

“Addressing social determinants of health and health promotion through Village Health, Sanitation and Nutrition Committee (VHSNC) in Odisha”.

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ABSTRACT--Health is the basic pre requisite for the existence of the human being. As defined by the World Health Organization, “Health is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity”. A person's health is the condition of their body and the extent to which it is free from illness or is able to resist illness. Health is a state in which a person is not suffering from any illness and is feeling well. The status of health is determined by the medico technical factors which are focused on treating the diseases, improved health infrastructure, quality Human Resources, quality health services, referral facility to the super speciality health institutions etc. However, besides the medical and technical factors, social factors play an equally vital role in determining the condition of health. Those factors are called as the social determinants of health.

Key words—social, health promotion, Village, Sanitation, Nutrition Committee Odisha

I. INTRODUCTION

Social determinants of health (SDOH) refers to the determinants and conditions in which people are born, grow, live, work and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They include factors like socioeconomic status, education, water, sanitation, nutrition, the physical environment, employment, and social support networks, socio cultural practices, as well as access to healthcare. Data and research indicates that the social determinants of health have a higher impact on population health than health care and that a higher ratio of social service spending versus health care spending results in improved population health. They are the key determinants of Health and well being of community. Addressing social determinants of health presupposes inter sectoral convergence among various departments, practising professionals, civil society organisations, which is the need of the hour. Further, it necessitates establishing and nurturing platforms at various levels starting from community to policy frameworks which not only facilitates, but also accelerates promotion of inter sectoral convergence in addressing health and social determinants of health.

Communitization is one of the key pillars of National Health Mission (implemented by Ministry of Health Family Welfare, Govt. of India in collaboration with State Govt.) which connects community with the facility in

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addressing issues related to health and social determinants of health. In the National Framework for implementation, MoHFW, GoI, 2005-12 it is mentioned that “The community should emerge as active subjects rather than passive objects in the context of the public health system”. Under National Health Mission (NHM) institutional platforms have been created at the grassroots level in order to promote community participation, empowerment and action on determinants of health. Community level health institution under NHM played an important role in addressing community level health issues by promoting inter sectoral convergence. One of such platforms are Village Health, Sanitation and Nutrition Committee (VHSNC) which is established at the village level in order to promote community and multi sectoral action in addressing social determinants of health. It provides a wonderful opportunity and an example of addressing health and its social determinants promoting inter sectoral convergence.

In the State of Odisha, under National Health Mission (NHM), more than 46000 VHSNCs have been established at the community level. It is known as Gaon Kalyan Samiti (GKS) with a broader scope to look at the overall welfare of the village which includes health, nutrition, water, sanitation and other wellbeing activities. An annual untied fund of Rs.10000/- is provided to each GKS to undertake need based activities at the community level based on the Village Health Plan. The present study was designed to find out the role of GKS in addressing issues related to health and its social determinants promoting inter sectoral convergence.

II. STUDY OBJECTIVES

The following are the objectives of the study

1. To understand and assess the success of VHSNC / GKS in terms of its effectiveness in addressing health and other social determinants of Health.
2. To understand the formation, planning, implementation and monitoring process of GKS in promoting inter sectoral convergence among health, nutrition, water sanitation, educations etc. sectors.
3. To understand and assess the success of VHSNC / GKS in terms of building participatory processes for community level dialogue and decision making and collective community action on Health and other social determinants of health.

III. METHODOLOGY

The present study covers four Districts of the State of Odisha namely Kandhamal, Cuttack Keonjhar and Malkangiri. Out of the four Districts two Districts Kandhamal, and Malkangiri were chosen based on the criteria of Aspirational Districts (the progress of Aspirational Districts is monitored by NITI Ayog of Govt. of India). Cuttack District was chosen based on the criteria of a coastal District and Keonjhar District is chosen being a tribal District. One block was selected from each of the four Districts with a total of 4 blocks in order to analyse the variations at the field level in activity implementation. The Blocks were chosen based on the criteria of distance from the District Headquarters.

15 GKS each from each of the selected Blocks of 4 districts with a total of 60 GKS were covered under the study. The criteria for choosing the GKS was distance from the Block headquarters and geographical inaccessibility. Random sampling method was followed in order to select the GKS to conduct the study.

Data collection was done in an interview schedule covering various aspects of the objectives of the study. Pretesting of the interview schedule was made in one of the selected Blocks in order to ascertain the efficacy of the tool. Based on the feedback from the field the interview schedule was modified and the final interview was prepared to undertake the data collection process. The data was collected from the office bearers of GKS like GKS President (Ward Member), Convener (AWW), Facilitator (ASHA), GKS documentation verification of GKS and in the Focused Group Discussion (FGD) at the community level. The records of each GKS/VHSNCs for last 6 months were studied, to assess them on study objectives. The Village Health Plan of the GKS was reviewed as one of the instrumental tool to understand the intersectoral convergence among health, water sanitation, nutrition, education and other factors. Data consolidation was made based on the data from the filled interview schedule and generalization was made based on the consolidated data.

IV. STUDY FINDINGS

The study has revealed a number of findings on how the social determinants of health are addressed through the Community level platform called Gaon Kalyan Samiti. Community has actively involved using the platform of GKS and taken up a number of steps to address the social determinants of health for the health and wellbeing of the community.

A. Composition of Gaon Kalyan Samiti

The composition and constitution of Gaon Kalyan Samiti brings in inter sectoral convergence having members from all the departments addressing social determinants of health. The committee consists of the Ward Member, the elected Panchayati Raj representative as the President of the committee, which helps in the involvement of the community in action of health. Anganwadi Worker who belongs to the Women and Child Development Department acts as the Convener of the Committee. She brings in the expertise and experience of managing the women self help groups, work for addressing the nutrition issues. She is the custodian of the record keeping of the GKS. ASHA, acts as the Facilitator of the GKS with the role of mobilising the community around health issues, implementation of community level activities. Besides Women Self Help Group (WSHG) members, school teachers, Self Employed Mechanics (SEM), Community Based Organisations are also members of the GKS which provides an excellent opportunity to bring together various issues that has affects the health of the community.

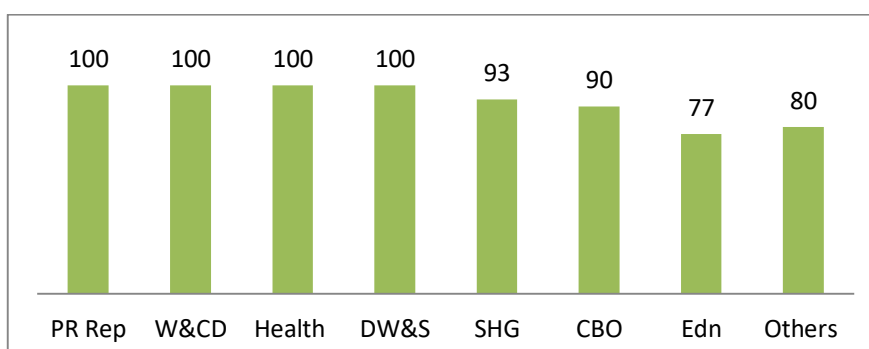


Figure 1: (showing % of representation from various departments in the composition of GKS)

The graph shows that there was 100% participation from Panchayati Raj, W&CD, Health and Drinking Water and Sanitation Departments in the membership of GKS. The other members included representation from Self Help Group (93%), Community Based Organisations (90%), Education (77%) and others (80%). This reflects the participation of all the departments and stakeholders in the membership of the GKS. This representation has facilitated inclusion of cross cutting issues in the discussion of the GKS and preparation of the village health plan.

B. Preparation of the Village Health Plan

Preparation of Village Health Plan (VHP) is the mandate of the GKS. Each GKS prepares a VHP by following a consultative process involving the community members which is prepared on annual basis and modified quarterly based on the need. Issues relating to health and social determinants of health are incorporated in the village health plan. All the members and the community members are involved in the process of VHP preparation. During the preparation of village health plan, AWW, ASHA facilitate discussion on social determinants of health and participatory processes followed in the process of discussion. Various issues raised by the community are incorporated in the VHP.

Out of the 60 GKS which were studied in the research the following are the analysis of the incorporation of various issues related to health and other social determinants of health in the Village Health Plan.

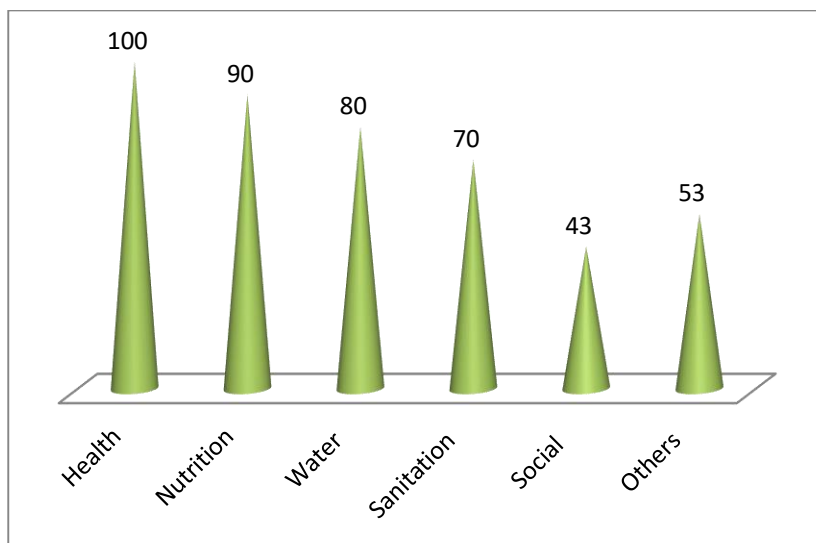


Figure 2: (showing % of issues incorporated in the Village Health Plan of GKS)



Figure 3: social determinants

of health

Analysis of the graph above reveals that issues related to the social determinants of health is adequately represented in the preparation of village health plan. While 100% health issues covered in the plan which includes both preventive and promotive activities. Issues covered related to nutrition is 90%, water issues is 80%, sanitation issues is 70%, social issues covered 43% and others are 53%. This reflects all the social determinants of health find a place in the village health plan of the GKS.

C. Implementation of the village health plan

Gaon Kalyan Samiti implement and the monitor the VHP. The issues and concerns incorporated in the VHP are implemented with the active involvement of community. In the implementation of village health plan all the social determinants of health is addressed. Most of the issues related to health and social determinants of health of health are addressed in the implementation of the village health plan. The key factor in the implementation of the VHP was the involvement and participation of community members from all walks of life. ASHA and AWW facilitates the process of community led action, however, the activities are undertaken by the community members themselves. Before the implementation of any activity, awareness generation of the community were taken up in order the knowledge and capacity of the community to address the issues.

D. Swasthya Kantha

Swasthya Kantha – the interactive health bulletin board is the hall mark of the GKS at the community level. Each GKS maintains a Swasthya Kantha at the community level, which contains the information about GKS and the important messages displayed in the middle part of the wall. ASHA writes the health messages in Odia (local language) on the wall as per the prioritised local health issues, important day celebration, messages which are directed by the department to write. The message on Swasthya Kantha is written for the awareness of the community and issues related health and other social determinants of health.



FIGURE 4: social determinants of health

The study reveals that out of the total 1080 messages written on Swasthya Kantha of the GKS under study, 720 messages were health related messages including public health, disease control, important day celebration etc., 164 were messages related to nutrition, 66 related to water, 66 related to sanitation, 16 on environmental issues and rest 64 were on general awareness issues related to health and other social determinants of health. So the awareness generation through the Swasthya Kantha has covered issues related to the social determinants of health.

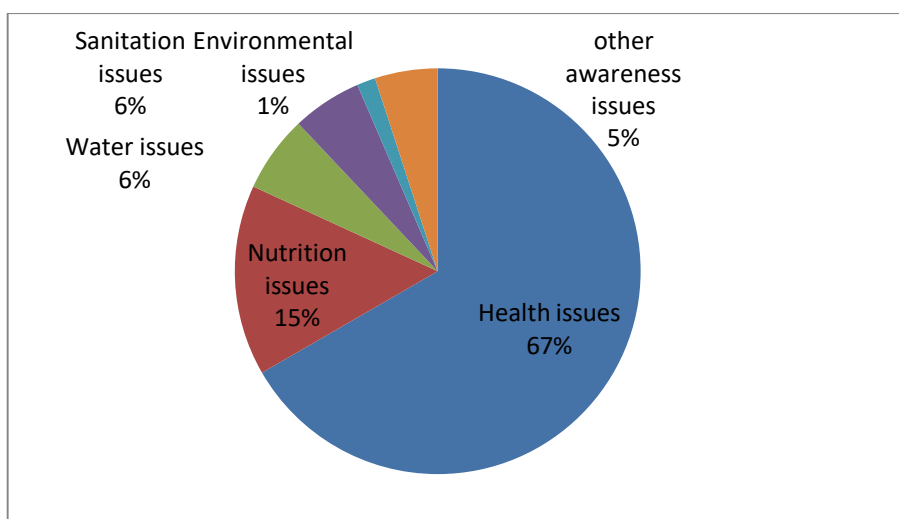


Figure 5: (showing display of messages on Swasthya Kantha on health and other social determinants of health)

E. Activities taken up by GKS

A number of activities related to health and social determinants of health were implemented by GKS as per the Village Health Plan.

Theme	Major activities implemented by GKS
Health	Malaria, Dengue & Diarrhoea campaign, Blood donation camps, Management of stretcher in difficult villages for institutional delivery, LLIN distribution and ensure use of Mosquito net for prevention malaria, Promoting immunization & VHND session, Mass blood slide collection camps for malaria prevention, ANC and PNC health check up camps for pregnant women and lactating mothers, Management of Stretcher for transportation of pregnant women and patients from house to motorable point in hard to difficult villages.

Nutrition	Sisu Mela for promoting healthy behaviour of the children, celebration of National Nutritional Week, demonstration on nutrition supplementation, feeding demonstration.
Water	Repair of tube well for safe drinking water, awareness on safe drinking water, Jalachhatra
Sanitation	Promoting open defecation free village, cleaning of the drain for source reduction and diarrhoea prevention, waste disposal pits.
Environmental issues	Mass cleanliness drive, Waste disposal to maintain healthy environment
General awareness	Awareness on social issues like to prevent early girl child marriage, social stigma on health, Chenka etc. 11 monthly VISHWAS campaign for promoting Health, sanitation & nutritional standard of the community in the village, post cyclonic rehabilitation activities.

The analysis of the above activities taken up by the GKS reflects that the issues related to health and the social determinants of health are addressed through the various activities taken up by the GKS. The activities are not only limited to addressing health issues but also issues related to the social determinants of health like water, sanitation, nutrition, environmental issues and on general awareness.

F. Support structure

The functioning of the Community Health Institution like GKS required a strong supportive supervision at various levels. In order to facilitate inter sectoral convergence the various support structures were represented by officials from different departments like Health, Women and Child Development, Rural Development, Panchayati Raj and Drinking Water, Education, SC&ST Development etc. At the community level GKS is represented by grassroots level functionaries from these departments which provide a wonderful platform of inter sectoral convergence to address health and its social determinants. At the Block level the support structure comprises of the Block Development Officer, Medical Officer I/C, CDPO, JE, RWSS, GPO and other officials from various Departments. At the District level, the support structure comprises of CDMO, DSWO, EE, REWW, GPO and District Officials from other Departments. At the State level, State Community Process Resource Centre under NHM, Odisha facilitates required inter sectoral convergence for effective functioning of community level institution in addressing health and its social determinants.

Analysis of the reports from the secondary sources reveals that the State of Odisha has invested significantly in strengthening the functioning of GKS at the community level. Need based capacity development of the GKS members, involvement of the Panchayati Raj functionaries like GP Sarapanch in the functioning of GKS, strengthening supportive supervision mechanisms from the community to State level, timely placement of funds to GKS, advocacy of GKS activities, maximum involvement of GKS in addressing epidemics, malaria control, post cyclone rehabilitative activities has yielded tremendous results for the State.

V. CONCLUSION

Village Health, Sanitation and Nutrition Committee (VHSNC) known as Gaon Kalyan Samiti (GKS) under National Health Mission (NHM) in Odisha has proved its worth as an effective and vibrant community level platform to address issues related to health and its social determinants promoting inter sectoral convergence. It has addressed the community level health issues and its social determinants like water, sanitation, nutrition, education, socio cultural practices and traditional beliefs through community led action in order to promote health and wellbeing at the community level. It has brought in remarkable changes in the public health scenario at the grassroots level and most importantly changes in behaviour, practices and health seeking behaviour.

Sustainability of the community level platform like GKS spearheading community led action is a challenge. The State is looking forward to further strengthen the community empowerment process through GKS by investing more on capacity development, inter sectoral convergence, strengthen supportive supervision mechanism, active community level partnerships, integration with PR system in order to achieve desired results in equitable, affordable and quality health service delivery at the community level.

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