



# Village Health & Sanitation Committees

State Institute of Health and Family Welfare,  
Jaipur



# Background

NRHM -an opportunity for reforms in Health Sector

## NRHM Strategy

- Capacity building of PRIs
- Promote access to improved health care
- Micro planning for each village
- Strengthening sub centers, existing CHC's
- Preparation and implementation of an inter-sectoral district Health plan



- Integration of Vertical Health & Family Welfare Programs
- Technical support to National, State and District Health Missions
- Strengthening capacity for information management
- Developing capacity for preventive health care
- Promoting Non-profit sector



# Rajasthan: profile

Population	:	68.6 million (Census 2011)
Divisions	:	07
District	:	33
Cities & Towns	:	297
Block	:	249
P. Samitis	:	249
Villages	:	44672
Habited Villages	:	39753
Gram panchayat	:	9177
<b>VHSC</b>	:	<b>43440</b>



# VHSC: Composition

- Gram Panchayat members
- ASHA, AWW, ANM
- SHG leader
- Village representative of any CBO
- User group representative



# Profile of VHSC

- Name of the Village
- Name of GP
- Name of Panchayat Samitee
- District
- Name, address and phone no. of  
Chairperson  
Member Secretary  
Members



# Roles and Responsibilities

- Awareness Generation
- Develop a VHP
- Supervision and Monitoring
- PRA
- Health problems Identification and solutions
- Feedback for corrective measures.
- Maintenance of Village Health Register and Calendar
- Ensuring Visits of MPW, ANM
- Death Audit
- Management of Untied fund for VHC



# Role of ASHA Sahyogini

- Constitution of VHSC
- Continued interaction
- Keep the members informed
- Maintain registers
- Support intensive training programs
- Facilitate VHP





# Training

## Objective

- Develop VHSC as strong Vibrant Group
- Develop understanding on Health Issues
- Empower the VHSC members
- Strengthen the group to work

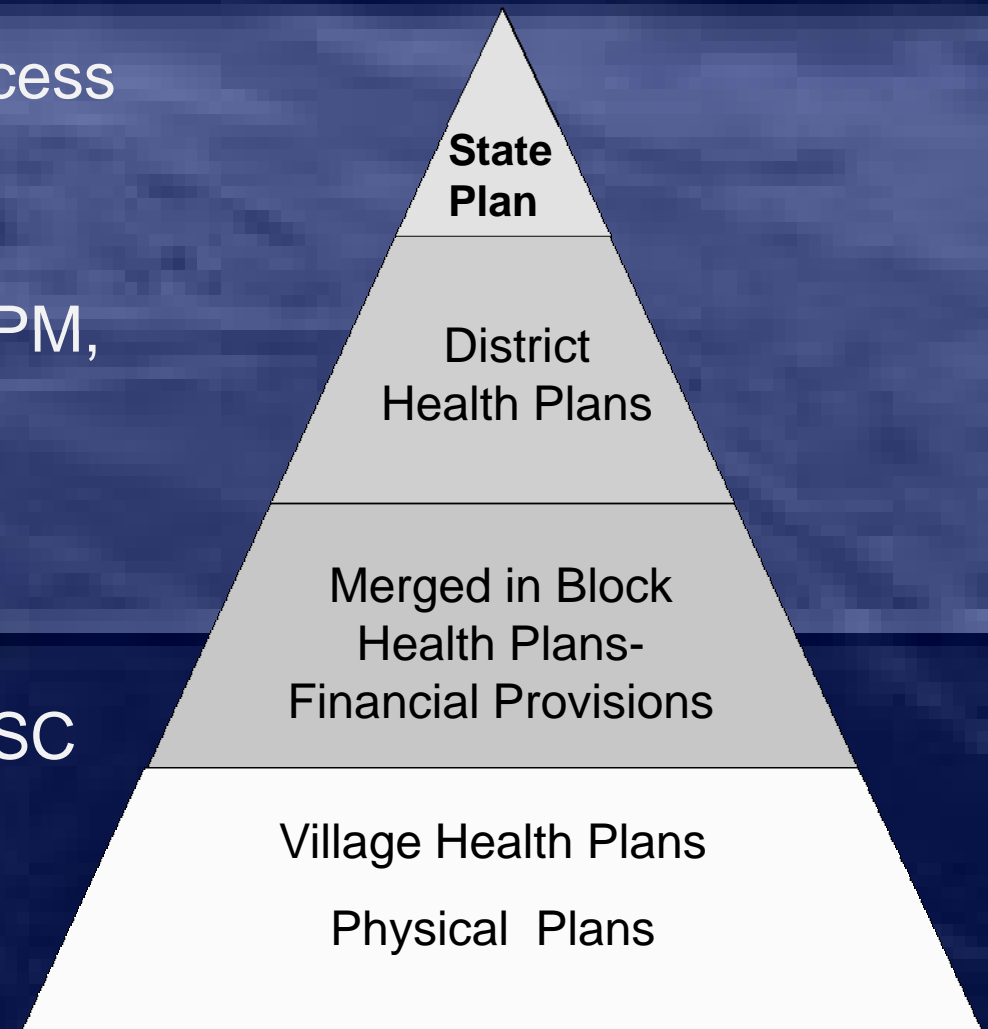


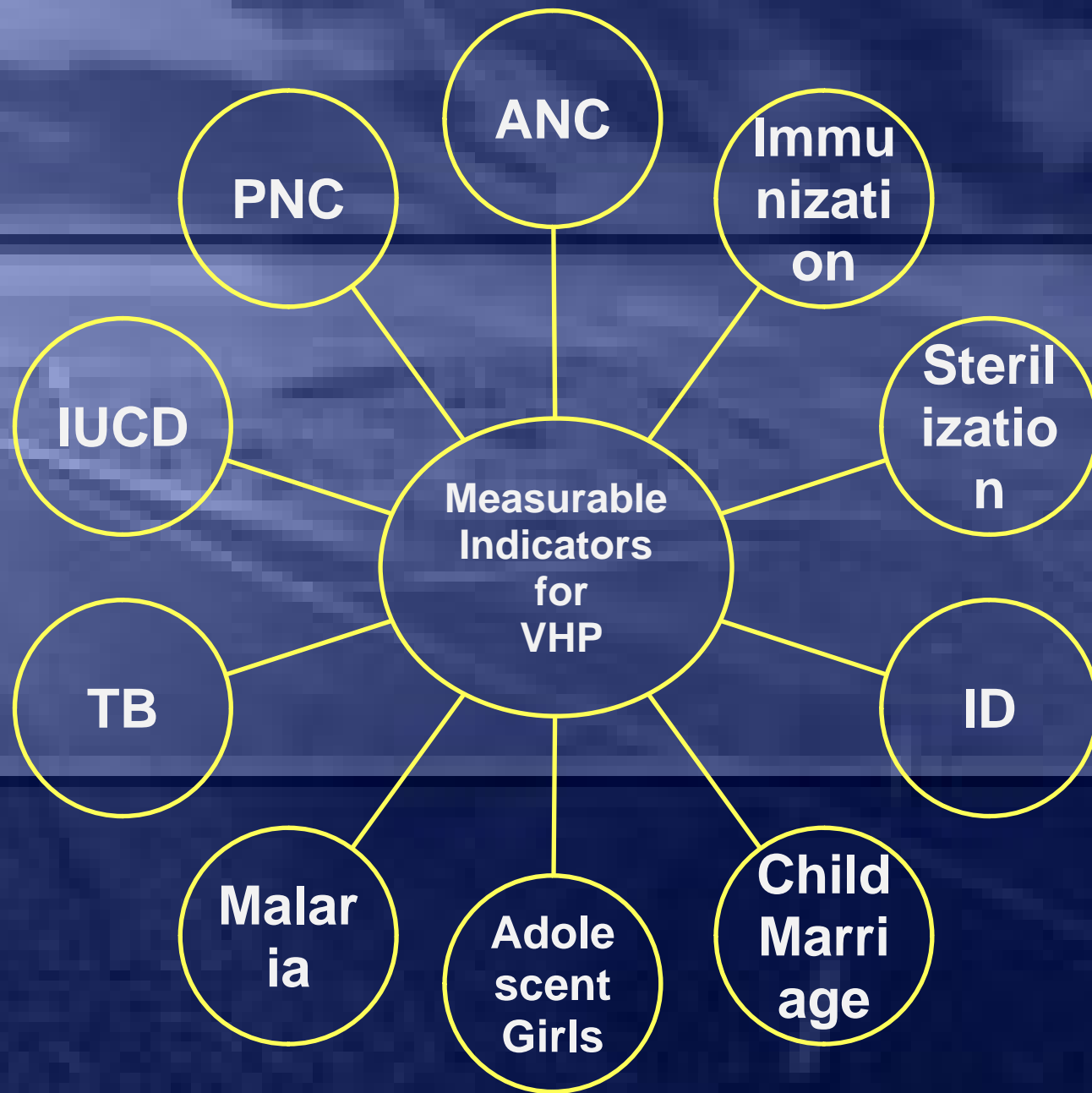
# Training Areas

- Concept of Health
- Health institutions and programmes
- Social aspects impacting health status
- Demand generation for health care services
- Planning and monitoring
- Team Building and networking
- Operational issues
- Roles and responsibility

# Village Health Plans

- Decentralized Planning Process
- VHP for every village
- Developed by VHSC
- Special trainings of DPM, BPM, MOs, ANMs
- Facilitated by ANMs
- Time Span – 30 days
- Computer Documentation
- Implementation through VHSC







# Untied Funds for VHC

- Rs. 10,000/- per Village Health Committee
- Joint account -ANM and Sarpanch
- Village under PHC and not sub center-  
new account in the name of Medical  
Officer I/C and Sarpanch



# Utilization of Funds

- Sanitation drive
- School Health activities
- ICDS, AW level activities
- Household surveys
- Destitute women or poor household
- Nutrition, Education, Environment Protection, Public Health Measures
- Publicity of MCHN days, RCH camps



# Monthly Meeting

- MCHN Days
- ASHA Sahyogini to facilitate the meeting
- All the members to be present
- Decisions to be recorded
- Plan for expenditures to be approved
- Separate Register for Monthly meetings



# Reporting System

**Physical Report** – Annexure 16 of MPR  
7 Pointer Simple report

1. No. of VHC's to be constituted
2. No. of VHC's Constituted
3. No. of monthly meeting to be held
4. No. of Monthly meeting held
5. Total Funds received in the district
6. Total Expenditures
7. % of expenditures incurred





## Financial Report

- Sub center- ANM to submit the financial report (SoE) to M/O
- PHC- Monthly Compilation by LHV/Accountant- submit to Block CMHO
- Block- Monthly compilation by Accountant and submit to district
- District- compilation by DAM and submission to State.



# Monitoring

## Support system

- State level:
  - SIHFW provide technical backstopping
  - Training modules
  - Monitoring of the programme
  
- District level:
  - CMHO, DPM, DAC are responsible
  - Constitution of VHCs

- Making data base and profile of VHCs
  - Facilitation of monthly meetings
  - Facilitation in Development of VHP
  - Incorporation of VHPs in to Block Health plans
  - Addressing the issues identified by VHC
- Block level:
- BCMHO and BPM are responsible
  - Provide support to PHC level functionaries

- PHC level:
  - ASHA facilitator, PHC MO, LHV are responsible
  - Constitution of VHSC
  - Organizing Monthly Meetings
  - Providing support in trainings
  - Facilitation in development of VHP
  - Facilitation in conflict redressal
  - Other issues related to VHCs
- Village Health Plans



# Thank You

For more details log on to  
[www.sihfwrajasthan.com](http://www.sihfwrajasthan.com)  
or  
contact : Director-SIHFW  
on

[sihfwraj@yahoo.co.in](mailto:sihfwraj@yahoo.co.in)