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STATUS REPORT ON VILLAGE HEALTH GUIDE SCHEME

PLANNING DEPARTMENT
GOVERNMENT OF HIMACHAL PRADESH
SHIMLA-171002.

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PREFACE

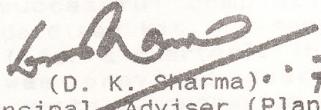
Health is, in fact, a positive state of well-being in which the harmonious development of physical and mental capacities of the individual lead to the enjoyment of a rich and complete life. Recognising the importance of healthy human resource for the economic development of country, health has been an integral part of development activities since the beginning of planning era in 1951. Inspite of best efforts on the part of the Government to emphasize the rural health infrastructure through the successive Five Year Plans, a majority of the Indian villages lack in basic minimum services. The first and foremost reason for failure to achieve the basic services has been the lack of financial resources. State Governments had also not been in a position to raise additional funds for investment in health services.

In the back-drop of these constraints, a scheme titled as "Village Health Guide" was introduced in the year 1977, primarily to provide Basic Health Services to the people in rural areas. The scheme provided for engaging a volunteer from amongst the community, to act as a Village Health Guide on a token monthly honorarium of Rs. 50/- per month. He was given training in dealing with the promotive, preventive and curative aspects of health. After successful implementation of this scheme for few years, it started suffering from many deficiencies like the Village Health Guides started leaving their assignments, making irregular field visits etc.

Keeping these conditions in view, and to make an impact assessment of programme, particularly to find out the efficacy of these workers to carry on with the continuously reducing cadre of these Village Health Guides, the Govt decided to have an Evaluation Study of this scheme. The Evaluation Division of Planning Department was entrusted this job in mid 1990's but due lack of appropriate and complete data from the field, it was not possible to bring out a detailed Evaluation Study. As such, it was decided to prepare a detailed Status Report based on the data gathered from the field.

I record my appreciation of the hard work done by Smt. Sharda Sharma, Statistical Assistant in compilation and tabulation of data, Smt. Kamla Verma, Research officer in drafting of the report under the overall guidance and supervision of Sh. S.L. Sharma, Deputy Director, Evaluation Division and also the field staff in providing the relevant data.

I hope that the Health and Family Welfare Department would make a critical analysis of this study and make appropriate efforts to implement the recommendations of this report.


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CHAPTER- I

Introductory

The Village Health Guide Scheme was initially started as a Community Health Worker Scheme as on 2nd October, 1977 to provide primary health care to the rural population all over India except Arunachal Pradesh, Jammu & Kashmir, Kerala and Tamil Nadu. It was funded as a cent-percent Centrally Sponsored Scheme by the Central Government. The scheme was completely revamped in 1981 and nomenclatured as Village Health Guide scheme. The scheme provided for training of a local person in each village, in primary health care so that he could render treatment in minor ailments to the rural masses. Thus the village health guide became a link between community and the Government Health System.

1.1.1 Criteria for Selection

The Village Health Guides were selected by the village community / panchayat on the following consideration:-

- i) Permanent resident of the village, residing in the area of occupation and acceptable to the villagers.
- ii) About 30 years of age.
- iii) He should not consider his role as a source of income or as a step for a government job.
- iv) Able to spare 2-3 hours daily for community service.
- v) Formal education upto 6th standard.

In cases of persons of outstanding social status and previous record of social service, all the above conditions could be waived off for selection.

1.1.2 Coverage

On an average, after every one thousand rural population one health guide was appointed. Generally a village or two were covered by the health guide.

1.1.3 Training and Honorarium

Health Guide was initially given training for three months (200 hours) five hours a day for four days in a week. During his three months training he was entitled for Rs. 200/- per month as stipend. After successful completion of training, he was provided with a standardised kit, a manual in Hindi and medicine kit worth Rs. 150 (for a quarter). This kit of Ayurvedic/Allopathic medicines was provided quarterly. Besides, each health guide was paid a monthly honorarium of Rs. 50/-.

1.1.4 Activities Assigned

A Health Guide was expected to cover the population of a village or, if the village is a large one, a population of about 1,000. He/she used to receive technical guidance from the Health Worker (Male/Female).

After training, the Health Guide was supposed to carry out the following activities:-

1. Working with the Health Team and with the Community

- 1.1 Coordinate his/her activities with the work of the health team.
- 1.2 Involve the members of the Village Health Committee and other leaders of the community in programmes for health and family planning.
- 1.3 Identify opportunities for health teaching.
- 1.4 Identify barriers in communication and try to overcome them.
- 1.5 Use suitable aids in teaching people about health and family planning.
- 1.6 Talk to individuals and groups about health and family planning.
- 1.7 Assist the Health Workers and Health Assistants in planning and conducting educational programmes for health and family planning.

2. How Diseases Spread and how they can be Prevented

- 2.1 Inform the Health Worker (Male) immediately in case an epidemic occurs in his/her area.
- 2.2 Take immediate precautions to limit the spread of disease.
- 2.3 Educate the community about the prevention and control of communicable diseases.
- 2.4 Assist in the programme for control of tuberculosis.
- 2.5 Assist in the programme for control of leprosy.

3. Malaria

- 3.1 Identify fever cases.
- 3.2 Make thick and thin blood films of all fever cases.
- 3.3 Send the slides for laboratory examination.
- 3.4 Administer presumptive treatment to fever cases.
- 3.5 Inform the Health Worker (Male) of the names and addresses of cases from whom blood slides have been taken.
- 3.6 Assist the Health Assistants (Male) and Health Worker (Male) in giving radical treatment to malaria cases.
- 3.7 Keep a record of the persons given treatment.
- 3.8 Assist the Health Worker (Male) and the spraying teams in spraying operations.
- 3.9 Educate the community on how to prevent malaria.

4. Clean Surroundings and Personal Habits

- 4.1 Chlorinate drinking water sources at regular intervals.
- 4.2 Educate the community about safe drinking water.
- 4.3 Keep a record of the number of wells chlorinated.
- 4.4 Advise and assist the community members in the construction of the following:-
 - i) Soakage pits
 - ii) Kitchen gardens
 - iii) Compost pits
 - iv) Sanitary latrines
 - v) Smokeless chullahs
- 4.5 Educate the community about the following:-
 - i) Hygienic methods of disposal of liquid waste
 - ii) Hygienic methods of disposal of solid waste
 - iii) Home sanitation
 - iv) Advantages of kitchen gardens
 - v) Advantages & use of sanitary latrines or covering excreta with earth
 - vi) Advantages of smokeless chullahs
 - vii) Food hygiene
 - viii) Control of insects, rodents and stray dogs
- 4.6 Educate the community about the importance of personal hygiene.

5. Immunization

- 5.1 Inform the community about the National Immunization Schedule
- 5.2 Assist in the immunization programme
- 5.3 Educate the community about immunization against communicable diseases

6. Maternal Care

- * 6.1 Register all pregnant women in her area for prenatal care
- * 6.2 Examine all prenatal women and refer those in need of special care to the Health Worker (Female) or Primary Health Centre.
- 6.3 Advise every pregnant woman about prenatal care.
- 6.4 Educate the community about the need to protect the mother and baby against tetanus and arrange for immunization of pregnant women.
- 6.5 Educate the community about nutritious diets for pregnant and nursing women.
- 6.6 Distribute iron and folic acid tablets to all pregnant women.
- * 6.7 Assist the Health Worker (Female) or trained dai in conducting delivery in a safe and aseptic manner.
- * 6.8 Refer all cases of complicated labour to the Primary Health Centre / Dispensary / Doctor after giving the necessary first aid.

* 6.9 Deal with common minor ailments occurring in mothers after delivery and refer all cases needing special treatment to the Health Worker (Female) or Primary Health Centre.

* Female Health Guide only.

7. Infant and Child Care

- 7.1 Observe the growth and development of the child.
- 7.2 Teach families about the importance of breast feeding and the introduction of supplementary weaning foods.
- 7.3 Refer children who are ill to the Health Worker or Primary Health Centre.
- 7.4 Educate the community about the care of infants and children.
- 7.5 Advise mothers how to prevent accidents in their children.

8. Nutrition

- 8.1 Explain to the community what is good nutrition.
- 8.2 Identify children who are likely to develop malnutrition.
- 8.3 Identify case of malnutrition among pre-school children (birth to five years).
- 8.4 Identify cases of anaemia in pregnant and nursing women and children and give them iron and folic acid.
- 8.5 Administer Vitamin A solution as prescribed to children from one to five years of age.
- 8.6 Teach mothers how to improve the nutrition of the family.

9. Family Planning

- 9.1 Explain to couples how pregnancy occurs, how it can be prevented, and why family planning is necessary.
- 9.2 Educate the people about the methods of family planning which are available.
- 9.3 Act as a depot holder, distribute nirodh to the couples who are willing to accept a family planning method so that he/she can make the necessary arrangements.
- 9.4 Inform the Health Workers (Male/Female) of those couples who are willing to accept a family planning method so that he/she can make the necessary arrangements.
- 9.5 Educate the community about the availability of services for Medical Termination of pregnancy (MTP).

10. Vital Events

- 10.1 Report all births and deaths in his/her area to the Health Worker.
- 10.2 Educate the community about the importance of registering all births and deaths.

11. First Aid in Accidents

11.1 Give emergency first aid for the following conditions, refer these cases to the Primary Health Centre as necessary and inform the Health Worker (Male/Female).

1. Burns and scalds
2. Dog bite
3. Drowning
4. Fractures
5. Heat stroke
6. Insect stings
7. Sprains
8. Snake bite
9. Wounds

11.2 Carry out procedures in dealing with accidents.

11.3 Keep a record of first- aid given to each patient.

12. Treatment of Minor Ailments

12.1 Give simple treatment for the following conditions and refer cases beyond his/her competence to the Sub-centre or Primary Health Centre.

1. Boils and abscesses
2. Constipation
3. Convulsions
4. Cough and cold
5. Diarrhoea
6. Earache
7. Fever
8. Headache
9. Indigestion
10. Joint pains and backache
11. Pain in the abdomen
12. Ringworm
13. Scabies
14. Sore eyes
15. Toothache
16. Ulcer
17. Vomiting
18. Worms

12.2. Keep a record of the treatment given to each patient.

13. Record of Activities

13.1. Maintain a daily diary.

13.2. Keep a record of all activities carried out.

Contents of the Kit for Health Guides

List of Contents

Sr.No.	Item
* 1.	Footoscope
2.	Stainless steel straight scissors (blunt- pointed)
3.	Sterile cotton wool
4.	Sterile gauge
5.	Roller bandage
6.	Triangular bandage
7.	Adhesive plaster
8.	Soap dish and soap
9.	Towels
10.	Clinical oral thermometer
11.	Slide box containing 10 glass slides
12.	Cloth for cleaning slides
13.	Hagedorn needle
14.	Graduated medicine glass
15.	Suitable containers for drugs
16.	Stainless steel teaspoon (9ml)
17.	Spring scale (hanging)
18.	Mid-upper-arm circumference strip
19.	Measuring tape
20.	Exercise book (200 pages)
21.	Pencil
22.	Forms for reporting blood smears
23.	Health education materials
24.	Kit bag

* Not to be included in the kits meant for Male Health Guides.

5. Village Health Guides in Himachal Pradesh

1.5.1 As per Annual Report of Health & Family Welfare Department for the year 1989-90 there were 5591 trained Health Guides in Himachal Pradesh, the district-wise spread of which is given in table No.-1.

Table-1

District-wise No. of Trained VHGs since Inception of the Programme

Sr. No.	Name of the District	No. of VHGs since Inception of Programme		
1.	2.	Male	Female	Total
1.	Bilaspur	240	7	247
2.	Chamba	413	14	427
3.	Hamirpur	433	72	505
4.	Kangra	1369	249	1618
5.	Kinnaur	68	29	97
6.	Kullu	286	41	327
7.	Lahaul & Spiti	53	2	55
8.	Mandi	606	43	649
9.	Shimla	489	83	572
10.	Sirmour	349	20	369
11.	Solan	283	5	288
12.	Una	387	50	437
Total		4976	615	5591

1.5.2. The Annual Report of Health & Family Welfare Department for the year 1989-90 depicts a decreasing trend in the number of working Health Guides in Himachal Pradesh which would reveal from table No.-2 below:-

Table-2

District-wise Position of Village Health Guides in H.P. as on 31-3-89 & 31-3-90.

Sr. No.	Name of the District	V.H.G.s Working as on 31-3-89			V.H.G.s Working as on 31-3-90		
		Male	Female	Total	Male	Female	Total
1.	2.	3.	4.	5.	6.	7.	8.
1.	Bilaspur	201	7	208	175	7	182
2.	Chamba	342	13	355	342	13	355
3.	Hamirpur	282	45	327	270	45	315
4.	Kangra	717	145	862	679	139	818
5.	Kinnaur	25	5	30	25	3	28
6.	Kullu	240	22	262	239	22	261
7.	Lahaul & Spiti	43	-	43	43	-	43
8.	Mandi	477	37	514	455	34	489
9.	Shimla	262	24	286	262	24	286
10.	Sirmour	275	17	292	275	17	292
11.	Solan	131	3	134	131	3	134
12.	Una	254	30	284	262	32	294
13.	I.G.M.C.	56	14	70	56	14	70
Total		3305	362	3667	3214	353	3567

1.5.3. An analysis of above data reveals that number of working village health guides decreased from 3667 (as on 31-3-89) to 3567 (as on 31-3-90) in a period of one year thus registering a decrease of 2.73 percent. The sexwise analysis of data reveals that there exists a vide gap in male- female number of working village health guides. Of the total 3567 working village health guides as on 31-3-90, 353 village health guides (9.90%) were female and 3214 village health guides (90.10 %) were male.

CHAPTER-II

Objectives, Methodology and Scope of the Study

1. Objectives of the Study :

2.1.1. With an objective to provide basic health care facilities at the doorsteps of people living in rural areas and make them health conscious, the National Programme of Village Health Guides was started as on 2nd October, 1977. The Village Health Guide who acted as a Chief Architect, of this programme had to carry out this massive business of roaming about in the field in providing health care facilities to the needy people. He was provided with a nominal honorarium of Rs.50.00 per month. This monetary incentive, by no means, could be termed as wages for the services rendered by these workers rather it was a voluntary service in the cause of suffering humanity. With the passage of time the department did not make any improvements and running of programme was left completely at the mercy of these workers. With the result the initial enthusiasm created in the minds of workers started withering and they took less interest day by day. Many trained Health Guides stopped working, while some new joined. This incoming and exit process continued year after year. During mid 1990's the State Government took a decision to conduct an evaluation study of the programme specifically to know the efficacy of carrying on with the continuously reducing cadre of these Village Health Guides. The other objective was to assess the possibilities to integrate these functionaries into the changed scenario of health care and to make best use of this, traditional, village based manpower.

2. Methodology

2.2.1. Block wise lists of village health guides were first collected in respect of all the districts under study. Before launching actual field survey, the District Planning Officers/ Statistical Assistants posted in districts were given thorough training explaining to them the objectives and purpose of the survey, methodology to be adopted in selecting the Village Health Guide and making substitution, where necessary. Out of these lists, selections were done by the District Planning Officers of the Planning Department posted in these districts by adopting stratified systematic random sampling for each district. The number of Village Health Guides was decided at district level on 20 percent sample basis.

3. Scope and Coverage of Study

2.3.1. Initially, it was decided to cover ten out of twelve districts of Himachal Pradesh under this study except two tribal districts of Kinnaur and Lahaul & Spiti. All out efforts were made to collect the requisite information, but this task could not be accomplished even after four years of initiation of the study. Since the response from the district level officers/ officials involved in the programme as well as in the conduct of study was not upto the desired level, it was decided to do away with the complete evaluation study of the scheme and prepare a Status Report on the basis of data received from six districts namely Bilaspur, Hamirpur, Kangra, Kullu, Mandi and Una.

2.3.2. In aggregate, 360 schedules were received from six districts, out of which 353 schedules contained requisite details while seven were blank. Thus the final figure of 353 village health guides have been taken as ultimate sample size for the report. The details of district-wise number of Village Health Guides and actual number of schedules received are depicted in Table-3 below.

Table-3
Total No. of Village Health Guides Selected

Sr. No.	Name of the District	Total Numbers of VHGs.	Village Health Guides selected(actual nos. of schedules)
1.	2.	3.	4.
1.	Bilaspur	163	34
2.	Hamirpur	174	30
3.	Kangra	738	129
4.	Kullu	199	40
5.	Mandi	N.R.	72
6.	Una	236	48
Total		1510	353

2.3.3. Thus the study was confined to districts as shown in table-3 and the results are also based on the details furnished by 353 village health guides.

4. Schedule

2.4.1. For the conduct of field survey a schedule as appended at Annexure- "A" was devised. The schedule contained following information :

- i) Year-wise appointment of VHGs
- ii) Details of equipments
- iii) Details of villages covered
- iv) Frequency of visits
- v) Payment of honorarium
- vi) Mode of co-ordination
- vii) Targets and achievements
- viii) Job assigned by the department
- ix) Progress report
- x) Views/comments of the panchayat pradhans/ward members

5. Field Work

2.5.1. The field work of this survey was done by the Statistical Assistants of Planning Department posted in District Planning Cells by adopting personal interview/investigation method. These Statistical Assistants had the direct interview with the selected village health guides after taking them into confidence and also explaining to them the objectives of the study.

6. Supervision

2.6.1. The supervision of the field work was done by the District Planning Officer of the Planning Department posted in each district.

7. Compilation and Analysis of Data

2.7.1. The compilation and analysis of data was done by the Statistical Assistant and Research Officer of the Evaluation Division of Planning Department.

8. Reference Period

8.1. The reference period of the study according to information received relates to the year 1994-95 to 1996-97.

CHAPTER-III

Analysis of the Data

3.1.1 To fulfil the outlined objectives of the study, data on various aspects of the scheme was collected from the field. As mentioned in previous chapter, data collection was done by the enumerators of Planning Department under the supervision of District Planning Officer of the respective district. Textual presentation of data collected from six districts under study is given in the following tables:-

2. Year-wise Appointments of Selected Village Health Guides

3.2.1 District-wise information about number of Village Health Guides appointed during different years from the beginning of this scheme is presented in table-4 below:-

Table-4

Appointment of Village Health Guides

Sr. No.	Name of the District selected for the study	No. of VHGs.	Year-Wise No. of Appointments Made										
			1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	NR
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
1.	Bilaspur	34	8	-	6	20	-	-	-	-	-	-	-
		(9.63)	(23.53)		(17.65)	(58.82)							
2.	Hamirpur	30	-	1	3	8	2	2	5	6	3	-	-
		(8.50)		(3.33)	(10.00)	(26.66)	(6.67)	(6.67)	(16.67)	(20.00)	(10.00)		
3.	Kangra	129	-	21	66	2	2	11	8	13	3	1	2
		(36.54)		(16.28)	(51.16)	(1.55)	(1.55)	(8.53)	(6.20)	(10.08)	(2.33)	(0.77)	(1.55)
4.	Kullu	40	-	3	4	-	12	9	-	11	-	-	1
		(11.33)		(7.50)	(10.00)		(30.00)	(22.50)		(27.50)			(2.50)
5.	Mandi	72	1	9	32	15	-	4	-	8	1	-	2
		(20.40)	(1.39)	(12.50)	(44.44)	(20.83)		(5.56)	-	(11.11)	(1.39)	-	(2.78)
6.	Una	48	46	-	-	2	-	-	-	-	-	-	-
		(13.60)	(95.83)			(4.17)							
Total		353	55	34	111	47	16	26	13	38	7	1	5
		(100)	(15.58)	(9.63)	(31.45)	(13.31)	(4.53)	(7.37)	(3.68)	(10.77)	(1.98)	(0.28)	(1.42)

Figures in the parenthesis denote the percentage to district total and all totals.

3.2.2 The above table No.-4 shows that out of 353 VHGs selected for the purpose of this study in six districts 129 VHGs (36.54%) alone were contracted in Kangra District, 72 VHGs (20.40%) in Mandi District and 48 VHGs (13.60%) in Una District. So far as the year of contracting is concerned, 55 (15.58%) were taken in the year 1977 which was also the first year of the introduction of the programme and then 111 VHGs (31.45%) were contracted in the year 1979. Thereafter, we notice a declining trend during the subsequent years right up to 1986. No new contracting has been reported to be made after 1986.

3 Villages Covered

3.3.1 Under the scheme a Village Health Guide is supposed to cover generally one or two villages. An attempt was made to collect data about the actual number of villages covered by the selected Village Health Guides which is displayed in table No-5 below:-

TABLE-5

District-wise Coverage of Villages by the Selected Health Guides.

Sr. No.	Name of the District	No. of VHGs selected	No. of VHGs covering Single Village	No. of VHGs covering Two Villages	No. of VHGs covering More than Two Villages	Not Reported
1.	2.	3.	4.	5.	6.	7.
1.	Bilaspur	34	1 (2.94)	6 (17.65)	27 (79.41)	-
2.	Hamirpur	30	2 (6.67)	8 (26.67)	20 (66.66)	-
3.	Kangra	129	67 (51.94)	34 (26.36)	28 (21.70)	-
4.	Kullu	40	1 (2.50)	3 (7.50)	36 (90.00)	-
5.	Mandi	72	2 (2.77)	12 (16.67)	57 (79.17)	1 (1.39)
6.	Una	48	12 (25.00)	25 (52.08)	11 (22.92)	-
Total		353	85 (24.08)	88 (24.93)	179 (50.71)	1 (0.28)

Figures in the parenthesis denote the percentage to district total and all totals.

3.3.2 It is seen from the above table that out of 353 Village Health Guides selected for this study, 85 Village Health Guides (24.08%) covered one village each, 88 Village Health Guides (24.93%) covered two villages and 179 (50.71%) covered more than two villages. Given the local topographical constraints, the area coverage of more than two villages by a Village Health Guide vis-a-vis the honorarium implied expecting a little too much from the VHGs.

4 Equipments and other Items

3.4.1 As mentioned in Chapter No.-1, Health & Family Welfare Department was required to issue a number of equipments and other items to these Village Health Guides so as to carry out the business in the field. With a view to ascertain as to what type of equipments and items were issued to them and to what extent these equipments were in working condition or whether these had gone obsolete, suitable questions were put to the selected Village Health Guides. The gathered information is displayed in the table-6 below:-

Table-6

District-wise Details of Equipments/Items Supplied to the Selected Village Health Guides.

Sr. No.	Name of the District	No. of VHGs.	No. of equipments Supplied	Type and No. of Equipments/Items							
				First aid Box	Medicine Kit with medicine	Scissors	Slide Box	Thermo-meter	Pricking Needle	Other*	Total
1.	Bilaspur	34	111	1	20	4	24	7	10	62	118
2.	Hamirpur	30	71	1	5	9	12	7	3	34	109
3.	Kangra	129	296	106	10	10	21	7	5	137	385
4.	Kullu	40	146	7	16	16	24	19	-	64	385
5.	Mandi	72	77	-	42	2	12	1	2	18	103
6.	Una	48	204	26	32	17	30	29	-	70	385
	Total	353	905	141	125	58	123	63	40	385	385

* Other items include Tinbox, Leather bag, Trunk, Register, Manual etc.

3.4.2 The above table shows that 141 Village Health Guides just 40% of the selected for the study were provided with a first-aid box, which is an essential equipment for providing treatment to the ailing people which means that 60% of the selected village health guides did not even possess the first-aid box. Similar is the case in the distribution of medicine kits, scissors, slide boxes, thermometers, pricking needles and other items. It speaks of uneven distribution of these essential equipments by the Health and Family Welfare Department.

5 Year of Supply of the Equipments/Other Items

3.5.1 In order to know as to whether the process is still on to supply essential equipments to the Village Health Guides, the information was gathered on the year of supply of equipments issued to the workers selected for the purpose of this study. The data thus collected is shown in table-7 below:-

Table-7
District-wise and Year-wise Details of Supply of Equipments/Items

Sr. No.	Name of the District	No. of VHGs.	Total No. of equipments Supplied	Year/Period of Supply				NR
				upto 1979	1980 to 1984	1985 onwards	8.	
1.	2.	3.	4.	5.	6.	7.		
1.	Bilaspur	34	111	29	70	-	12	
2.	Hamirpur	30	71	7	54	6	4	
3.	Kangra	129	296	99	131	-	66	
4.	Kullu	40	146	2	58	-	86	
5.	Mandi	72	77	14	-	-	63	
6.	Una	48	204	5	1	-	198	
	Total	353	905	156	314	6	429	

3.5.2 As would be clear from the above table, essential equipments for use by the Village Health Guides were issued between 1979 to 1984 but the year of the supply of 429 equipments/items has not been reported. However, we can conclude that the department did not supply any equipment after 1985.

3.5.3 It was also very important to know as to whether the available equipments were in working condition or not. The data collected in this regard is presented in the table below:-

Table- 8
Details of Functional and Non-Functional Equipments/Items

Sr. No.	Name of the District	No. of VHGs.	No. of Equipments Supplied	Number & Percentage of Equipments				Not Reported	
				Functional		Non-Functional			
				No.	Percentage	No.	Percentage	No.	Percentage
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1.	Bilaspur	34	111	45	40.54	66	59.46	-	-
2.	Hamirpur	30	71	45	63.38	26	36.62	-	-
3.	Kangra	129	296	115	38.85	181	61.15	-	-
4.	Kullu	40	146	74	50.68	72	49.32	-	-
5.	Mandi	72	77	27	35.06	25	32.47	25	32.47
6.	Una	48	204	6	2.94	198	97.06	-	-
	Total	353	905	312	34.48	568	62.76	25	2.76

3.5.4 The above table shows that of 905 equipments/items supplied, 568 equipments (62.76%) were non-functional and only 312 (34.48%) were in working order.

6 Details of Functional Equipments/Items :

3.6.1 The details of functional equipments / items supplied to the selected Village Health Guides are presented in table-9.

Table-9

Details of Functional Equipments/Items

Sr. No.	Name of the District	No. of VHGs.	No. of equipments	Type/Name of Equipments/items							
				First aid Box	Medicine Kit with medicine	Scissors	Slide Box with slide	Thermo-meter	Pricking Needle	Others items	Total Functional Equipment
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
1. Bilaspur	34	111	-	3	4	5	-	-	-	33	45
2. Hamirpur	30	71	-	2	6	11	2	3	21	45	
3. Kangra	129	296	22	1	4	11	1	2	74	115	
4. Kullu	40	146	-	8	9	17	8	-	32	74	
5. Mandi	72	77	-	11	2	6	1	1	6	27	
6. Una	48	204	-	-	-	-	-	-	6	6	
Total		353	905	22	25	25	50	12	6	172	312

7 Equipment-wise Details of Non-functional Equipments

3.7.1 Necessary details about the Number of equipments/items which were not in working condition are given in table No.-10 below:-

Table-10
Details of Non-Functional Equipments/Items

Sr. No.	Name of District	No. of VHGs.	No. of equipment Supplied	Type and Name of Equipment / Item								Total Non-functional Equipments/items
				First aid Box	Medicine Kit with medicine	Scissors	Slide Box with slide	Thermo-meter	Pricking Needle	Others items	Total	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	
1.	Bilaspur	34	111	1	17	-	19	-	-	29	66	
2.	Hamirpur	30	71	1	3	3	1	5	-	13	26	
3.	Kangra	129	296	84	9	6	10	6	3	63	181	
4.	Kullu	40	146	7	8	7	7	11	-	32	72	
5.	Mandi	72	77	-	20	-	3	-	1	1	25	
6.	Una	48	204	26	32	17	30	29	-	64	198	
	Total	353	905	119	89	33	70	51	4	202	568	

8 Activities Assigned to the VHGs by the Department

3.8.1 The job chart and duties assigned to Village Health Guides has already been discussed in Chapter No.-1. All those functions as enlisted in their job chart can't be expected to be performed from a voluntary worker to whom government paid a nominal honorarium of Rs. 50/- per month. However, these workers were expected to carry out the duties as assigned to them by BMO/CMO. Based on the information gathered by the enumerators in all the six districts, these Village Health Guides were performing the following functions:-

- i) Health education
- ii) Environmental sanitation and personal hygiene
- iii) Infant and child care
- iv) Motivation of eligible couples to adopt family planning measures.
- v) Treatment in minor ailment/first-aid

3.8.2 Apart from the above duties some of the Village Health Guides were also providing treatment in minor ailment as per requirement of the people. In order to assess as to whether all were performing according to their job chart or as per requirement of the local people, the data collected is displayed in table No.11 below:-

Table-11

District-wise Details of Work Done by the Selected Village Health Guides.

Sr. No.	Name of the District	No. of VHGs.	Work Done - Nos. & Percentage of VHGS				
			A11	Only Few	As Assigned by the CMO	As Required by Local People	Not Reported
1.	2.	3.	4.	5.	6.	7.	8.
1.	Bilaspur	34	-	12 (35.29)	-	-	22 (64.71)
2.	Hamirpur	30	24 (80.00)	2 (6.67)	-	4 (13.33)	-
3.	Kangra	129	17 (13.18)	-	60 (46.51)	52 (40.31)	-
4.	Kullu	40	18 (45.00)	-	19 (47.50)	3 (7.50)	-
5.	Mandi	72	10 (13.89)	5 (6.94)	1 (1.39)	55 (76.39)	1 (1.39)
6.	Una	48	26 (54.17)	20 (41.67)	-	2 (4.16)	-
Total		353	95 (26.91)	39 (11.05)	80 (22.66)	116 (32.86)	23 (6.52)

Figures in the parenthesis denote the percentage to district total and all totals.

3.8.3 It is observed from the above table that out of the total 353 Village Health Guides, 116 Village Health Guides (32.86%) were performing such functions as required by the local people, 80 (22.66%) were performing such functions as assigned by the Chief Medical Officers whereas 95 Village Health Guides (26.91%) were performing functions of all types.

9 Field Visits

3.9.1 The data collected in respect of field visits made by the selected Village Health Guides has been collected and presented in table No. -12 below:-

Table-12
District-wise Details of Field Visits

Sr. No.	Name of the District	No. of VHGs.	Frequency of Field Visits			
			Monthly	Twice in a Month	As and When Their Services Required	NR
1.	2.	3.	4.	5.	6.	7.
1.	Bilaspur	34	18 (52.94)	3 (8.83)	2 (5.88)	11 (32.35)
2.	Hamirpur	30	10 (33.33)	17 (56.67)	3 (10.00)	-
3.	Kangra	129	18 (13.95)	1 (0.78)	110 (85.27)	-
4.	Kullu	40	14 (35.00)	15 (37.50)	11 (27.50)	-
5.	Mandi	72	47 (65.28)	15 (20.83)	9 (12.50)	1 (1.39)
6.	Una	48	8 (16.67)	1 (2.08)	38 (79.17)	1 (2.08)
Total		353	115 (32.58)	52 (14.73)	173 (49.01)	13 (3.68)

Figures in the parenthesis denote the percentage to district total and all totals.

3.9.2 The above table-12 reveals that out of 353 Village Health Guides, the maximum number i.e. 173 (49.01%) visited the whole circle as and when their services were required, 115 Village Health Guides (32.58%) once in a month while (14.73%) visited the whole circle twice in a month.

10 Payment of Honorarium

3.10.1 The payment of Honorarium provided to the selected Village Health Guides forms an important part of the study. The information collected is given in the following table:-

Table-13
Payment of Honorarium

Sr. No.	Name of the District	No. of VHGs.	Pattern of Payment					As per Convenience of the Deptt.
			Monthly	Bi-monthly	Quarterly	Annually		
1.	2.	3.	4.	5.	6.	7.	8.	
1.	Bilaspur	34	—	1 (2.94)	24 (70.59)	—	9 (26.47)	
2.	Hamirpur	30	—	—	9 (30.00)	21 (70.00)	—	
3.	Kangra	129	3 (2.33)	—	125 (96.90)	—	1 (0.77)	
4.	Kullu	40	—	—	40 (100.00)	—	—	
5.	Mandi	72	—	—	48 (66.67)	24 (33.33)	—	
6.	Una	48	—	—	9 (18.75)	6 (12.50)	33 (68.75)	
	Total	353	3 (0.85)	1 (0.28)	255 (72.24)	51 (14.45)	43 (12.18)	

Figures in the parenthesis denote the percentage to district total and all totals.

3.10.2 The above analysis reveal that the maximum number of Village Health Guides, 255 out of 353 Village Health Guides (72.24%) were paid honorarium on quarterly basis whereas, 51 Village Health Guides (14.45%) were paid on annual basis and 43 were paid as per convenience of the department

11 Co-ordination with the PHCs

3.11.1 All the 353 Village Health Guides were required to co-ordinate with PHCs. The information collected in this regard is presented in table No.-14 :-

Table-14
Co-ordination with PHCs

Sr. No.	Name of the District	No. of VHGs.	Frequency of Visits to the PHCs				No. Co-ordination
			Every Month	Once in 3 Months	Regularly	6.	
1.	2.	3.	4.	5.	6.	7.	
1.	Bilaspur	34	9 (26.47)	9 (26.47)	2 (5.88)	14 (41.18)	
2.	Hamirpur	30	17 (56.67)	11 (36.67)	1 (3.33)	1 (3.33)	
3.	Kangra	129	125 (96.90)	1 (0.77)	3 (2.33)	-	
4.	Kullu	40	10 (25.00)	30 (75.00)	-	-	
5.	Mandi	72	14 (19.44)	26 (36.11)	21 (29.17)	11 (15.28)	
6.	Una	48	2 (4.17)	7 (14.58)	4 (8.33)	35 (72.92)	
	Total	353	177 (50.14)	84 (23.80)	31 (8.78)	61 (17.28)	

Figures in the parenthesis denote the percentage to district total and all totals.

3.11.2 It is seen from the above table that 177 out of 353 (50.14%) were reported as visiting the PHC in every month followed by 84 Village Health Guides (23.80%), visiting the PHCs once in three months whereas 61 selected Village Health Guides were not having any co-ordination with the PHC.

12 Maintenance of Field Book Regarding Activities :

3.12.1 To enable the departmental officials/supervisors to monitor the activities of Village Health Guides, they were supposed to maintain a field book. The data collected with regard to maintenance of field book is given in table No.-15 below:-

Table-15

District-wise Position of Maintenance of Field Book.

Sr. No.	Name of the District	No. of VHGs.	Maintenance of Field Book		
			Not. Required	Yes, Properly Maintained	Not Maintained because Stationery is not Supplied
1.	2.	3.	4.	5.	6.
1.	Bilaspur	34	34 (100.00)	-	-
2.	Hamirpur	30	1 (3.33)	11 (36.67)	18 (60.00)
3.	Kangra	129	3 (2.33)	14 (10.85)	112 (86.82)
4.	Kullu	40	13 (32.50)	9 (22.50)	18 (45.00)
5.	Mandi	72	-	13 (18.06)	59 (81.94)
6.	Una	48	10 (20.83)	1 (2.08)	37 (77.09)
Total		353	61 (17.28)	48 (13.60)	244 (69.12)

Figures in the parenthesis denote the percentage to district total and all totals.

3.12.2 It would be seen from the above table, that maximum number of selected Village Health Guides i.e 244(69.12%) were not maintaining any field books due to non-supply of stationery by the department.

3.12.3 The above table also reveals that out of 353 Village Health Guides only 48 (13.60%) were able to maintain/keep proper record, whereas 61 Village Health Guides (17.28%) reported that maintenance of field book was not required.

13. Submission of Progress Report

3.13.1 The information with respect to submission of progress report is depicted in the table below:-

Table-16
District-wise Details of Submission of Progress Report

Sr. No.	Name of the District	No. of VHGs.	Submission of Progress Report-No.	Not. Required	Sending Monthly Reports	Report is Submitted at the time of getting the Honorarium	Only Verbal Information is given	Not Reported
1.	2.	3.	4.	5.	6.	7.	8.	
1.	Bilaspur	34	34 (100.00)	-	-	-	-	-
2.	Hamirpur	30	3 (10.00)	13 (43.33)	3 (10.00)	11 (36.67)	-	-
3.	Kangra	129	7 (5.43)	22 (17.05)	3 (2.33)	97 (75.19)	-	-
4.	Kullu	40	1 (2.50)	2 (5.00)	32 (80.00)	5 (12.50)	-	-
5.	Mandi	72	10 (13.89)	12 (16.66)	9 (12.50)	38 (4.17)	38 (52.78)	-
6.	Una	48	2 (4.17)	-	1 (2.08)	40 (83.33)	5 (10.42)	-
Total		353	57 (16.15)	49 (13.88)	48 (13.60)	156 (44.19)	43 (12.18)	

Figures in the parenthesis denote the percentage to district total and all totals.

3.13.2 It is seen from the above table that out of total 353 Village Health Guides under study, 49 (13.88%) submitted monthly progress report, 48 (13.60%) submitted their report at the time of getting honorarium, 156 (44.19%) informed verbally while 57 Village Health Guides(16.15%) reported that the submission of progress report was not required while 43 village health guides (12.18%) did not report any thing.

14. Targets and Achievements

3.14.1 The Village Health Guides under study were specifically asked to report about the targets given to them by the department and achievements made by them during three years 1994-95 to 1996-97. The data collected in this regard is given as under:-

Table-17

District-wise Details of the Targets given by the Department

Sr. No.	Name of the District	No. of VHGs.	Targets & Achievements		
			No. of VHGs who were given Target	No. of VHGs who were not given any target	No. of VHGs who made 100% achievements
1.	2.	3.	4.	5.	6.
1.	Bilaspur	34	12	22	7
2.	Hamirpur	30	19	11	3
3.	Kangra	129	3	126	1
4.	Kullu	40	11	29	2
5.	Mandi	72	2	70	2
6.	Una	48	48	-	38
Total		353	95	258	53

3.14.2 It is seen from above table-17 that out of 353 selected Village Health Guides only 95 were said to have given targets by the Health & Family Welfare Department of which 53 Village Health Guides made full achievements while the rest could not achieve the desired goals. There were 258 Village Health Guides according to whom they were not given any kind of targets.

Table - 18
District-wise Details of Targets and Achievements

Sr. No.	Name of the District	No. of VHGs	Name of the Scheme of which targets were given	Unit No.	Year 1994-95		Year 1995-96		Year 1996-97		Total	
					Target	Achi.	Target	Achieve	Target	Achieve	Target	Achieve
1.	2.	3.	4.		5.	6.	7.	8.	9.	10.	11.	12.
1.	Bilaspur	34	Motivation for small family norms	No. of Persons	40	101	40	106	40	99	120	306
2.	Hamirpur	30	i) Motivation for small family norms ii) Distr. of condoms iii) Malaria Blood Slides	-do-	50	50	50	50	50	50	150	150
3.	Kangra	129	i) Motivation for small family norms ii) Malaria Blood Slides	No. of Persons Nos.	25 50	17 40	- -	- -	- -	- -	25 50	17 40
4.	Kullu	40	i) Motivation for small family norms ii) Distr. of condoms iii) Immunisation	No. of Persons Nos. -do-	55 - -	33 - 2365	28 - -	35 - 2425	25 - -	90 - 750	108 - -	158 - 5540
5.	Mandi	72	i) Motivation for small family norms ii) Distr. of condoms iii) Malaria Blood Slides	No. of Persons Nos. -do-	5 50 172	3 50 112	5 50 175	10 50 105	5 50 174	3 50 74	15 150 521	16 150 291
6.	Una	48	i) Motivation for small family norms ii) Distr. of condoms	No. of Persons Nos.	215 6770	70 6758	120 6860	63 6855	140 6200	68 6200	475 19830	201 19813

15. Views of the Panchayat Pradhan/Ward Member Regarding Village Health Guide Scheme :

3.15.1 Block III of the schedule related to the awareness of scheme by the Pradhans/Ward Members. The views of these representatives were also studied for assessing the performance of the scheme. For this purpose, Panchayat Pradhans/Ward Members of the area of operation of selected Village Health Guides were interviewed.

3.15.2 The data collected is presented in the following table:-

Table- 19
Views of Pradhans/Ward Members on Utility of the Scheme

Sr. No.	Name of the District	No. of Pradhans /Ward Members interviewed	No. of Pradhans Knowing the VHGs of the area	No. of Pradhans Not Knowing the VHGs of the area	Whether VHGs were Useful to their Area		
					Yes	No.	Not Reported
1.	2.	3.	4.	5.	4.	5.	6.
1.	Bilaspur	34	34 (100.00)	-	30 (88.24)	2 (5.88)	2 (5.88)
2.	Hamirpur	30	30 (100.00)	-	29 (96.67)	1 (3.33)	-
3.	Kangra	129	129 (100.00)	-	129 (100.00)	-	-
4.	Kullu	40	40 (100.00)	-	38 (95.00)	1 (2.50)	1 (2.50)
5.	Mandi	72	72 (100.00)	-	71 (98.61)	1 (1.39)	-
6.	Una	48	48 (100.00)	-	36 (75.00)	11 (22.92)	1 (2.08)
Total		353	353 (100.00)	-	333 (94.34)	16 (4.53)	4 (1.13)

Figures in the parenthesis denote the percentage to district total and all totals.

3.15.3 It is seen from the above table that out of 353 Gram Panchayat Pradhans/Ward Members interviewed, 333 (94.34%) reported that the VHGs were useful to their area while 4.53 % reported in negative and 1.13 % did not say anything.

3.15.4 When these representatives were asked about their working, contradictory views were expressed. The data gathered in this regard is depicted in the table below:-

Table-20
Reporting on Working of Village Health Guides

Sr. No.	Name of the District	No. of Pradhans /Ward Members	No	Whether they saw VHGs Working in the Area		Not Reported
				Yes	Only when CMO Visited	
1.	2.	3.	4.	5.	6.	7.
1.	Bilaspur	34	13 (38.23)	15 (44.12)	6 (17.65)	-
2.	Hamirpur	30	6 (20.00)	17 (56.67)	4 (13.33)	3 (10.00)
3.	Kangra	129	- (100.00)	129	-	-
4.	Kullu	40	24 (60.00)	11 (27.50)	5 (12.50)	-
5.	Mandi	72	70 (97.22)	1 (1.39)	1 (1.39)	-
6.	Una	48	8 (16.67)	21 (43.75)	19 (39.58)	-
Total		353	121 (34.28)	194 (54.96)	35 (9.91)	3 (0.85)

Figures in the parenthesis denote the percentage to district total and all totals.

3.15.5 The analysis of the above data reveals that out of the total 353 Gram Panchayat Pradhans / Ward Members interviewed, 194 (54.96%) were aware of the working of VHGs and they also expressed satisfaction on their work while 121 (34.28%) reported that they were not aware about their functioning. As many as 35 (9.91%) Gram Panchayat Pradhans/Ward Members reported that the Village Health Guides visit the area only when higher functionaries of the department visit the field.

16 Views of Gram Panchayat Pradhans / Ward Members Regarding Closing of this Scheme.

3.16.1 It was considered important to get the views of Gram Panchayat Pradhans / Ward Members regarding closing of this scheme. The replies were taken in "Yes" and "No". The information in this regard has been collected from all the 353 Gram Panchayat Pradhans / Ward Members and is presented in table-21.

Table-21
Views of Gram Panchayat Pradhans/ Ward Members.

Sr. No.	Name of the District	No. of Pradhans /Ward Members	Should this scheme be closed		If No,						What Modifications are suggested		
					Should it be modified		should it be given to panchayats		Should Govt. Deptt. exercise proper control				
			Yes	No.	Yes	No	Yes	No.	N.R.	Yes	No.		
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
1. Bilaspur	34	1 (2.94)	33 (97.06)	33 (100.00)	-	8 (24.24)	25 (75.76)	-	33 (100.00)	-	-	-	-
2. Hamirpur	30	7 (23.33)	23 (76.67)	16 (69.56)	7 (30.44)	13 (56.52)	10 (43.48)	-	12 (52.17)	11 (47.83)	-	-	-
3. Kangra	129	2 (1.55)	127 (98.45)	127 (100.00)	-	127 (100.00)	-	-	127 (100.00)	-	-	-	-
4. Kullu	40	4 (10.00)	36 (90.00)	31 (86.11)	5 (13.89)	28 (77.78)	8 (22.22)	-	26 (72.22)	10 (27.78)	-	68 (100.00)	-
5. Mandi	72	4 (5.56)	68 (94.44)	61 (89.71)	7 (10.29)	-	-	68 (100.00)	-	-	38 (100.00)	-	-
6. Una	48	10 (20.83)	38 (79.17)	38 (100.00)	-	38 (100.00)	-	-	-	-	106 (6.46)	21 (32.62)	-
Total	353	28 (7.93)	325 (92.07)	306 (94.15)	19 (5.85)	214 (65.85)	43 (13.23)	68 (20.92)	198 (60.92)	21 (6.46)	106 (32.62)	-	-

Figures in the parenthesis denote the percentage to district total and all totals.

3.16.2 The data in table-21 reveals that majority of the Pradhans/Ward Members i.e. 325 (92.07%) were not in favour of the closing of this scheme, whereas a small segment of only 28 Pradhans/ Ward Members (7.93%) were in favour of closing this scheme. When they were queried about the modification of this scheme, 306 representatives (94.15%) told that it be modified and 19 (5.85%) were against any modifications. However, 198 pradhans/ward members (60.92%) were in favour of the continued control by the State Government. However, as many as 214 Gram Panchayat Pradhans/Ward Members reported that this scheme should be given to panchayats whereas 43 were not in favour of giving to the Panchayats while remaining 68 Gram Panchayat Pradhans/Ward Members did not give specific opinion.

CHAPTER-IV

SUMMARY OF FINDINGS AND RECOMMENDATIONS

4.1. Summary of Findings

The findings of the report are summarised as under:-

4.1.1 The data on the year of appointment of the 353 selected Village Health Guides revealed that the maximum number of appointments (31.45%) were made during the year 1979. (Table-4,Para-3.2.2)

4.1.2 It was found that of the total 353 Village Health Guides, 24.08% covered one village, 24.93% two villages and 50.71% covered more than two villages. (Table-5,Para-3.3.2)

4.1.3 Availability of essential equipments was not satisfactory. Most essential equipments like first aid boxes and medicine kits were not provided to 60% and 65 % Village Health Guides respectively. The position of supply of other equipments/items was also similar. (Table-6,Para-3.4.2)

4.1.4 Year-wise / period-wise supply of equipments revealed that almost no equipments were supplied to the selected VHGs after 1985. (Table-7,Para-3.5.2)

4.1.5 As regards the functionality of available equipments/items, of the total 905 equipments/items supplied to 353 selected Village Health Guides, 312 (34.48%) were functional, 568 (62.76%) non-functional and position of the remaining 25 equipments(2.76%) were not reported. (Table-8,Para-3.5.4)

4.1.6 As far as jobs done by the selected Village Health Guides are concerned, it was found that 26.91% were doing all jobs, 11.05% were doing few jobs, 22.66% were doing only those jobs as assigned by the C.M.O. and 32.86% as required by the local people. (Table-11,Para-3.8.3)

4.1.7 Regarding frequency of field visits, of the total 353 Village Health Guides, 32.58% were reported to have covered the whole circle once in a month, 14.73% twice in month and 49.01% as and when required by the local people. (Table-12,Para-3.9.2)

4.1.8 As far as the payment of the honorarium is concerned, of the total Village Health Guides, a maximum of 72.24% were paid honorarium on quarterly basis, 14.45% annual basis and 0.85% were paid on monthly basis. (Table-13,Para-3.10.2)

4.1.9 As regards co-ordination with PHCs, of the total 353 Village Health Guides, 50.14% visited the PHC every month while 23.80% were visiting once in three months and 8.78% were visiting regularly while 17.28% reported no co-ordination with the PHCs.

(Table-14, Para-3.11.2)

4.1.10. As far as the maintenance of field book is concerned it was observed that a majority of the Village Health Guides 69.12% did not maintain any field book due to non-supply of stationery by the department.

(Table-15, Para-3.12.2)

4.1.11. As regards the submission of progress report, it was found that of the total 353 selected Village Health Guides, 13.88% submitted monthly progress report, 44.19% informed verbally while 16.15% reported that the submission of progress report was not required.

(Table-16, Para-3.13.2)

4.1.12. As far as targets to the selected Village Health Guides are concerned, the department did not make any special efforts. As many as 258 Village Health Guides were not given any targets. Only 95 were said to have been given targets of which 53 made full achievements.

(Table-17, Para-3.14.2)

4.1.13. A large percentage (94.34%) of the Gram Panchayat Pradhans/Ward Members reported that the VHGs were useful while 4.53% reported in negative and 1.13% did not say anything.

(Table-19, Para-3.15.3)

4.1.14. Contrary to the findings at 4.1.13 above, of the total 353 Gram Panchayat Pradhans/Ward Members, about 55% were aware about the functioning of Village Health Guides.

(Table-20, Para-3.15.5)

4.1.15. A large percentage (92.07%) of the Gram Panchayat Pradhans/Ward Members were not in favour of closing this scheme. Whereas a small segment (7.93%) were in favour of closing this scheme.

(Table-21, Para-3.16.2)

4.2 Recommendations

4.2.1. The Village Health Guide scheme was designed with an assumption that there would be no dearth of social workers in rural India and at least one person in a village would volunteer his services in the cause of suffering humanity without asking for any remuneration in turn. The idea clicked favourably in the beginning as the department of Health and Family Welfare did not face any difficulty in making engagements of these workers. The VHGs thus selected were imparted training of three months duration so as to do the job in a skilful manner. The scheme was expected to bridge an important gap in the extension component of health care what is now called the IEC methodologies (Information, Education and Communication). Besides, the selected VHGs were also provided with an honorarium of Rs.50 per month. The programme got off to an over-whelming start in view of the positive response from the public as well as the workers involved in the programme. But the enthusiasm did not last long. Many

workers left because they either did not find it to their taste or their hidden ambition of securing a regular job did not come through resulting a steep reduction in their cadre strength.

4.2.2 On the other hand, parallel programmes like the Multipurpose workers scheme came up in operation under which Male & Female Health Workers were appointed on a regular basis and were doing almost the same set of duties as were given earlier to the VHGs. One basic difference between these two categories of workers was that Male and Female Health Workers were doing this job on a regular basis whereas the functioning of the VHGs depended upon their will. If we look at the views of the village Pradhans/Ward Members, almost all of them have favoured the continuation of this scheme and have also expressed entire satisfaction with their working. The views expressed by the Pradhans/Ward Members appear to be a sympathy opinion towards a locally engaged person of their area rather than impartial views on impact assessment of the programme. Despite these recommendations, it would probably be illogical to expect a voluntary worker, who is just given Rs.50/- P.M., to perform such a wide range of duties. Barring few exceptions, the programme can not be expected to go smooth unless, some modifications were made. The State Govt. also could not modify it on its own as it was a 100% Centrally Sponsored programme being run by the Central Government.

4.2.3 Apart from above the main findings of the study also point out certain shortcomings which also need to be kept in view before making any recommendations :-

- i) The department of Health and Family Welfare did not supply even the essential equipments which hampered working of these workers. The equipments whatsoever supplied were also not in proper working condition. The department had not taken any steps to repair or replace the non-functional equipments which made their working all the more difficult.
- ii) Co-ordination between departmental functionaries and the Village Health Guides was also lacking. Presently, they were not accountable to any authority. The department functionaries were also not keeping any record of their field visits and checks excercised on VHGs. So it was left to VHG's to work or not to work as per their sweet will.
- iii) The honorarium being paid was so low that it could not even meet their bus fare of a single visit to the district headquarter.

4.2.4 Based on the above observations, the following recommendations are made:-

- i) The VHG scheme has lost much of a relevance in present context keeping in view the enormous expansion in health care infrastructure on the one hand and the functions of VHGs having been taken over by more experienced regular health care functionaries. It may be proper to do away with

the scheme as early as possible. Before doing so, the department may retain the services of a few hard-working volunteers and may consider adjusting them against the vacant positions of Male or Female Health Workers, since there is a certain gap in availability of these functionaries vis-a-vis the demand but such a process will require observing procedural parameters..

- ii) If at all, department is constrained to dispense with the services of these workers on account of any Court directions or any other reason, the scheme may be considered for transfer to PRIs.
- iii) Orientation and periodic trainings is another important aspect which need to be given utmost importance. This can instil in them the confidence to do their duties in a rejuvenated manner.
- iv) The duty roster needs to be defined afresh. Functions assigned may require to be tuned with the capability and capacity of these workers on the one hand, and functions of the regularly appointed functionaries , on the other.
- v) The workers may be equipped with essential accessories and equipments which will make their working smooth, in case the scheme is decided to be continued in a modified manner.
- vi) Daily progress register needs to be issued to them and making of daily entries require to be made compulsory which also needs to be verified by the supervisors of Health and Family Welfare department. Duty chart of an Anganwari worker also envisages filling up a large number of record in her area of jurisdiction. Experience indicates such records are difficult to be maintained on a sustainable basis. In order that some modicum of progress reporting or information origination is maintained in case the scheme is considered relevant to be continued, a system of weekly or fortnightly reporting could be considered.

Planning Department
Survey Schedule for the Evaluation of
Village Health Guide Scheme

Block-I
Identification Information

1.1. Name of the Village Health Guide
1.2. Name of the circle
1.3. Name of the Panchayat
1.4. Name of the Block
1.5. Name of the Distt.
1.6. Name of the villages covered by the Health Guide
1
2
3
4
5
1.7. Date and year of appointment
.....

Block- II (Work Information)

2.1. Headquarter of the Village Health Guide.

2.2. Details of equipment supplied by the Department:

Name of the equipment	Year of supply	Condition
-----	-----	F - Functional NF- Non Functional

2.3. What jobs have been assigned by the department ?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

2.4. What jobs are you doing ?.

1. All	Yes/No
2. Only few	Yes/No
3. Jobs assigned by the CMO	Yes/No
4. Doing jobs as required by the local people	Yes/No

2.5. How many times you visit the whole circle ?

1. Once in a month	Yes/No
2. Twice in a month	Yes/No
3. As and when required	Yes/No
4. Depends on the services required	

2.6. What is the mode of payment of Honorarium ?.

1. Monthly
2. bi-monthly
3. quarterly
4. Annual

2.7. What is the mode of coordination with the Health Sub Centre at the district level ?.

1. No coordination.
2. Visiting the PHC every month.
3. Visiting the PHC once in the three months.
4. Visiting the PHC regularly.

2.8. Are you maintaining any field book regarding the activities done by you ?

1. Not required
2. Yes, properly maintained.
3. Not maintained because stationery is not supplied

2.9. Are you submitting any progress report to the department ?

1. Not required.
2. Yes, sending monthly reports
3. Yes, report is submitted at the time of getting the honorarium.
4. No, only verbal informations are given.

2.10. Has the department given targets ? If yes, name the schemes and number of targets (For past 3 years)

Name of the scheme	Target Allocated	Target Achieved
-----	-----	-----

YEAR _____

- 1.
- 2.
- 3.
- 4.
- 5.

YEAR _____

1. Yes, they are working very hard
2. This can be done
- 3.
- 4.
- 5.

YEAR _____

1. The Govt. Department should be given
2. What you think and any suggestion
- 3.
- 4.
- 5.

2.11. Are you completing your targets ? Yes/No

2.12. If No, then what action is taken by the deptt:

1. No action.
2. Department stops the honorarium
3. Health Guide has to explain his/her position
4. Does not matter because the honorarium is very low.

Block-III
(Information from the Panchayat Pardhan/
Ward Member)

3.1. Name of the Panchayat Pardhan/Ward Member.....

3.2. Name of the Panchayat

3.3. Name of the block

3.4. Do you know the name of your Health Guide Yes/No

3.5. What work he has done in your Panchayat ?
(Please read col No 2.3 for the information).

Name of the job Response

1.

2.

3.

4.

5.

6.

7.

3.6. Are the Health Guides useful for the Panchayat ? Yes/No

3.7. Have you ever seen the Health Guides working in the
panchayat ?.

1. No, never

2. Only work when CMO/BMO visits the panchayat

3. Yes, they are working very hard.

3.8. Should this scheme be closed Yes/No

3.9. If No, then;

1. Should it be modified ? Yes/No

2. Should it be given to the panchayats ? Yes/No

3. Should the Govt./Department exercise
proper control ? Yes/No

4. What modifications are suggested ?

3.10. Any suggestions :

Name/Signatures of the

Name/Signature of the Panchayat Pardhan/ **Investigator**

Ward Member _____ Date of interview.....

Date Place

Page.....