

Community action for better health: The potential of Village Health Councils in Meghalaya

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The state of Meghalaya, in north-eastern India, has been at the forefront of promoting community involvement through Village Health Councils (VHCs). VHCs are elected bodies comprising key village representatives. VHC are mandated to organise efforts around improving nutrition and health in their communities, and thereby bridge the gap between the community and primary health care system. This note discusses the aspirations and concerns with VHCs in the early stages of their establishment, and how VHC members perceive themselves and their actions in bringing about local change.

Background

Community participation is one of the fundamental tenets of the primary health care approach. The state of Meghalaya in north-east India has been a pioneer in supporting community participation in health through Village Health Councils (VHCs) which were notified by the Government of Meghalaya in February 2022. VHCs were inspired by the successful implementation of the Mahatma Gandhi Rural Employment Guarantee Scheme, in which, Village Employment Councils took ownership of the village's development. Also, the community initiatives in Meghalaya to manage Covid-19 demonstrated that communities could leverage their social capital to improve their health. VHCs have replaced the Village Health Sanitation and Nutrition Committee in Meghalaya. The VHCs are mandated with several tasks - generate demand for healthcare locally, conduct awareness campaigns in the community, link citizens and the local primary healthcare system, have oversight of local public sector health services, and implement solutions to facilitate local health problems.

This note aims to highlight the functioning of the VHCs, their current activities, and perceptions of their roles, as well as, their potential to drive community action for better health. Our insights are based on nine focus group discussions with VHC members and primary healthcare providers, along with 17 in-depth interviews with VHC members, community members, and healthcare providers in West Garo Hills.

West Garo Hills is one of the largest districts in Western Meghalaya (Figure 1), and home to the matrilineal tribe known as the Garos. Since 2018, the India Primary Health Support Initiative (IPSI) project has been supporting the District Health Office in West Garo Hills in Meghalaya to strengthen primary health care.

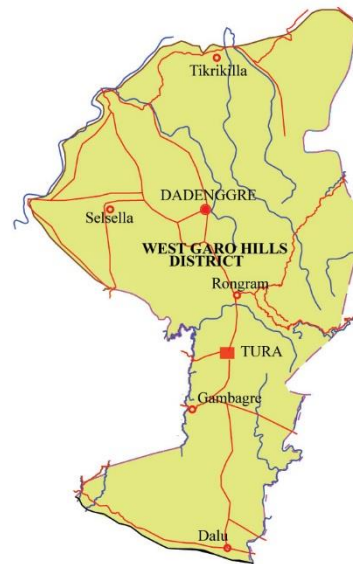


Figure 1: Map of West Garo Hills District

Village Health Councils in West Garo Hills

West Garo Hills has made significant progress in the establishment and training of VHCs (Table 1). The Executive Committee of VHCs comprise a minimum of ten elected members. It is chaired by the village headman, co-chaired by the President of the Village Organization (a federation of Self-Help Groups at the village) and assisted by the Secretary. Other members include the Accredited Social Health Activists (ASHA), Anganwadi workers, Community Gender Health Activists and schoolteachers who are permanent

members. The VHC also includes a General Body whose members are selected from the community and comprise the male and female household heads from every ten households in the village. There is equal representation of men and women in the VHC. As per guidelines, each VHC gets an annual untied fund of INR 10,000 for carrying out its functions and is meant to convene a meeting once every month.

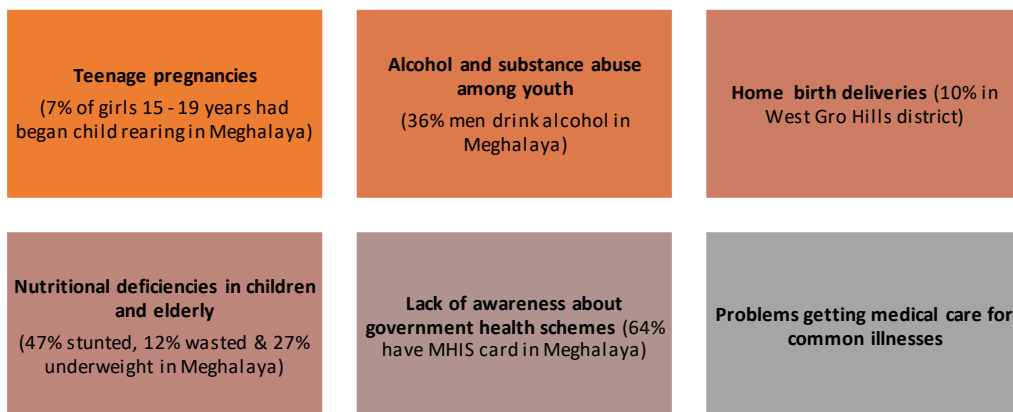
Table 1: Details of VHCs in West Garo Hills district*

Total number	1225
Trainings completed	1225
VHCs that conducted a meeting last month	343
VHCs that uploaded meeting details on the online application	214
VHCs that received funding	867
VHCs that have begun to utilize the funding* (utilization has to be completed by next financial year)	155

*Data from the District Medical and Health Office, West Garo Hills (May 2024)

What do VHCs view as important health-related issues in West Garo Hills?

VHC members identified the following as the main health issues facing their local communities. Hypertension or diabetes mellitus was not a felt need of the community. During our interactions, it was understood that the community lacked knowledge on hypertension and diabetes mellitus, and for the need for screening of adults above 30 years on hypertension and diabetes mellitus.



Source: Data is from NFHS-5

How do VHCs view their roles and responsibilities?

VHCs view themselves as one of the several committees that have been given charge of the community's development. In comparison to other committees, such as the Village Employment Committee, VHCs currently see themselves as being less influential in the community. Nevertheless, they acknowledge their roles as:

1. **Community mobilizers:** who mobilize the community for health-related activities such as screening and vaccinations. WhatsApp groups have become increasingly popular for information-sharing and community mobilisation purposes.

2. **Enablers of financial assistance:** We found several instances where VHCs had used their funds and influence to reduce health care costs for those in need. For instance, one VHC used its untied funds to transport a pregnant woman to a nearby facility for delivery.

"We help pregnant mothers and those who had financial problems to get treatment by using our VHC funds"

"Once, we helped the school children in the village. They needed to check their blood group, so we helped them by raising money for the blood tests"

“We have one high risk patient right now with severe anaemia. VHC member and ASHA help her by providing her food which can gain haemoglobin”

3. **Infrastructure improvement:** VHCs facilitated the development and repair of health facilities and bought small items (chairs, tables, weighing machines) for health workers using untied funds.

“During VHND we didn't have anything to sit on, so we brought chairs and tables”

We also came across one instance where a VHC had devised a system to penalise community members for drinking and misbehaving, and households for not participating in cleaning drives. This instance suggests

What activities were less interesting to VHCs?

Across VHCs, we noted that holding regular meetings was not considered an important activity. Regular meetings were seen as pointless unless there was a pressing issue to discuss. Hence, VHCs preferred to combine their routine meetings with the activities done on the Village Health and Nutrition Day (VHND) or with meetings of other village-level committees. Also, VHCs did not document their meetings very well as per the reporting format.

An Information Education and Communication (IEC) booklet has been given to VHCs by the government, but they seldom used it. VHC members felt that awareness activities were needed primarily on different governmental schemes and not necessarily only on health. Further, they identified teenage pregnancy, alcohol and substance abuse as health-related problems, for which awareness activities were required.

What do VHCs want to do in the future?

During our discussions, VHCs shared several ideas about what they would like to do in the future. We have summarised these below.

- **Save and use the VHC funds for emergencies:** For instance, transporting women to the hospital for deliveries; buying drugs for critically ill patients; and arranging transportation for funerals.
- **Make improvements in infrastructure:** Building a new health center; buying tables and chairs for common spaces in the village.

that the establishment of VHCs can strengthen the capacity of communities to monitor themselves.

But not every VHC was actively performing the aforementioned roles. Some VHCs were more active than others. In general VHCs that were more enthusiastic about their roles had several common features - Chairs who were enthusiastic and technically savvy, had external assistance from NGOs such as the WISH Foundation, were better engaged with local health facilities, and had received funding from the government.



Fig.2: Discussion at a VHC

- **Conduct nutrition-related activities:** Developing local kitchen gardens; buying vegetables for the needy.
- **Hold awareness activities for youth:** Conducting awareness activities for youth on alcoholism, substance abuse and teenage pregnancies.
- **Enable practical understanding of and access to schemes:** Generating awareness on different government schemes for adults.

Key learnings for strengthening VHCs

Meghalaya has led the way in supporting and involving local communities through VHCs. Significant progress has been made in the establishment of VHCs for improving health. Some early learnings from this important effort are summarised below:

Rationalize the numerous community-level committees in villages: The ideal of participatory governance has led to the formation of several committees in villages. However, to facilitate ease of participation of community members in meetings and activities of these committees, there is a need to integrate existing committees. For instance, the meetings of the VHC can officially be combined with those of the Village Employment Committee.

Policy support for areas of action that VHCs prioritize: Besides training on maternal and child health, it would be useful to support VHCs to engage with issues of local priority, including teenage pregnancies, alcoholism, and substance abuse. VHCs would also like to receive 'practical' training on accessing different schemes from the government for their communities. VHCs also need timely funding to carry out their activities.

Continuous handholding: VHCs need intensive handholding to understand their roles and responsibilities; one-time trainings are inadequate. External support from local civil society organizations, particularly during the initial phases of establishment, can enable better functioning VHCs.

Closer links between primary health facilities and the VHCs can result in mutual support. At present, engagement between health providers at facilities (such as the mid-level health provider) and VHC members is low-key.

Meaningful monitoring of VHCs: Moving forward, it would be important to capture activities of VHCs in ways other than in terms of the numbers of meetings held by the councils. Monitoring the disbursement of funds, the usage of funds, and activities planned/conducted by VHCs could lead to valuable insights on VHC functioning.

Strengthening primary health care in tandem with VHCs: Investments in improving the supply-side mechanisms—health infrastructure, human resources and the availability of drugs in health facilities are critical. Establishing VHCs in conjunction with other health system reforms is likely to maximise their potential of meaningfully linking communities with the health system.

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