training.
- Training module should be updated with latest information of government schemes
- Circular/instructions should be issued from district and state level for co-operation of local officials in VHSC training.

### **SAVA:**

- There should be common guidelines for constituting VHSC and there should be equal number of members for each VHSC.
- The term of VHSC should be fixed and it should be re- constituted when the term is over.

## ***Evaluation of VHSC Training and Mentoring Pilot***

- VHSC may be constituted as sub-committee of gram panchayat.
- Resolutions passed by VHSC should be read in gram shabha.
- ASHA should be made more competent to reduce her dependency on FHW in VHSC.
- Regular monitoring of VHSCs is required as part of Health Delivery System.
- VHSC and its functions should be made more popular by creating awareness among people.
- ASHA takes active interest and carries out her functions effectively after training.
- Refresher training at regular interval may be conducted.

### **SEWA:**

- The right to select VHSC members should be the hand of membership based organization now the decision for member selection is done in consultation with FHW.
- Members should be informed about their role in VHSC by their subjective authorities along with the NGO.
- CDPO should inform the AWW about their role. This will help in the maximum participation from the members.
- Meetings of the VHSC members should be organized monthly rather than quarterly.
- Workshop should be organized with the government officials and NGO which would involve sharing of experiences.
- NGOs involved should be given an exposure to a model VHSC in Gujarat state. This would be a learning process for the NGOs too. During this exposure we can have few representatives from the members too.
- *Sammellans* for VHSC members should be organized on regular basis to provide them platform for sharing and learning from each other's experiences. Strengthening VHSC is not a one day process and neither is it one man show, it requires a lot of inputs and is a collective efforts. Therefore the financial support should be increased to the NGOs.

### **GRAM SEVA TRUST:**

- VHSC were formed before VHSC training project was initiated. At the initial stage members were not aware about roles of VHSC and role and responsibilities of members of this committee. Most of them were also not active in VHSC.
- One committee should be formed at each and every village; VHSC Members have found difficulties in utilizing the untied fund when more than one village is incorporated in one VHSC.
- More attention is required in selection of members; involvement of NGOs in forming VHSC would be helpful to identify active members of villages.

### ***Evaluation of VHSC Training and Mentoring Pilot***

- Training for community members and for ASHA, FHW should be organized separately in initial stage to reduce influence of each other.
- Mentoring of VHSC trained in phase-1 should be supported since it is difficult for VHSC members to work independently with one year support. VHSC members have been equipped with more information, now they need more support to implement activities in village.
- Review meetings should be organized by block level government officials at the end of specific period to increase involvement of government officials and to establish rapport of community members with higher officers. It gives sense of accountability to community members as meeting would be organized by authority. Other problems can be discussed and members can get other useful information of government schemes directly from higher authority.
- Sneh –sammelans for VHSCs members can be one of the platforms to share each others experience of district official. This would help to activate & motivate community members to initiate concrete steps in their respective village. This event should be organized at specific interval of time.
- It should be mandatory to keep all records, vouchers at village level rather than with FHW. Fund of VHSC should not be used for payment to ASHA etc.
- Short guideline should be prepared and issued by government to maintain harmony in understanding the activities to be carried out by VHSCs among all VHSC members, government officers and NGOs.

#### **Foundation for research in Health systems (FRHS):**

- Some ASHA workers are not well educated and therefore not able to look after VHSC activities properly.
- Until now, ANM/FHWs were looking after the function of the VHSCs. Other members of the committee or other people of the village do not know anything about VHSC.
- The fund for VHSC is allotted in the last months of the year and ANM/FHW is instructed to spend the same before end of the financial year which amounts to improper utilization of the fund.
- Same amount of fund is provided to each village therefore the village with more population have insufficient fund.
- Since responsibility of VHSC has been entrusted to ASHA, ASHA should be given special training that should cover, preparing agenda, writing resolutions, mentoring account of the VHSC and registers etc.
- VHSC needs to be reconstituted and persons from each community of the village should be included in VHSC.
- Funds for VHSC should be regularly allotted and preferably in the beginning of the financial year.

## *Evaluation of VHSC Training and Mentoring Pilot*

- The amount of VHSC fund should be in accordance with the population of different villages.

### **AWAG:**

- Many villages across all districts, there was absolutely no information about the existence of the village level health and sanitation committee.
- Our facilitators encountered very fundamental questions in many villages - what is a village health committee? What is a village sanitation committee? What are its roles and functions? Who are its members?
- Most VHSC members were unaware that they were its members. Many members expressed their anger and wanted to know why they were not asked before their names were proposed as members of the VHSC.
- It was found that in many villages, the ANM goes to the signatory's home and take her/his signature on the Cheque book without giving them the reason. Many members would innocently put their signatures on Cheque without knowing what it would be used for.
- When health staff is inadequate in number or villages locations are remote, VHSC functioning is severely affected. For example, in Dholavira PHC there is only one ANM covering 8 sub-centers and 14 villages. More over bus service to villages is only once a day.
- VHSC work well where ANM are very active, work diligently and people access health services. They regularly utilize the untied funds; fund utilization is planned along with the members of the VHSC and people willingly take up activities such as village cleaning.
- Training has helped members to prepare appropriate action plans. In VHSC, due to the efforts of the members, ASHA was recruited with immediate effect since the village did not have ASHA.
- ASHA, AWW, FHW and daiben (mid-wife) all attended the Mamta Divas together. They organized various competitions like safe mother, healthy pregnant woman, Committee ensures that women get the benefits under Janani Suraksha scheme etc.
- Untied funds which were returned every year were utilized after the VHSC training and support intervention
- There are certain issues that emerged for advocacy at the national level:-
  - AWW is accountable to women and child welfare department. There are inter-departmental issues and conflicts which arise when the Anganwadi worker has to contribute in the VHSC.
  - ASHA identified at the village is usually a young woman who due to her social location finds it difficult to work with the village leaders and elders who are usually senior, upper caste, upper class men.

## ***Evaluation of VHSC Training and Mentoring Pilot***

- ANM or ASHA has no authority over the MO or the services available at the PHC, Sub-centre etc. In this situation their motivation is lowered as they are also responsible to the village community with whom they live and interact on a daily basis.
- There should be space for increased follow up by representatives of the NGOs for supporting the VHSC members, service providers and other stakeholders to accept the action plan, deliberate on it and implement it.
- Rather than organizing 2 + 1 day training, it is recommended that either keep a 3 day training or 2 days + follow up. It was difficult to get the same members who were trained in 2days' training, for the 3<sup>rd</sup> day training.
- There should be more follow up at the village level for proper implementation of the programme. More handholding support is needed at the village level after the training inputs.
- ASHA should be provided another detailed technical training apart from the generic training imparted along with the VHSC members. She carries a larger implementation responsibility and this training should support her in delivering those tasks like calling for a meeting, recording the minutes and resolutions, action plan, keeping accounts etc.
- VHSC action plan should be shared with village panchayat, *Pani Samiti* and other such committees and leaders of the village community for wider dissemination and understanding.
- VHSC action plan should be shared with the village community in the regular gram sabha for its effective implementation and community ownership.

### **DHRUVA-BAIF:**

#### ***1. Restructuring the VHSC***

There is need of Restructuring of VHSC. It is needed to involve new interested members:

- Leaders of self help groups.(minimum:2)
- DAI: Traditional birth attendant: (minimum:2)
- Involving Traditional Healers in VHSC.
- Dairy member:01
- NGO members:01 (as a advisor and observer)
- Account handling by three members: 1. sarpanch 2. AWW 3.ASHA
- Restructuring / New structure needed where there is group gram panchayat.

#### ***2. Capacity building of VHSC:***

- One day orientation training for all VHSC: at village level.
- 2 days' leaders' training at PHC or central place
- One day refresher training including planning meeting.(need assessment and planning).
- Community monitoring training.

#### ***3. Follow up:***

- Quarterly review meeting: by NGO.Total 4 meeting.
- Include budget for follow up meetings.

#### ***4. Financial:***

- Need to train AWW, ASHA for book keeping, writing resolution, maintain daybook, to maintain stoke register, to write meeting minutes, preparation of budget and work plan, maintaining vouchers as well as preparing quarterly and annual report preparation.

5. Others:

- Increase budget for VHSC training
- Need Authorized letter by Govt. to district, taluka, and sarpanch, and ICDS for implementation of plan by respected NGOs
- Letter by district authority for implementation of project by NGO: for sarpanch, ICDS Anganwadi, ASHA. PHC etc.
- Linkages: There is also need to develop linkage with school, panchayat, other project like jivika, Watershed development, forest project,
- Linkage and conversation with NGO projects.
- There is need to help VHSC which has not received budget due to any reasons.

**CHETANA:**

- There are 2-5 villages under the group Gram Panchayats. Selection the VHSC member is extremely difficult.
- In many villages initially the VHSCs were only made on papers. Members were not aware that they were a member of the VHSC. Usually VHSCs were created by ANM. Funds were utilised but members were not aware about it.
- Ensuring participation of all members at PHC level training for all the three days was challenging specifically for the participations of community members.
- Ensuring participation of the same participants in second day of training and in one day training after a month was also challenging.
- Vigorous efforts were made for the community participation. Community members who attended meeting on first day sent some other person on second day assuming that each one of them should get chance to attend such meeting.
- Joint training of VHSC members was found useful for common understanding for Plan of action and follow up.
- The pre post questionnaire took too much time which affected the training time. Majority of the women could not read and write and therefore with each member the trainer had to sit and fill up the questionnaire.
- Training should be for a minimum of two-three days in continuous phase without a gap of one month.
- During the joint training ANM can facilitate the sessions in the trainings.

## *Evaluation of VHSC Training and Mentoring Pilot*

- Separate orientation meetings should be conducted for ANM/ASHA and AWW
- Mostly untied funds were utilized for purchasing equipments required on Mamat Day.
- Mostly the guideline for utilizing fund was provided by PHC such as purchasing medicines for Malaria (TCL Powder). Sometimes fund was utilized for prize distribution under school health programs or purchasing TCL etc.
- Some VHSC took initiative to provide supplementary food as sukahdi and milk to pregnant and lactating women and children but later on as the members of the other village of the same panchayat also ask for similar intervention in their village they had to stop.
- Minimum three years time period is essential to enhance capacity of the VHSC members to work independently.
- Special Training input is required of VHSCs (usually ASHAs) to manage untied funds.
- For emergency expenditure some amount of money needs to keep on hand at the ASAH or any member of the community agreed by all the members of the VHSC.
- There is a need to give clear cut guideline about where the VHSC funds can not be used. We feel that VHSC funds should not be used for school health program
- ASHAs should procure registers, files, receipt book and voucher book for record keeping. She can procure this from VHSC funds. This should be mentioned very clearly during the training.
- The format of the baseline and the progress report need to be reviewed and redesigned keeping the experience of the NGOs in view.
- As the ASHA has to operate the account, we should keep in view how ASHA will withdraw money from the bank and who will pay the transportation from village to bank.

### **SEVA rural, Jhagadia**

- Decentralization (local governance) and community monitoring are the main basic objectives of VHSC and should be strengthened and given due weight age. Village health plans should be given due consideration as a base for preparing PHC level plans and in turn for preparing Block level , District level and State level plans.
- Field visits of some very good (ideal) VHSCs should be arranged for VHSC members.
- There should be active involvement of Govt. officials like M.O.s, B.H.O.s, and C.D.H.O.s etc. not only in the VHSC training but also in making them active and their sustainability as functioning VHSC subsequently. Govt. instruction in this regard from the state level seems necessary.
- Amount of untied fund for VHSC should be based on the criteria of the population and not uniform for small as well as big villages.

### *Evaluation of VHSC Training and Mentoring Pilot*

- Responsibility of calling the meeting of VHSC should be given to FHW and this along with the activities of VHSCs should be regularly reviewed at all the levels of service providers.
- Some norms may be fixed for selecting NGOs for VHSC training.
- The instructions for using VHSC fund for particular activity like school health from higher level must be avoided. It should be left to individual VHSC only.
- Provision should be made for mentoring of VHSCs trained for a longer period (may be for five years) as making VHSC active and sustaining them is a long process; otherwise, the investment made for training may go waste.
- More active and educated members of the community should be included in VHSC so as to make its activities more fruitful.