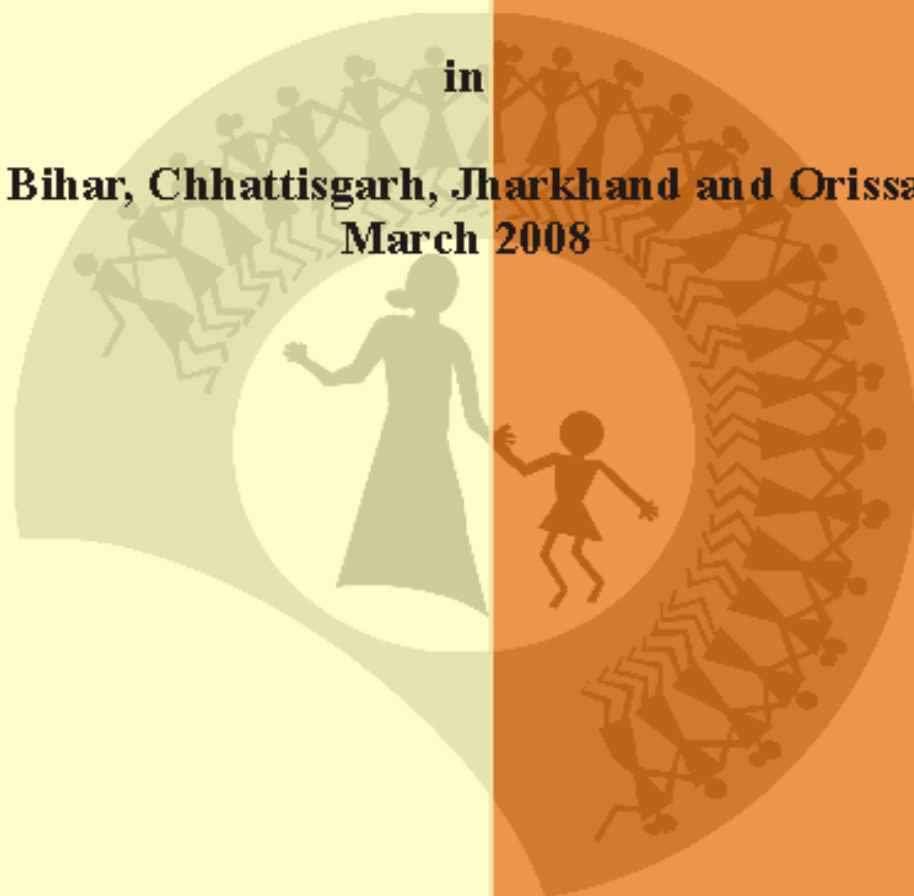


An Assessment of the status of

VILLAGE HEALTH AND SANITATION COMMITTEES

in

**Bihar, Chhattisgarh, Jharkhand and Orissa
March 2008**



Public Health Resource Network

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List of Acronyms:

ADC- Autonomous District Council
ANM- Auxiliary Nurse Midwife
ASHA- Accredited Social Health activist
BCC- Behaviour Changes Communication
BSS-Ban Surakhya Samiti
CBO- Community Based Organisation
CHC- Community Health Centre
DWSC- District Water Supply Commission
GO- Government Organisation
GOI-Government of India
GP-Gram Panchayat
ICDS-Integrated Child Development Services Scheme
IEC- Information Education Communication
JSA- Jan Swasthya Abhiyan
JSY-Janani Suraksha Yojna
MPW – Multi-Purpose Worker
MoHFW- Ministry of Health & Family Welfare
MPHA (M)- Multi Purpose Health assistant (male)
MPHA(F)- Multi purpose Health assistant (female)
MSS- Mahila Swasthya Samiti
MTA-Mother Teacher Association
NGO- Non Government Organisation
NRHM- National Rural Health Mission
NSV- No Scalpel Vasectomy
OBC- Other Backward Caste
O&M- Operation and Maintenance
ORS- Oral Rehydration Salt
PESA-Panchayati Raj Extension in Scheduled Area
PHC-Primary health centre
PHED Public Health Engineering Department
PIP- Project Implementation Plan
PRA – Participatory Rural Appraisal
PRI -Panchayati Raj Institution
PTA- Parent Teacher Association
RCH- Reproductive Child Health
RWSS- Rural Water and Sanitation Supply
SEM- Self Employed Mechanics
SC-Sub Center
SC- Schedule Caste

SHG- Self Health Group
ST-Schedule Tribe
TSC – Total Sanitation Campaign
VDB-Village Development Board
VEC- Village Education Committee
VHC-Village Health Committee
VHSC-Village Health Sanitation Committee
VHWSC- Village Health water and Sanitation Committee
VWSC Village Water and Sanitation committee
WHSC-Ward Health Sanitation Committee

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Assessment of VHSC strategies

Background:

Decentralisation and People's Participation have been considered key strategies for making health care services effective and this has been reiterated in all significant documents articulating people's rights to health such as the Alma Ata Declaration, the Bhore Committee Report and, most recently, the documents pertaining to the National Rural Health Mission. In fact, many of these articulations consider these as health goals in themselves rather than as mere strategies to achieve some other objective.

It is widely understood and accepted that for services to maintain quality and to be effective; people must have ownership and control. Though in practice people's participation has been narrowly interpreted as their participation in implementation, ownership can only truly be brought about by their participation and control over all processes leading to the delivery of services, starting from planning itself.

One of the modalities of allowing local, village level planning for health care has been the concept of the 'Village Health Committee'; ideally, an informed body that comprises of village level health workers, PRI representatives and representatives of various CBOs and specially including groups who are otherwise marginalised, having the capacity and competency to do an adequate situational analysis of the local status of health and plan for it, with the power and leverage to bid for locally appropriate health care services and with the ability to monitor them. The process also includes, ideally, control over finances and budgets with built in systems of transparency to the public at large.

Though systems of decentralised governance such as the PRIs and Community participation in local health planning have both been slow to take off and weak, in the few places where they have been made functional through various instruments and investments (such as in the State of Kerala), their role in providing the impetus for positive and sustainable change cannot be denied.

The NRHM therefore acknowledges these processes as essential to the 'architectural correction' required for health sector reforms and spells out many details of institutional arrangements for local health planning at the village level.

In the National Rural Health Mission's Framework for Implementation there is a section that clearly states:

“The Village Health and Sanitation Committee (VHSC) will be formed in each village (if not already there) within the over all framework of Gram Sabha in which proportionate representation from all the hamlets would be ensured. Adequate representation to the

¹ Lesson 2 of PHRN Book 7: Community Participation

disadvantaged categories like women, SC / ST / OBC / Minority communities would also be given. The Sub Health Centre will be accountable to the Gram Panchayat and shall have a local Committee for its management, with adequate representation of VHSCs²”.

This Framework for Implementation also states that “Village Health and Sanitation Committee (VHSC) will be responsible for the Village Health Plans. ASHA, the Anganwadi Sevika, the Panchayat representative, the SHG leader, the PTA/MTA Secretary will be key persons responsible for the household survey, the Village Health Register and the Village Health Plan.”

Further, paragraph 52 the Framework of Implementation states that:

“A revolving fund would be set up at the village level for providing referral and transport facilities for emergency deliveries as well as immediate financial needs for hospitalization. The fund would be operated by the VHSC. Untied fund would also be made available to VHSC for various health activities including IEC, household survey, preparation of health register, organization of meetings at the village level etc. Since VHSC would be asked to play a leading role in the health matters of the village, its members would be given orientation training to equip them to provide leadership as well as plan and monitor the health activities as the village level.”

Indeed the Framework for Implementation specifies that 'every village with a population of upto 1500 to get an annual untied grant of up to Rs. 10,000, after constitution and orientation of Village Health and Sanitation Committees'. The untied grant could also be used for household surveys, health camps, sanitation drives, revolving fund etc. If fulfilled, the national budgetary allocation for this item alone would exceed 400 crores annually

Elsewhere, it states that the Village Health Committee (VHC) of the Panchayat would prepare the Village Health Plan, and promote intersectoral integration.

In addition to the VHSC fund, each sub-centre will also have an un-tied fund for local action of Rs. 10,000 per annum. This fund will be deposited in a joint bank account of the ANM & Sarpanch and operated by the ANM, in consultation with the Village Health Committee.³

The NRHM had committed to facilitating the formation and capacity building of Village and Block planning teams throughout the district in the first year and the statements quoted above certainly show seriousness of intent. However it is worth noting that in the third year of its existence, many states have not had any funds utilised or even released against this head. Though some state PIPs plan for VHSCs, there seem to be serious constraints in getting this programme going. Where it has started up, there is insufficient information about the various

² Under the section on key strategy of the Framework of Implementation of 'The National Rural Health Mission'

³ Please note that the NRHM documents often use the VHC and the VHSC interchangeably. However, this may not always be so in practice.

models for VHSCs being created in various states, their effectiveness and the constraints they face.

This study intends to trace the various movements that have taken place towards village health planning, from centre to state, district and village. To this end, all the GOs and NRHM reports relating to VHSC will be examined and analysed, and further detailed district and village level examination will be carried out in sample districts of the four states of Chhattisgarh, Jharkhand, Orissa and Bihar. At the end of this 'baseline' study, action research will be carried out to document a facilitatory process of initiating / strengthening village health planning processes in select districts and villages to explore the potential of this strategy for achieving desired outcomes.

Objective of the study

- To assess what is being attempted under the Village Health and Sanitation Committee Strategy of the NRHM in various states.
- To document guidelines and instructions issued at various times regarding the VHSC by the government.
- To study the various models of health committees that exists within and outside of the NRHM including those facilitated by Non governmental Organisations.
- To conduct a field study for a process evaluation of the VHSC strategy in selected districts as implemented and look for early outcomes of this strategy in the 4 states of Bihar, Chhattisgarh, Jharkhand and Orissa.
- On the basis of all the above to make recommendations on improving the VHSC component of the NRHM.

Methodology

I Secondary Data component:

- Examination of all state PIPs for describing what is proposed as related to VHSC.
- Compilation of all excerpts regarding VHSC and guidelines/ letters issued from the Ministry. On VHSC in the state and districts.
- Compilation of information from NGOs/ NGO networks on secondary data available in Delhi on non government intervention in VHSC.
- Discussion with key officials at the state/ districts to describe current stage of rollout of VHSCs.
- Documentation of all guidelines that have been issued on VHSCs at the state and district level.

II Field Study component:

The field study would be done in four states – Orissa, Chhattisgarh, Bihar and Jharkhand and also in more states if there are agencies/ PHRN members to take up this task.

1. Documentation of the composition of the VHSC in the selected states and particular districts.
2. Interviewing a number of key stakeholders along the chain of command – state/ district/ block/ villages to assess their understanding of VHSC.
 - a) Study a sample of villages purposively drawn as having the “best practices” in VHSC as reported by block and district officials for understanding the potential of the strategy. Both individual interviews and focus discussions will be held at the district, block and village level.
 - b) Study a sample of villages randomly drawn for understanding the range and nature of functions attempted by VHSC, the processes they follow and the emerging outcomes of VHSC. In each village: interviews with ASHA, five mothers with infants or young children, one elected Panchayat member , one secretary of a self help group. Also a focus group discussion in each village. (One day per village).

III Action Research Component:

Based on the understanding emerging from the study, a process of creating/ strengthening VHSCs in select villages will be undertaken by PHRN along with local NGOs and the local government to optimise the outcomes from the village health and sanitation committee. This process will be documented.

Time schedule

- Secondary data collected from November 2007 to February 2008-02-27
- Field Study conducted from January 2008-February 2008-02-27

At each step training workshops have been held for creating tools and capacities to undertake the study. A two day's training workshop has been held with key participants in the study in Raipur to undertake the field study.

Analysis of Secondary Data

The NRHM's framework of implementation describes VHC as formed at the level of the revenue village (more than one such village may come under a single Gram Panchayat).

VHSC is to be formed at the Village level comprising of Panchayat representatives, ANM/MPW, Aanganwadi worker, teacher, ASHA, Community health volunteer. The timeline for constitution of VHSC is 30% by 2007 and 100% by 2008. A study of the State PIPs reveal that many proposed for a VHSC in the current year 2007-2008 and some VHSCs have already been sanctioned with the instruction that the committees should be operationalised in the current year. The VHSC is to be responsible for village health planning. The fund of the VHSC is usually maintained through a joint account by the ANM and Sarpanch/village headman with the committee's approval to decide on which activities the fund is supposed to be spent.

The states have been divided into four categories- high focus large states, non high focus large states, high focus north east states and non high focus small and union territories according to the segregation in most NRHM documents. The following has been the observation from the respective state PIPs.

Documents studied

1. Individual State Programme Implementation Plan for 2007.

GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

Project Implementation Plan of the 4 states as submitted to the Ministry of Health and Family Welfare (Department of Health and Family Welfare).⁴

2. Individual State Programme Implementation Plan for 2008.

Project Implementation Plan of the 4 states as submitted to the Ministry of Health and Family Welfare (Department of Health and Family Welfare).⁵

3. Record of Proceedings of the National Programme Coordination Committee (NPCC) (No. 10 (1)/ 2006-NRHM-I) meeting for each available state that had submitted State PIP, the meeting of which was held under the chairpersonship of Secretary (H&FW). This document was used to gather information on which state's untied funds proposed under VHSC was approved.

4. The National Rural health Mission Status Report: Published as on 7th September 2007 which gives the status of NRHM in all states of India as on 31st July 2007.

⁴ Under NRHM funds will be released to the states on the basis of the project Implementation Plan (PIP).

⁵ Under NRHM funds will be released to the states on the basis of the project Implementation Plan (PIP).

5. The Government of India. Ministry of Health and family Welfare (No. 10 (1)/ 2006-NRHM-I) which contains information on
 - Outcome budget allocated by the Government of India for NRHM activities,
 - Unspent balances for Mission Flexible; and
 - Unspent balances for RCH Flexipool.
6. Guidelines for Village Health and Sanitation Committees, sub centres, PHCs and CHCs, Ministry of Health and Family Welfare, Government of India
7. Report by Jan Swasthya Abhiyan, presented at the Rural Health Watch meet on 15-6-2007
8. NRHM Common Review Mission, November 2007, Ministry of Health and Family Welfare, Government of India.
9. Manual on community based monitoring of health services under National Rural Health Mission prepared by task force on Community Monitoring of Advisory Group on Community Action; Mission Directorate, MoHFW, Government of India
10. Draft Booklet on 'Toward a people's alternative health plan', Jan Swasthya Abhiyan (<http://phm-india.org/>)

Norms regarding composition of VHSC:

Composition of VHSC:

In the Framework for Implementation the VHC is to be formed at the level of the revenue village (more than one such village may come under a single Gram Panchayat). The composition of the VHC is described as comprising of Panchayat representatives, ANM/MPW, Aanganwadi worker, teacher, ASHA, Community health volunteer.

The composition of the VHSC according to Government of India guidelines is as follows. The committee will be headed by the Ward Member of the village. In case there is more than one Ward Member in the village:

- The women ward member will head the committee,
- If there is no women ward member existing, if there is an SC or ST person, he will head the committee.
- If more than one member of the category (a) or category (b) are available in the village, the ward member of the larger ward will head the committee.
- If none of the members of (a) & (b) are available as ward member, the ward member with the largest ward will head the committee.
- Wherever there is a Panchayat consisting of one revenue village only, the Sarpanch or Mukhiya whichever is a woman will be the Chairperson of the committee.

The other members of the committee are the following

- Aanganwadi Worker of the village- Convener.
- ASHA.
- President or Secretary of any three women SHGs (preferably SC / STs) of this village.
- The president of the Watershed Development Committee wherever a water shed project is running.
- If none of the above is a member of SC & ST, then one member from each category should also be nominated by the Sarpanch or Mukhiya.

Norms regarding untied funds:

VHSC

Every village with a population of upto 1500 to get an annual untied grant of upto Rs 10,000 after constitution and orientation of Village Health and Sanitation committees.

The NRHM Framework of Implementation states that the following:- untied fund to be made available to VHSC for various health activities including IEC, household survey, preparation of health register, organization of meetings at the village level etc.

In addition to this at the sub-center level there is an untied fund of Rs 10,000. The fund is to be

kept in a joint bank account of the ANM and the Sarpanch. Decisions on activities for which the funds are to be spent will be approved by the Village Health Committee (VHC) and be administered by the ANM. In areas where the sub centre covers more than one GP, the VHC of the Gram Panchayat where the SC is located will approve the Action plan. This VHC could be taken to synonymous with the VHSC or could be considered distinct from it. The guidelines do not specify any relationship and it could be interpreted to the state's preference.

Recommendation of the Common Review Mission

The NRHM's Common Review Mission Document (November 2007) Report from the Ministry of Health and Family Welfare gives the status of the VHSC in few states and also the recommendations of the review team. The report calls the VHSC as one of key strategies to achieve communitisation, which is one of the major dimensions of architectural correction that the NRHM seeks to achieve. One of the key findings of the team is that in most states the Panchayat standing committee members are involved in the District Health and Family Welfare Societies, the RKS and in the VHSC and in the selection of ASHAs. The recommendations of the CRM on the VHSC includes

- Developing systems in the states for the department to be able to track and guide the content of activities transacted by these committees
- Developing systems for the states to be able to facilitate the making of village health plans and the utilisation and accounting of the funds made available to it (the mechanism of facilitation could be the same as that for ASHA).
- Ensuring Panchayat and ASHA's involvement and leadership/ coordination for the committees.
- Centre to have a detailed knowledge of the guidelines issued in every state and experiences of the different approaches. Drawing lessons from experiences and sharing between states to maximise outcomes.

S. No.	State	VHSC target for 2007-08 30% of all villages ⁶	VHSC (according to state PIPs) ⁷ 2007-2008	VHSC formed so far (according to NRHM status report) ⁸	VHSC formed so far (according to NRHM status report) ⁹	Untied grant to VHSC proposed by states @ 10,000/ VHSC (in lakhs) 07-08	Untied grant to VHSC Approved (in lakhs) 07-08	Total funds released during 2004-2006 on VHSC ¹⁰	Total ex-penses during 2004-2006 on VHSC	Untied grant to SC proposed @ 10,000/ SC(in lakhs) 07-08	Untied grants to SC approved.	VHSC proposed in the state PIP 2008-2009	Untied grant to VHSC proposed by states @ 10,000/ VHSC(in lakhs) 08-09
1.	Bihar	13607	20000	NK ¹¹	NK	2000	NK	0	0	8.85	NK	45098 ¹²	1000 ¹³
2.	Chhattisgarh	6054	20308	NK	NK	2030.80	2030.80	0	0	469.20	469.20	146	146.0
3.	Orissa	15405	14258	0	NK	1425.840	1425.840	0	0	668.80	668.80	9519	951.9
4.	Jharkhand	9789	1190	7249	7249	119.00	119.00	0	0	395.80	395.80	28338	2833.0

⁶ GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

⁷ Individual State Programme Implementation Plan for 2007.

⁸ National Rural Health Mission: Status of NRHM as on 31.7.07

⁹ National Rural Health Mission: Status of NRHM as on 31.12.07

¹⁰ GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

¹¹ NK=Not known

¹² Page 162 of the state PIP for 2008-9. It is not clear whether this is a target for 2008 or a total figure.

¹³ Mentioned in the text of the PIP for Bihar 2008-2009 though not mentioned in the budget annexure

1. Bihar-

VHSC target for 2007-08 30% of all villages ¹⁴	VHSC (ac-cord-ing to state PIPs) ¹⁵ 2007-2008	VHSC formed so far (ac-cording to NRHM status re-port) ¹⁶	V H S C formed so far (accord-ing to NRHM status report) ¹⁷	Untied grant to V H S C proposed by states @ 10,000/ VHSC(in lakhs) 07 - 08	Untied grant to VHSCA pproved (in lakhs) 07-08	Total funds released during 2004-2006 on VHSC ¹⁸	Total ex-penses during 2004-2006 on VHSC	Untied grant to SC proposed @ 10,000/ SC(in lakhs) 07-08	Un-tied grants to SC app-proved.	VHSC proposed in the state PIP 2008-2009	Untied grant to VHSC p r o - p o s e d by states @ 10,000/ VHSC(in lakhs) 08 - 09
13607	2000	NK ¹⁹	NK	2000	NK	0	0	8.85	NK	45098 ²⁰	1000 ²¹

¹⁴ GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

¹⁵ Individual State Programme Implementation Plan for 2007.

¹⁶ National Rural Health Mission: Status of NRHM as on 31.7.07

¹⁷ National Rural Health Mission: Status of NRHM as on 31.12.07

¹⁸ GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

¹⁹ NK=Not known

²⁰ Page 162 of the state PIP for 2008-9. It is not clear whether this is a target for 2008 or a total figure.

²¹ Mentioned in the text of the PIP for Bihar 2008-2009 though not mentioned in the budget annexure

There is no mention of VHSC in the text of Part B (NRHM) of the State PIP. Proposed budget for year 2007-2008 however proposes untied fund for Sub Centre as well as VHSC @ 8.85 lakhs and 2000 lakhs respectively. Though the text of the state PIP does not include any details of proposed VHSC, as regards untied funds for the subcenter it states that it is to facilitate urgent yet discrete activities that need relatively small sums of money at health sub centres.

The untied fund to SC is stated in the PIP as, "Annual Maintenance Grant of Rs.10,000/- given to every HSC as Untied Fund.. This annual maintenance grant is distinct from the untied fund and is over and above the untied fund and meant for minor civil works and for any other infrastructural or maintenance work. However the PIP proposal also states that the Untied Fund is to be used for minor modifications to sub center such as curtains to ensure privacy, repair of taps, installation of bulbs, other minor repairs which can be done at the local level. Other uses of the untied fund are suggested as - ad hoc payments for cleaning up sub center, especially after childbirth; transport of emergencies to appropriate referral centers; purchase of consumables such as bandages in sub center; purchase of bleaching powder and disinfectants for use in common areas of the village; labour and supplies for environmental sanitation, such as clearing or larvicidal measures for stagnant water and payment/reward to ASHA for certain identified activities. The PIP is thus not making or perhaps has not recognized the distinction between the untied fund and the maintenance grant. However it does allow provision for many other functions.

The number of VHSC is mentioned in the budget line as "20,000 VHSC@10,000 Rs." This number is not mentioned elsewhere in the PIP therefore it is not known whether 20,000 VHSCs are already constituted and operationalised or is the target for the current year.

The Record of proceedings for Bihar was not available in the website. Thus the amount approved against the sub centre and VHSC is not known.

According to the District Programme Manager (NRHM) Aurangabad, the district had just received the guidelines and to date no VHSC has been formed. (Source: PHRN report Bihar) State summary of the CRM states that in Bihar the ASHA programme will be linked to VHSC. The document did not mention whether the VHSCs are already formed but states that it is proposed for a partnership with water and sanitation committee under the overall framework of PRI.

According to the state PIP for 2008 VHSCs will be set up in 45098 villages and Rs. 10,000/- per committee per annum will be provided. A sum of Rs 1000 lakhs is being proposed in the text of the PIP however the same could not been seen in the budget or is not reflected in the budget due to some error. The untied fund also does not seem to correlate with the target. The VHSCs will prepare integrated action plans in the year 2008-09. The AWWs, ASHA and ANM will form the core of the Village Health Team and all three will work together to draw the

village health plan in consultation with dais, other stakeholders and local opinion leaders. The Village Health and Sanitation Committee will be guided by the Gram Panchayat. A joint account with the female member of panchayat and ANM is being opened for keeping the untied funds.

Bihar field study

Jahanabad and Aurangabad districts of Bihar were selected for the study.

Jahanabad

In Jahanabad district the team met the DPM, CMO, ACOMO and Health managers of Jehanabad block and MOIC of Okri PHC. All the above officials confirmed that no VHSC has been formed. The CMO had not seen the VHSC guidelines and was not aware of the process for formation of VHSCs though he was willing to liason with civil body organisations or local NGOs for VHSC formation.

In Erki and Laxmi Bigha villages of Jehanabad the community members had no idea of VHSCs. The ward members were not available for comments as they were involved in the Jila Parishad elections.

In Okri Panchayat of Modanganj block in Jehanabad district. The block health manager had informed that no VHCs or VHSCs existed in the village. A meeting was arranged with ASHAs, ANMs. The members had no information about VHSCs and no such committee could be seen to exist.

Aurangabad

The focus block in Aurangabad selected for the study was Kutumba in Fheora Panchayat of Lavari Khurd which is also called the Harijan Tola. An NGO called Bodh Jan Jagran is already working there constructing low cost latrines under Swasth Abhiyan (Total Sanitation Campaign). A meeting with the Secretary of the NGO revealed that there were no VHSCs formed in the district; however informal sanitation committees have been formed for the construction of low cost latrines under the TSC.

2. Chhattisgarh-

VHSC target for 2007-08 30% of all villages ²²	VHSC (ac-cord-ing to state PIPs) ²³ 2007-2008	VHSC formed so far (ac-cord-ing to NRHM status re-port) ²⁴	VHSC formed so far (accord-ing to NRHM status report) ²⁵	Untied grant to VHSC proposed by states @ 10,000/ VHSC(in lakhs) 07-08	Untied grant to VHSC Ap-proved (in lakhs) 07-08	Total funds released during 2004-2006 on VHSC ²⁶	Total ex-penses dur-ing 2004-2006 on VHSC	Untied grant to SC proposed @ 10,000/ SC(in lakhs) 07-08	Un-tied grants to SC ap-proved.	VHSC proposed in the state PIP 2008-2009	Untied grant to VHSC proposed by states @ 10,000/ VHSC(in lakhs) 08-09
6054	20308	NK	NK	2030.80	2030.80	0	0	469.20	469.20	146	146.0

²² GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

²³ Individual State Programme Implementation Plan for 2007.

²⁴ National Rural Health Mission: Status of NRHM as on 31.7.07

²⁵ National Rural Health Mission: Status of NRHM as on 31.12.07

²⁶ GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

Chhattisgarh has a number of village level committees. The committees include-

1. Panchayat Health and Education and Social Welfare Committee

In the panchayat act there is already a panchayat health and education & social welfare committee made up of the sarpanch as chairperson and four of the elected panches as members and nominate two persons as non-voting members and a further optional two persons related to a health or ICDS or education department as special invitees. Its roles were specified for the areas of school education, health care including ICDS, sanitation, and development of weaker sections, sports, and social welfare measures. In practice this is not functional in any place in Chhattisgarh.

2. Gram Swasthya Samiti

There is also a gram swasthya samiti formed under the Madhya Pradesh government with the following features:

- It has 12 members.
- 50% of the members are reserved for SC, for ST and for OBC with OBC not being more than one thirds of the reserved seats.
- 33% of the members are reserved for women.
- All the 12 members are elected by the gram sabha.
- There is a president elected by the 12 members.
- The post of president shall rotate between women, SC, ST, OBC, Others- 5 categories.
- The term of the president is one year.
- A secretary will be elected by two thirds majority. Any of the gram sabha members can be the secretary.
- The roles and responsibilities are laid down and pertain to only health sector and sanitation. This stated committee is also not functional nor was there a renewal of the order forming this committee by the new state of Chhattisgarh,

3. Village Water and Sanitation Committee

Another committee organised by PHED department is the Village Water and Sanitation Committee (VWSC), also often referred to as watsan committees. The Chairman of this is the Village Headman/Durbar Head. The committee is responsible for implementing Swajaldhara & T.S.C. Schemes.

The Members of V.W.S.C are to elect the village Headman/Durbar Head its Chairman for implementation of schemes of their own choice with active participation of the villagers. Women, SC, ST and poorer sections of villagers, subject matter specialists, NGOs, CBOs are to be given due representation. Exact numbers not specified and at least one third members of the VWSC are to be women. The function of this committee includes -

- Planning, designing & implementing all drinking water & sanitation activity;
- Opening and managing Bank Account for depositing community cash, contribution, O & M funds and management of project funds;

- Ensuring community participation and decision making in all faces of scheme activities;
 - Encouraging villages to take up Swajaldhara & T.S.C. implementation in their respective villages;
 - Organising Community contribution towards capital cost both in Cash and kind (land, labour or materials); signing of various agreement with the D.W.S.C;
 - Procuring construction materials / goods and selection of Contractors (where necessary) and supervision of construction activities.
 - Commissioning and takeover of completed water supply and sanitation works through a joint inspection with D.W.S.C ;
 - Collection of funds through a tariff, charges and deposit system for O & M of water supply and sanitation works for proper managing and financing of O& M of the services on a sustainable basis and empowering of women for day to day operation and repairs of the schemes.
 - Creating and promoting integration of drinking water, sanitation and hygiene in the village.
 - Participation in Communication and Development Activities in other villages.
- According to the PHED Department this committee is functional.

The state PIP proposes that the village health and sanitation committee of the NRHM is to build upon the panchayat health and social welfare committee and link it with the health and watsan committees. Thus-

1. Guidelines on the structure and functioning of the village health and sanitation committee have been issued to the District Programme Managers. The commitment is to retain the leadership role of the panchayats and yet find adequate space for participation of Mitans and self help groups.
2. Negotiations to form the VHSC with above norms shall be done with Panchayat, PHED, ICDS and other departments.

Page 138 of the State PIP proposes a budget of 98,820,000 against 9820 VHSCs as under,

	Untied Fund for Village Health and Sanitation Committee	Unit cost	Unit	Duration	Total
1	Untied Fund	10000	9820	1	98200000
	Total				98820000

There is perhaps an error in the budget or a conscious change from the usual approach. The number of revenue villages is about 20308. Therefore, the approximate number of VHSC will be 20308 and not 9820 as projected in the PIP. This latter figure represents the exact number of gram panchayat. However the actual budget sanctioned is Rs 203080000 which is as per the number of revenue villages and not as per the number of gram panchayats.

In the state PIP for 2008-2009, a detailed guideline on VHSC functions is prepared and disseminated and the corresponding training is ready to be rolled out in the current year. Also the PIP focuses to orient the VHSCs through a massive campaign to enable and ensure micro health planning. According to the PIP almost 100% of VHSCs have been formed. The responsibility of strengthening this community level capacity building initiative is to be led by the State Health Resource Centre. A set of indicators for VHSC is also mentioned in the PIP as-

- a) Functional VHSC with utilisation of untied funds for improvement of health, hygiene and sanitation status of the village
- b) Develop 20,000 village health plans. The village health plans shall include issues like food security, safe drinking water and sanitation, early childhood care services, school health services, access to health care services and health education at the village and Panchayat level.
- c) Women health volunteers' training on VHSC

The state PIP also claims that a minimum of 50% of members in the committee were women with adequate representation of the weaker sections. In the PIP for 2008 it is mentioned that untied funds for the VHSCs of the 20,308 villages have been released.

Indeed the PIP has an exhaustive list of strategies and activities for VHSC planned out for the current year including training for members.

According to information as compiled by PHRN Chhattisgarh, the Village Health and Sanitation Committee is an informal group that exists in each village and selects an active accredited Mitnin from the village as the convener for the allocation of fund. This Mitnin acts in collaboration with the Gram Panchayat (Education, Health & Social Welfare Committee) to allocate funds to the respective villages. The amount allocated to each village is Rs. 10, 000. Under one Gram Panchayat there are usually about 2 villages (approx) but there may be more and each Gram Panchayat receives an equivalent amount - i.e, Rs. 20, 000 if there are two villages, The fund allocated and released for the current year (2007-08) is Rs. 20.3 crores. This fund allocation has been released and has reached the district health societies. However at this level there is delay for the process of forming a VHSC, opening its bank account and getting the CEO or officers of the panchayats to take ownership also takes time. It is also apparently taking time for district collectors, given their busy schedules, to focus on this relatively low priority task.

The guidelines of the VHSC have been issued and disseminated to the District Programme Managers. The guidelines made with special effort and technical support from the State Health Resource Centre, Chhattisgarh give detailed directions on the selection process of the President/ Chairman, Secretary and Coordinator as well as the members. It lists out the following points:

- That, as directed by the NRHM, since the VHSC is to be built through the active permanent committees under the PRI, it is required to activate Gram Panchayat's standing

committees on "Education, Health and Social Welfare" by practically making use of the "Village Health and Sanitation Committee".

- Village Health and Sanitation Committee will have to be adequately equipped with financial and human resources so that it is able to plan and work locally to address critical needs and does not depend on centralized management.
- Village Health and Sanitation Committees must have due representation from women's groups, self help groups and other civil society organizations.
- In the meetings of Village Health and Sanitation Committees, it will be necessary to ensure presence of all members of Education, Health and Social Welfare Committee so that health related problems are better identified and addresses by villagers themselves as all paras, wards or villages dependent on the Panchayat will be represented.

The guidelines state that the "Village Health and Sanitation Committee will work under the guidance of Education, Health and Social Welfare Committee. One Mitantin out of all the registered Mitantins from each village will be elected as its coordinator. This committee will provide opportunities to elected Mitantin, Panchayat Secretary, other elected representatives of the village like Sarpanch, Panch, Women's Group, Self Help Groups, civil society representatives etc. to take initiatives to address issues related to human resource requirements at the village level"

The guidelines also state the monitoring and supervision arrangements of the VHSC at the state, district and block level against output, outcome and impact indicators.

Role of Swasthya Panchayat Yojana in VHSC: box

The VHSC is envisaged as an informal body under the Panchayat, an extension of the statutory committee (Education, Health and Social Welfare Committee). The Swastha Panchayat Yojana gives a set of indicators for measuring the health status and the delivery of health and health related services at village level. Based on the data collected, and its analysis and conversion to scores, a ranking of all the hamlets within the panchayat and of all the panchayats within the block, can be obtained. The focus on hamlet level data aggregation enables comparison of all hamlets - as even panchayats with good aggregate status can have one or two hamlets with very weak performance, thereby requiring more attention. Also disaggregating data to hamlets within a panchayat helps identify vulnerable sections and plans can be developed to address their issues.

The Swastha Panchayat Yojana acts as a diagnostic tool. The driver of this tool will be the Village Health & Sanitation Committee. This tool will act as a helpful guide for VHSC, while doing village level health planning. It will also help in assessing & analyzing the intra & inter hamlet variations within a village. Thus it will give a

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brief idea about areas that require more focus / attention. This will also make many invisible health issues visible and will also help in identifying many regions of poor performance and high vulnerability.

Chhattisgarh thus presents a picture of a lot of VHSC activity having happened before the VHSC is formally in place and many VHSC outcomes as having been attained even before the funds have reached them.

Chhattisgarh field study

Two villages each in 2 selected blocks in the two districts - Gurur and Balod in Durg district and Farasgoan and Bastar in Bastar district were selected.

Existence:

Durg

It was found that in one village in Durg district a village health committee was formed. In the rest of the 7 villages no such committee was seen during the period of the survey.

The respondent from Jhalmala village of Balod block informed that there is a Mitadin Women Health Committee which is working on health and sanitation issues. In the rest two villages which were taken under the study from Durg district no other committee working on health and sanitation issues could be found. In two villages a panchayat level health committee exists which works in coordination with the village water and sanitation committee and in one village this is being run in coordination with the mitadins. Some villages reported a health committee at Para/hamlet level.

In all the four villages, some committees were functional like in Kolhamar village of Gurur block Navyuvak Mandal works for plantation in the village. In Gurur village of Gurur block Nirmal Gram Yojna Samiti, a village level committee is functional. In Jhalmala of Balod Block and in one more village there are some self help groups and women's group which are functional in their village.

Bastar

The four villages taken under the study from Bastar district informed that they do not have any committee functional at village level. There was also no other committee working on health and sanitation.

Formation

In Durg district respondents from one village informed that they went for a training programme where they receive information of Government order of VHSC verbally from their trainer. Apart from this none of the villages got any information of this sort either in written or verbally.

Respondents from two villages informed that they had a sensitization meeting (by Field Coordinators) on VHSC at Block level. In one village out of the four villages of Durg District VHSC has been formed. In this village the VHSC was formed in coordination with the women committees that were functional in the village. It was reported that the women had to be called many a times from their home attend the meeting and they were reluctant as they felt that other people will get money out of the committee. Thus even though the VHSC has been formed in that village the people over there are not quite clear about this VHSC.

Out of the four villages that were taken under the study from Bastar district only respondents from one village informed that they have received some information from higher authority regarding formation of VHSC.

Composition

None of the respondents had any information on the composition of the VHSC.

Capacity Building

Respondents from one village (Jhalmala) of Balod Block from Durg district responded that the Sarpanch, Sachiv, Anganwadi worker, Teacher and others were sensitized on sanitation , safe drinking water and issues related to health through a one-day training programme held at Block level and printed materials were provided to them in this training. No such training was organised in Bastar District

Funds

Jhalmala village from Durg district could inform that some amount of money has been sanctioned to this committee; the chairman of this committee and secretary of this committee will have access to this money. None of the respondents had any idea about the previous year's expenditure and who certifies the expenses and the books of account. Respondents from selected villages in Bastar District had no information whatsoever regarding funds of the VHSC

Activities

None of the respondents were clear about the activities that were taken under this committee in the past one year. However, a few respondents shared that this committee sometimes meets once a month though during the agricultural period it hardly meets. The committee faced difficulties in carrying out activities as women were reluctant to attend meetings because they thought the committee members/people will get money by organizing these meetings while they would not benefit. In case of the four villages that were selected randomly from Bastar district all the responses was negative.

Monitoring

In one village, Gram panchayat's sarpanch and additional sarpanch secretary of the panchayat monitor and supervise the VHC. In another village, the Mitanin Trainer and Mitanin monitor and supervise the VHC.

It is clear from the field study that there are stark differences in the status and information about VHSCs in the 2 districts - Bastar and Durg. The field study villages in Bastar were remote and also had a predominantly tribal population. This illustrates the specific difficulties of operationalising programmes in tribal areas.

Recent Current status (following field study)

At the state level, the guidelines developed by a state level team with SHRC²⁷ have been approved by the state and circulated to all the district CMHOs and other concerned officials and stakeholders at the block level. These had been field tested by the SHRC in Durg district prior to finalisation. The budget proposed for the VHSC at each village i.e. 10,000 per revenue village, in total for 20639 villages, has also been approved, sanctioned and disbursed to the district and block level. In all the districts the untied fund distribution from the CMHOs to the Gram Panchayat is ongoing. In a few districts VHSCs accounts have also been opened. Currently, 83 VHSC accounts have been opened. Sensitization, discussion and training for the formation process have also been initiated in districts and at the block level. In all the districts of the state the selection process for the Convener (Mitanin), by the MTs, has been initiated and 2311 VHSCs have also been formed. The proposed next quarterly plan is to organize special Gram Sabha and letters to this effect have been sent to all district officials signed by the DHS Director, Mission Director and Minister for health. Further planning is in process to establish a monitoring team and mechanism coupled with social mobilization.

At the state, district and block level the concerned officials and stake holders are now aware about the VHSC as they have received the guidelines draft sent from the state.

²⁷ Annexure VI

3. Orissa.

VHSC target for 2007-08 30% of all villages ²⁸	VHSC (according to state PIPs) ²⁹ 2007-2008	VHSC formed so far (according to NRHM status report) ³⁰	VHSC formed so far (according to NRHM status report) ³¹	Untied grant to VHSC proposed by states @ 10,000/ VHSC(in lakhs) 07-08	Untied grant to VHSC Approved (in lakhs) 07-08	Total funds re-leased during 2004-2006 on VHSC ³²	Total expenses during 2004-2006 on VHSC	Untied grant to SC proposed @ 10,000/ SC(in lakhs) 07-08	Untied grants to SC approved.	VHSC proposed in the state PIP 2008-2009	Untied grant to VHSC proposed by states @ 10,000/ VHSC(in lakhs) 08-09
15405	14258	0	NK	1425.840	1425.840	0	0	668.80	668.80	9519	951.9

²⁸ GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

²⁹ Individual State Programme Implementation Plan for 2007.

³⁰ National Rural Health Mission: Status of NRHM as on 31.7.07

³¹ National Rural Health Mission: Status of NRHM as on 31.12.07

³² GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

According to the state PIP 2007-8, Village Health Committees or Gaon Kalyan Samiti are being constituted in the state and guidelines and orders for this have been issued. These are meant to be registered before untied funds can be released to them. Instead of the existing village water and sanitation committee which were formed and meant for taking up water supply and sanitation activities only, there will be a single committee at the village level and the committee will be named as "Gaon Kalyan Samiti"). In 2008 10% of VHCs will be made functional. This committee will be responsible for community mobilisation, preparation of village level plans; community based monitoring of health services.

The government of Orissa had made an allocation of 15405 VHSCs in the outcome budget for the current year. The state had taken a target of 14258 VHSCs which is 30% of the total inhabited village (47529). (The term VHC and VHSC has been used interchangeably in the PIP. Page 114 of the state PIP states that VHSC will be established in all the revenue villages in a phased manner. However, field reports suggest that VHCs exist around the subcentre and VHSCs in the other revenue villages as discussed below). The time line for providing constitution of VHSCs and provision of untied funds to the committees is mentioned as 10% with a further proposition to constitute 30% of VHSC in each district.

The information from PHRN Orissa is that the districts have received only verbal information and not the government orders for establishment of VHSCs. VHCs have been formed in sub centres for utilisation of untied funds though no committees have been registered till date. The process followed was that Block PHC and the PHC medical officers were informed to form VHCs and they in turn instructed ANMs to constitute the committees. ANMs. NRHM Orissa had recently come up with guidelines for VHSCs but they have not yet been circulated. The composition of the committee is as per the central guidelines with the addition of SEM (Self Employed Mechanics under the RWSS of the area) and NGO representatives of the village or a good functioning Yuvak Sangha or any CBO.

Approved activities of the VHSC as in the guidelines are::

- Preparation of village health plan and related activities (expenditure in this regard to be limited to Rs 500/- for meeting expenses only. Other expenditure and formats to be supplied by the mission).
- Promotion of any village level public health activity like cleanliness drive, sanitation drive, school health activities etc (expenditure to be limited to Rs 200/- per month).
- Disinfecting water sources, wells, promoting and activities relating to mosquito eradication (expenditure to be limited to Rs 200/- per month).
- Organising health melas, shishu mela, camp for the handicapped etc (expenditure to be limited to Rs 1000/- per month including organising expenses, hiring medical personnel, prizes, medicines etc).
- Providing emergency health services to old, infirm, destitute, orphan or handicapped persons belonging to poorer households of the village viz. hiring a vehicle, buying medicine hiring the services of a doctor: expenditure to be limited to Rs 250/- per case with an upper limit

of Rs 1000/- during this year under normal circumstances.

- Creating awareness about good sanitary practices amongst adolescent girls and mothers: group meetings and discussion can be held (expenditure to be limited to Rs 100/- per month).
- Promotion of use of safe and clean drinking water and conducting water quality survey etc. Expenditure to be limited to Rs 500/- per village per year for activities such as carrying samples to testing centre, cleaning and repairing the water source.
- Encourage people to adopt accepted health practices instead of depending on quacks & untrained health care providers (expenditure to be incurred on group meetings, wall paintings, creating a VHSC board limited to Rs 1000 per year).
- Discuss and analysis of every maternal deaths & neonatal deaths that occurs in the village and suggesting necessary action to prevent such deaths & to get them registered in the Panchayat (expenditure in this regard should be on activities relating to meeting expenses limited to Rs 100/-).
- The payment of Rs 100/- to AWW and Rs 50/- to ASHA per meeting shall also be met out of the above fund with due approval of the committee members.
- It may be noted that the guideline also specifies that the VHSC cannot spend more than 25% of the funds at one instance except during an emergency and that too with due approval of the committee members.

The guidelines also include by-laws and reporting formats of the VHSC.

The NRHM's Common Review Mission report of November 2007 (Ref. 7) states that in Orissa the VHSC are not active because of weak social mobilisation process and community participation. The report also says that the current role of PRIs is limited to attending meetings and management of untied funds of the sub-center.

The state PIP 2008-2009 mentions facilitating formation of village health and sanitation committee in revenue villages through PPP NGOs as one of its core activities. District level activities pertaining to VHSC includes giving incentive to the VHSC members to carry the pregnant women to the transportation point/facility and also that incentives to field functionaries for institutional delivery, immunization coverage, FP to be met out of the untied fund, RKS, JSY Contingency and VHSC funds. Budget of 951.90 lakhs (450 lakhs for quarter II and 501.90 for quarter III) for a target of 9519 VHSCs is being included in the PIP budget.

People's Rural Health Watch Survey (Ref.1) - JSA conducted discussion in all the 8 districts of Orissa. Their findings are as follows-

Out of the total 8 districts of Orissa 62.5% of the villages had VHSCs with approximately 5-6 members.. All the VHSCs formed had at least one woman representative either in the

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form of AWW/ ANM or Health Worker and in some cases representatives from the government institutions including ward members. The main tasks assigned to the VHSCs include -

- Community mobilisation on varied issues related to health, hygiene and sanitation.
- Awareness generation and information dissemination.
- Supervising fund allocation and evaluating responses for further changes.
- Monitoring and evaluating the various health programmes.
- Report writing and generating data for future activities.
- Preparation of health plans & disseminating means to adhere by them.

The report by JSA also states that all the VHSCs have received some sort of training or the other but not all members were present for the training. It also further states that 25 % of the VHSCs met regularly and fulfilled all the activities enshrined upon them.

Work done by VHSCs where the untied funds are used includes

- Community mobilisation on issues of health, hygiene and sanitation
- Report writing of all the activities done and an appraisal of the proceedings.
- Monitoring and evaluation of all the activities of the health programmes that are in progress in the selected areas including stakeholder analysis.

Awareness of this provision and the constitution of the committees and issue of guidelines could not be completed in the financial year 2006-07. Hence the actual disbursement of the funds to the VHSCs took place only during the current year- 2007-08. At the time of the report, the funds have reached the VHSCs and experience with its use has yet to emerge.

Orissa field study

The team took up VHSCs from 3 districts for the study of VHSCs. The districts are from different revenue division, selected districts are

Angul (from central revenue division)- Angul and Chhendipada block

Koraput (southern) - Koraput and Jeypore block

Mayurbhanj (northern)- Jashipur and Saraskana block

The team selected 2 revenue villages from each block where one health sub centre exists. Total data was collected from 12 villages in 3 districts.

In Angul and Mayurbhanj districts the villages did not have any VHSC but had VHCs constituted to utilise the Sub centre untied fund. In Koraput district the villages studied had VHSCs as well as VHCs

Angul

Village level committees:

The villages had VHCs, there were also other village level committees- village education committee (VEC), parents-teachers association (MTA), ban surakhya samiti (BSS), village development committee, mahila swasthya samiti (MSS), village sanitation committee (VSC), school sanitation committee, pani panchayat, eco development committee, electrical committee, disaster preparedness committee. None of the above committees however undertake activities related to health. There is no panchayat or hamlet level committee for health. None of these committees is registered under any act.

Formation

There were no written guidelines for formation of the VHC. The ANMs got instruction from the PHC medical officers in the review meeting to form a committee at their health sub center (HSC) village to utilize the untied fund for the HSC. There was no special sensitization meeting or workshop held for the purpose.

The ANM with Sarpanch, AWW and ASHA formed a committee. There was neither formal meeting held for constitution of the committee nor a definite process followed for constitution of the committee.

Composition

The members of the VHC are sarpanch as chairperson and ANM, AWW, ASHA and SHG representative as members. Some committees do not have SHG representatives as members. There are no defined roles and responsibilities for the members.

Capacity building

There has been no capacity building or training activities for the committee members.

Funds

Funds amounting Rs 20000.00 (Rs 10000.00 each for the financial year 2006-07 and 2007-08) have been sanctioned and released. The committee has a bank account with ANM and Sarpanch as joint signatories. The ANM does the accounting. The committee spent a substantial amount on heads like repair and renewal of sub center buildings, fixtures, disposable syringes and needles, bleaching powder, emergency medical transport, cleaning of drains in the sub center village etc. No prior estimation of the expenses had been done. The PHC medical officer certifies the expenses and books of

accounts. There is no mechanism to ensure financial transparency. In most of the cases the members of the committee were unaware of the financial transactions and in a few cases even the chairperson of the committee was ignorant about the financial transactions. Maintenance of books of accounts and minutes was done at most of the places. Some unspent balance was left in majority of the committees as the members were not clear about the guidelines for utilization of the funds. Absence of clear financial guideline and untimely release of funds led to underutilization of the funds.

Activities

Repair and renewal of sub center building, purchase of fixtures, disposable syringes and needles, bleaching powder, emergency medical transport, cleaning of drains in the sub center village etc. Occasional meetings also took place.

Koraput

Existence of VHSCs/ VHCs and other committees

VHSCs in the study villages had been formed recently. As per the ANM the VHC (at the sub center level) exists on paper but no activities had been carried out. There is no other committee in the village working on health and/or sanitation issues. There is a Village Education Committee but this committee does not have any relation with the VHSC.

Formation

The ANM got instructions from the block medical officer to form the VHSC, after which a meeting of the prospective members as per the guidelines was called and the committee constituted. Though all the members have signed the by laws of the VHSC document, but some were not aware about the name of the chairman and convener of the VHSC. Also the detailed guidelines of the VHSC in terms of roles, responsibilities and activities were not explained clearly to the member committee of the VHSC. No block or village level sensitization/ workshop/meeting had held on VHSC till date and none of the group member had been assigned with any task for VHSC. The guideline is clear that VHSC have to be registered but this had not happened.

Composition

Almost all the members had the information about its composition except a few who did not know who was the chairman and convener of this particular committee.

Capacity Building

No training had been imparted so far to any of the VHSC member

Funds

No funds had been released to any of the VHSCs. Thereby; no bank account had been opened.

Activities

No activities had been undertaken so far.

Monitoring

As the VHSC was only just formed no monitoring had taken place.

Mayurbhanj

Existence of VHSCs/ VHCs and other committees:

It was observed that the principal stakeholders at the sub-centre, GP, block and district level did not have the knowledge about the existence of VHSC, but had some knowledge about VHC (Village health committee). VHCs were not a formal committee rather an arrangement made by the ANM after getting verbal instructions from the PHC Medical Officer, who contacted the local sarpanch to act as an authorized signatory to the joint bank account to be opened for the purpose of spending the untied funds.

In some cases it was found that besides the ANM and the sarpanch the local BEE and ASHA have knowledge of untied funds but did not have the knowledge about the existence of the VHCs.

Box A health committee has been constituted by the Lepra Society at a few villages. The members of the committee are mostly women from self help groups and mahila swasthya sangha (MSS), others being ANM (if it is a sub-center village), AWW and ASHA of the concerned village. They meet once a month and discuss about a particular health issue. There are 12 thematic areas for example malaria, tuberculosis, anemia, malnutrition etc, which they take up one per month. No panchayat or hamlet level health committees were found. Box ends

Formation

From state level to the district level there were sanction orders for spending the sub

center untied fund of Rs 10,000.00. But no specific instructions/government orders/circulars were issued to the districts for the constitution of formal committees for effective utilization of the sub-center level untied funds. The process through which such committees are to be constituted within a definite period of time is not clearly spelt out elsewhere. The MO in-charge and the BEEs were instructed in the district level review meetings to form VHCs at each sub-center to utilize the untied fund. The MOs and the BEEs in turn communicated verbally the same to the ANMs regarding the funds and the way these funds are to be transacted in the bank account. Finally the ANMs contacted the sarpanch to act as one of the joint signatories and open the bank account. No such committee was found to be registered under any act till date.

Composition

In the committees (VHCs) the members were the ANM, Sarpanch, and AWW, one representative from the local CBO/NGO, president and secretary of the local women self-help groups. Except the ANM and the Sarpanch (confined to withdrawal of money from the bank account and the ANM spending them for sub-center level activities on health) there was no such clarity of role for the rest of the nominal members.

Capacity building

The capacity building exercise was not there.

Funds

Funds for VHCs are sanctioned. The amount sanctioned is Rs. 20,000.00 per sub-center in two equal sanctions for the financial year 2006-2007 and 2007-2008. There are bank accounts jointly operated by the Sarpanch and the ANM. The ANM maintains the books of accounts. Prior estimation of all expenses is done in few subcenters. The MO certifies all the bills and vouchers.

3. Jharkhand

VHSC target for 2007-08 30% of all villages ³³	VHSC (ac-cord-ing to state PIPs) ³⁴ 2007-2008	VHSC formed so far (ac-cording to NRHM status re-port) ³⁵	VHSC formed so far (accord-ing to NRHM status report) ³⁶	Untied grant to VHSC proposed by states @ 10,000/ VHSC(in lakhs) 07-08	Untied grant to VHSC Approved (in lakhs) 07-08	Total funds re-leased during 2004-2006 on VHSC ³⁷	Total expenses during 2004-2006 on VHSC	Untied grant to SC proposed @ 10,000/ SC(in lakhs) 07-08	Untied grants to SC ap-proved.	VHSC pro-posed in the state PIP 2008-2009	Untied grant to VHSC proposed by states @ 10,000/ VHSC(in lakhs) 08-09
9789	1190	7249	7249	119.00	119.00	0	0	395.80	395.80	28338	2833.0

³³ GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

³⁴ Individual State Programme Implementation Plan for 2007.

³⁵ National Rural Health Mission: Status of NRHM as on 31.7.07

³⁶ National Rural Health Mission: Status of NRHM as on 31.12.07

³⁷ GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

According to the State PIP the untied fund at the sub centre has been deposited in a joint bank account of the ANM and AWW. This is because in Jharkhand panchayat elections under the 73th and 74th constitutional amendment have never been held. The bank account is therefore to be operated by the ANM in consultation with "Village Health and Sanitation Committee". There are clear guidelines that have been issued to the Sub-centres from the state as to how to utilise the fund.

The state PIP contains clear objectives and activities of the VHSC- and this is called the VHC in the Jharkhand context. The Village Health Committee will be a facilitating body for village level Programmes in the field of health and sanitation. Village Health Committees will be established in all the revenue villages in phased manner. The objectives of the committee includes enhancing community participation in planning and implementation of health and allied activities at village level, creating awareness on maternal health services, child health services, family planning services, safe & healthy sanitary practices, creating awareness about service available under various disease control programme (i.e. Leprosy, Malaria, Blindness Control, Tuberculosis etc.).

The state PIP proposes the following-

- To constitute 10% of Village Health & Sanitation Committee in each district in the year 2007-08.
- The grant can be used to carry out one or more out of the following activities as per the decision of the Committee.
- Preparation of village health plan and related activities as follows:-
 - ◆ Promotion of any village level public health activity like cleanliness drive, sanitation drive, school health activities, etc.
 - ◆ Disinfection of water sources, wells in the village, promote activities relating to mosquito eradication.
 - ◆ Organization of Health Mela, Sishu Mela, camp for the handicapped etc.
 - ◆ Providing emergency health services to old, infirm, destitute, orphan or handicapped persons belonging to poorer households of the village.
 - ◆ Creating awareness about good sanitary practices amongst adolescent girls and mothers.
 - ◆ Promotion of use of safe & clean drinking water and conducting water quality survey etc.
 - ◆ Discourage unsafe health practices and to encourage people to adopt accepted health practices instead of depending on quacks & untrained health care providers.
 - ◆ Discuss every maternal death & neonatal death that occurs in their village, analyse it and suggest necessary action to prevent such deaths & get them registered in the Panchayat.
 - ◆ Promote individual household latrine.
 - ◆ Under no circumstances the grant can be utilized for individual benefits except for the

activities mentioned above.

- ◆ It will be piloted in all villages of Saraikela Kharsanwa district of Jharkhand.

According to the PIP 2007-08 budget 1140 VHSCs has been constituted and a budget of 119 lakhs has been proposed for the committee @ 10,000 per VHSC. The target for 2007-2008 is 32,000 such committees.

The PIP for 2008-2009 states VHC as a part of the Sahiyya movement and also states that the Sahiyya can work for the VHC with the VHC paying her for her service. The PIP affirms that the VHCs were formed through a community empowering process involving the NGOs. 28338 is stated as the current level of VHSC constituted and grants given.

It is stated in the PIP that rather than a village water and sanitation committee formed to take up water supply and sanitation activities there will be a single committee at the village level. It is unclear whether this committee will be merged with VHSC. Further the PIP states that selection of VHSC members will be completed in 2008-2009. A sum of Rs 2833.80 has been proposed for 28338 VHCs.

PHRN Jharkhand collated the following information on the status on VHSC in the state:-

VHC Status

27,022 VHCs were formed till 13th December 2007.

Government order/ Guidelines

There is a government guideline for formation and composition of the VHSC. However the process detailed in the guidelines has not been strictly been followed in its third phase of VHSC formation. (see below)

Composition

VHSC has the following composition:

In all VHSCs formed there are 70 percent women and 30 percent men. Each VHSC consists of 10 to 20 members which vary from VHSC to VHSC. In its chief office bearers treasurer is always a woman whereas president and secretary could be a man or woman but there will be at least two women out of these three key posts. In terms of flexibility the number of members in the committees may be any number in between 10 to 20. The fixed part in its composition is that at least two women will hold the key positions, of which the treasurer will always be a woman.

Formation:

The VHSCs formation was undertaken in three phases. In the first phase, 1140 VHSCs were formed, in the second phase, 20,000 VHSCs were formed and in the third phase another 10,000 are to be formed.

The VHSC were supposed to be formed through a process of identification of a facilitator in the first phase, who after receiving training were supposed to organise and conduct meetings in the gram sabhas. They are supposed to provide all the necessary information related to VHSC, its function and role etc. To do those, they were also supposed to organise, Kala Jathhas, Nukkar Nataks and to do social mapping through PRA technique and other sensitisation and awareness building exercises. At least 10 visits to the villages before organising the final meeting for the formation of VHSC were necessary.

In practice, the actual processes laid down in the guideline were followed only in the VHSCs formed in first phase. The VHSCs formed in 2nd and 3rd phase have not gone through all these processes. The task of VHSC formation was given to NGOs. As of today all the VHSCs formed have been formed by the NGOs only. In 1st phase of formation of VHSCs compliance was monitored by the NGOs, however, there was not any system in place from the side of government which could have ensured that the VHSCs have been formed and groomed as it should be.

VHSCs in Jharkhand have been formed in two ways.

- In Scheduled Areas³⁸ where Gram Sabhas exist, VHSC have been formed in each of the Gram Sabhas irrespective of the revenue village as a unit. In this case there could be more than one gram sabhas in one revenue village and hence the VHSCs too.
- In case of non scheduled areas (where PESA is not applicable) there are only some VHSCs in each revenue village

In Jharkhand Gram Panchayat elections have not been held since long, yet the VHSCs have been formed in such a way that the committee could be linked with the respective Gram Panchayat when it is created. The VHSCs have been formed separately and is different from the hamlet level committees; however, the members of the committee are from within the village /hamlet itself. Function wise and constitution wise its roles different from the hamlet level committees and the members are also different from other hamlet level committees.

The other village committees which exist in village are the Village Education Committees (Gram Siksha Samiti or VEC) and Mata Samiti, formed by the education department under Sarva Siksha Abhiyan. The VEC is mainly responsible for looking after and management of

³⁸ In case of Scheduled area where PESA (Panchayati Raj Extension in Scheduled Area) exist, there are more than one gram sabhas in one revenue village according to the habitats.

the primary schools and Abhiyan Schools (however not too strong, but exists) whereas the Mata Samiti (in Jharkhand case the Saraswati Vahini) is mainly responsible for implementation of the Mid Day Meal in all primary schools. These samitis have no linkage with the VHSC; however most of the members in VEC and VHSC are common.

Capacity Building

For the VHSCs formed in the first phase irregular meetings had being held. In Hazaribag government had withdrawn its support and hence capacity building programme had not being held. Capacity building of the members which is supposed to take place along with regular meetings has been limited to VHSCs formed in the 1st phase. Government is trying to facilitate capacity building programme through its health system however till date no one has been trained formally. No printed material has been provided to them as of today.

Roles

The roles and functions given to the VHCs includes establishment of a Village Health Kosh, providing support to ASHA (SAHIYYA), monitoring of ANM, AWW and also to facilitate implementation of government programmes for village development through liaisoning with different government departments.

System of monitoring

Government was earlier fully dependent on NGO reporting. The government had partnered with NGOs to form VHCs through a facilitated community led process in the 1st and 2nd phase. However the government had withdrawn support to the NGOs and also had not placed an alternative since July, 2007.

Funds

No funds have been given from the government. However many of the VHCs have been able to mobilise funds from government for other developmental purposes. No accounts have been opened so far except in the VHCs where the water and sanitation committee is also functional. The delay in disbursement was firstly due to a delay in formulating and issuing guidelines and secondly a lack of readiness in state level decision making to pass the funds on. Now the funds have still not been released on the grounds that only after all bank accounts in a district are opened would the funds be given by cheque to the VHCs. Some districts like Dhanbad have become ready by March while many others are still struggling to start up.

In summary Jharkhand is a slow and steady situation - but rather too slow and not quite steady.

However like in Chhattisgarh despite lack of funds and even formal constitution some village level activity has started up in a sporadic matter. If the funds reach the districts in time and work starts up the results could be looked for.

Jharkhand Field Study

The field study was conducted at those districts where the VHCs were formed in the 2nd and 3rd phase. It has been carried out in Khunti and Ramgarh district covering 8 villages in 4 community development blocks. Before the field work the team followed the following process:-

- a) Review of the study questionnaire
 - b) Enlisting of the districts and blocks (study to be carried out) and then selection of VHC (based upon the phase of formation, proximity and distance from the block HQs).
 - c) Contacted the NGOs involved in formation and promotion of VHC in the respective blocks.
- The study has been carried out from 12th March to 15th March 2008.

VHCs have been formed mostly at revenue village level (the VHC guideline also states the same) and not at Panchayat level with a few exceptions which the team came across during the field study. However, we also came across with some Village Health and Sanitation Committees (VHSCs), which have been formed and promoted by Water and Sanitation Mission department, but solely for the purpose of carrying out the activities of sanitation and which have no direct linkages with the VHCs promoted by the NGOs under NRHM. The responsibility of promotion of VHC was given to the NGOs since June, 2007 (MOU signed with the NGOs) and funds released for the same.

Following VHCs have been taken for this study in District Ramgarh,
Block Ramgarh:

- a) VHC-1-Chitarpur Dakshini with 13 SAHIYYAs under this VHC.
- b) VHC-2-Chitarpur Paschimi with 12 SAHIYYAs under this VHC

This is the only village in the district where VHC has been formed at panchayat level. Other VHCs have been formed at village level.

In block Gola the following VHCs have been studied:

- a) Gram Swasthya Samiti Sokla and
- b) Gram Swasthya Samiti, Sondimra

VHCs here have been formed at village level (following the norms of revenue village)

The second district taken up for study is Khunti. In block Khunti the following VHCs have been studied

- a) Gram Swasthya Samiti Tirla
- b) Gram Swasthya Samiti, Murhi

In block Erki of the same district the following VHCs have been found. The VHCs area being

promoted by a non governmental organisation called Jan Jagran Kendra.

- a) Gram Swath Samiti, Piskahatu
- b) Gram Swath Samiti , Kugiambah

Existence of VHCs/ VHSCs:

Khunti

The people in the two villages in Khunti block were unaware of the existence of VHCs/ VHSCs or any other health committees in the village. One member of the Gram Sabha expressed that an NGO had formed VHC in the village. (The NGO representatives had not shared the name of the NGO).

Erki

In one of the villages the VHC had been formed in June 2007 and strengthening started once again since January 2008 after the Sahiyya training on the 1st module.

Ramgarh

In the study villages, VHCs have been formed at panchayat level as the village is too large and constitutes 4 Panchayats. There are no VHSCs in the villages.

Gola

The villages had VHCs (In one of the village, VHSC was formed, only to accomplish the task for the construction of toilets in the school. It is no more functional.

Only 4 villages out of a total of 8 villages had their meeting register. None of the, had a health register or a Swasthya Suchna board/Swasthya calendar. No other register was maintained by the villages other than their meeting register. This is as reported by the villagers and cross checked at NGO and sub centre level.

Formation

At the village levels there is not any written instruction from any higher authority regarding the formation of VHSCs but there has been verbal communicated by the NGOs. However, the NGOs have signed an MOU with the govt. regarding formation of VHCs in the villages.

At the district level - The ACMO of a district shared the letter of Secretary, Department of Health and Family Welfare (Letter no. - HSN / 38 dated 1.02.08) regarding the release of untied fund of Rs 10,000/- to the VHCs and guideline for the same.

No state/ district/ block level sensitisation meeting on VHSC was organised even though the

letter of the Secretary to the Civil Surgeon states that a workshop should be organized on the same

In Jharkhand the task of VHC formation was given to NGOs. As of today all the VHCs formed have been formed by the NGOs only however the actual processes laid down in the guideline were followed only in the VHCs formed in first phase. The VHCs formed in 2nd (in June 2007) and 3rd (Dec- Jan 2008) phase have not gone through any of the processes of identifying facilitator, social mobilisation and awareness building. The time given to NGOs for formation of VHC was too short (in last phase only 15 days for formation of VHC and selection of Sahiyya).

Composition

The composition of the committee was as per the guidelines. Recent addition as per the letter issued by secretary has given the scope to include SAHIYYA as a VHC member also, as the account of VHC could also involve SAHIYYA as a signatory to that account.

Roles

VHC members lack clarity of their roles and responsibilities. However, the roles and responsibilities assigned to the VHC include: (letter no. HSN/38).

- a) Family survey of the village every year.
- b) Maintaining records in two registers (one for survey details and the other for accounts).

(The VHC members and other community representatives were not able to express their views on their roles and responsibilities. Actually, the state did come up with a guideline for the VHC and Sahiyya but at the grassroots level the Block Coordinator and the Block Trainers Team are not aware of the contents of the guidelines. Hence, there have not been adequate efforts made to guide the VHCs on the roles and responsibilities. The matter of untied funds and bank account is also not clearly stated in the guideline).

Village level committee on Health and Sanitation

In all the eight study villages no other committee was working on health and sanitation, except in one village in Gola block where VHSC was formed for construction of toilet in school and is now no more functional. The VHC are not registered under any act. The VHC had not been formed and strengthened as per the process given in the guideline and thus does not have any clear linkages with the Gram Sabha. No other hamlet level committees could be seen in the 8 villages.

Other village level committees:

- Gram Siksha Samiti (Village Education Committee) - Function was to monitor the school and ensure the education of children but presently the committees were not active in all the villages.
- Gram Van Raksha Samiti(Village Forest Protection Committee)
- Mata Samiti- The community was not aware of the activities of the Mata Samiti and they were only aware that the mid day meal programme was perhaps related to the activities of the Mata Samiti.
- SHGs - SHGs were operating independently and mostly involved in economic activities and in Gola block they are also involved in supporting the implementation of government programmes.

The villagers were not able to relate any linkage between the VHC and these committees. However, most of the present office bearer, selected so far, has come from the above committees itself.

Capacity Building

No training has been organised for VHC members

Funds

Letter has been issued by Secretary, Department of Health and Family Welfare, GoJ which mentions that the VHCs will receive Rs. 10000/ as untied fund. Yet it has not been released to the VHCs as the accounts have not been opened. All these are in process.

VHSC where formed had received money for toilet construction. Some bank accounts has been opened but key respondents had no information on its operation and accounting as the completed bills were settled by the junior engineer. As of today, there is not any arrangement made to make the transactions transparent.

The formation of VHSCs had various problems. One major problem faced by the community being the lack of clarity of the need of such a committee due to which they have not been able to invest time and discuss on the issues and decide on the roles and responsibility etc. The NGOs stated that the time given for the VHC formation in the 1st phase was adequate but the time for the 2nd and the 3rd phase was not enough to follow the minimum processes of institution

building .This has adversely affected the performance of the VHC which yet has no concrete identity at the village level.

Summing Up:

The examination of data of all four states shows that in all states except Bihar there is an obvious readiness to undertake this strategy. However this readiness has not translated in bank accounts opening and money transfers due to huge delays in formulating guidelines and then in opening the accounts.

We need to understand the cause for this delay and learn from it for the future. With a more active strategy of support to the guideline formulation stage, the NRHM could have saved even a year of time- but both state at the center and civil society on the all India stage have so completely dedicated themselves to monitoring and critical overviews and reviews, that there is no energy left over for the more complex task of support and facilitation that a new programme requires. Internal resources of the government bureaucracy approaches new programmes with caution and when this combines with professional attitudes to community involvement, the internal energy is also limited. There are other technical assistance agencies in operation from bilateral and multi-lateral funding agencies in all these four states- but their focus is distinctly not on NRHM core strategies, especially where they range well outside the RCH, and at any rate there are few technical skills they bring to bear on such an issue. Vistaar, a USAID supported agency, we note, has done an evidence based review on village health committees but that has not fed into the mainstream of planning nor does it address many of the operational issues that need to be resolved if this key strategy is to be rolled out. Thus no agency or institution in any of the states is entrusted with this role or sees it as its role. The programme management units struggle to understand the basic functioning of the system and with neither understanding of community processes or of community health, and since this was passively left to them, this delay could have been anticipated.

The NRHM community monitoring process is to take place through the formation of community monitoring committees. The VHSCs happen to be the community monitoring committees at village level. Thus, this process, currently in its pilot phase in chosen districts of 8 states, is now engaged with the formation of VHSCs to the tune of 45 per chosen 2-5 district through the participation of various NGOs. This process is expected to be replicated at larger scale subsequently, but it depends strongly upon the ability to locate participating NGOs at large scale and their outreach to all the villages under the NRHM. The process currently seems to depend upon 2 - 4 meetings at village level and the sustainability of committees so formed will also have to be evaluated in the future. However, it still a welcome move to utilise the skills of civil society organisations in mobilising and setting up community level institutions.

Thus, to conclude, the guidelines have been released in three of the four states only in December

of 2007 and in Bihar not even that. Further even where, like in Chhattisgarh, a technical assistance unit is in place, it has been able to advance with the programme on the ground but getting the rules in place and getting the funds released have taken the same time. The problems of opening up accounts should have been anticipated and perhaps simplified.

In the next stage of roll out of this programme, the problems likely to be encountered are:

- a) difficulties in registering the VHSCs where required by state guidelines (Orissa)
- b) delays in getting UCs,
- c) delays in getting guidelines into the hands of the VHSCs,
- d) lack of facilitation/support structure to visit villages, attend meetings and accelerate the process of community learning.
- e) delays in conceptualising the need for developing indicators and a monitoring plan to help the progress of the plan.
- f) failure to identify issues of social exclusion and inequities within the panchayat and developing strategies to monitor and address these issues.
- g) delays in building adequate capacity and sharing experiences so as to increase programme outcomes.
- h) defeat of the spirit of untied funds by state 'rules' for their utilisation (Orissa and one or two districts in Jharkhand that were not formally studied)

Given the delays we have encountered in the very first few steps - issue of guidelines and the release of funds, we can expect much greater delays and inefficiencies in the subsequent steps. At this current rate of movement this strategy would take at least five years to show results. And five years is something we do not have. Long before then, the forces arraigned against NRHM would have brought the house down or at least this strategy into so much disrepute that it would be unable to overcome it. Sections of corporate enterprise and international partners who have no confidence in the public sector delivery and who would ideologically prefer a privatised but government financed health sector, and those elements within the public sector who either out of the "privileged-professional" attitudes or because of the power relationships would prefer the status quo, would come together and use the harsh and damaging criticism of sections of civil society to scuttle this entire process. Other civil society groups, however, are committed to support the elements of the NRHM that strengthen the public health system while continuously advocating the elimination of those elements that put the very same at risk, using a rigorously documented evidence base. (the draft people's alternative health plan articulated in the JSA national meet in Bhopal in the year 2006³⁹ provides a detailed exposition of this stance).

It is in this context that PHRN, a network of public health practitioners committed to the struggle of making the public health system more functional and more equitable, feel the need to embark upon an action research programme that can accelerate and support the process of

³⁹Draft Booklet on 'Toward a people's alternative health plan', Jan Swasthya Abhiyan (<http://phm-india.org/>)

getting to functional, viable, effective village health and sanitation committees. This support would continue to a period of at least two years in 30 villages of 2-4 districts per each of the four states to ensure sustainability and establishment of the institutional memory required for a functional VHSC. Such a programme would establish that this strategy works and would act as a learning ground for assisting the programme in the entire state and may enlighten the process in other states as well.

Annexure I High focus large states

Sl. no.	State	VHSC target for 2007-08 30% of all villages ⁴⁰	VHSC (according to state PIPs) ⁴¹ 2007-2008	VHSC formed so far (according to NRHM status report) ⁴²	Total funds released during last 2 years 2004-2006 on VHSC ⁴³	Total expenses during last 2 years 2004-2006 on VHSC	Untied grant to SC proposed @ 10,000/ SC(in lakhs) 07-08	Untied grant to SC approved	Untied grant to VHSC proposed(in lakhs) 07-08	Untied grant to VHSC Approved(in lakhs) 07-08
1	Bihar	13607	20000	0	0	0	8.85	NK	2000	NK
2	Chhattisgarh	6054	6054	0	0	0	469.20	469.20	9882.00	2030.80
3	Himachal Pradesh	5249	3243	0	0	0	207.10	207.10	324.30	324.30
4	Jammu & Kashmir ⁴⁴	2261		6788	0	0	225.30	190.7	7537.70	7537.70
5	Jharkhand	9789	1190 ⁴⁵	7249	0	0	395.80	(Approved	119.00	119.00
6	Madhya Pradesh	16157	15462	0	0	0	883.50	for 1907	1546.00	1546.00
7	Orissa	15405	14258 ⁴⁶	0	0	0	668.80	SCs Only).	1425.840	1425.840
8	Rajasthan	12406	NK	0	0	0	1061.2	395.80	NK	NK
9	Uttar Pradesh	28915	52005	0	0	0	2052.10	883.50	5200.50	5200.50
10	Uttarakhand	5048	200	0	0	0	2.40	668.80	65.60	65.60
								1061.2		
								2052.10		
								2.40		

⁴⁰ GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

⁴¹ Individual State Programme Implementation Plan for 2007.

⁴² National Rural Health Mission: Status of NRHM as on 31.7.07

⁴³ GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

⁴⁴ In Jammu and Kashmir for monthly village health and sanitation day at 7537 villages @500 per month the proposed cost is 452.28lakhs and the approved amount is 90.44 lakhs which is approved @Rs100 per village per month with the observation that untied funds for VHSC may supplement shortfall; joint orientation workshop for achieving convergence-AWW, ANM& ASHA etc is to be utilised from untied funds to VHSC.

⁴⁵ GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I)

⁴⁶ (10% of 47529) is given as the target in GOI; MoHFW Document on NRHM-I as on 22.6.07 (No. 10 (1)/ 2006-NRHM-I). However State PIP mentions 14258 villages (30% of total). A sum of 51.2 lakhs was given for VHSC however none of it was spent.

1. Himachal Pradesh

According to PIP the state has 17,495 villages and 3243 gram panchayats. There are 3 to 5 villages for each gram panchayat.

There is a committee known as PARIKAS (Parivar Kalyan Evam Salahakar Samiti) with membership derived from Dept. of Health, SJ &E, IPH and Education. State Health Mission reiterated that PARIKAS shall function as Village Health Water and Sanitation Committee. However this committee has been constituted only at panchayat level. The amount proposed is also against the number of gram panchayat (i.e. $3243 \times 10,000$). This proposed cost has been approved with instruction to deduct unspent fund from previous years from this allocation. With an effort to institutionalise community ownership of such committees the state proposes for an orientation of PRI members on Village/ SC/ PHC and CHC committees.

2. Jammu & Kashmir

In Jammu and Kashmir for monthly village health and sanitation day at 7537 villages @500 per month the proposed cost is 452.28 lakhs and the approved amount is 90.44 lakhs which is approved @Rs100 per village per month with the observation that untied funds for VHSC may supplement shortfall; joint orientation workshop for achieving convergence-AWW, ANM& ASHA etc is to be utilised from untied funds to VHSC. Information about specific roles of the VHSC and its composition is not available.

3. Madhya Pradesh

In Madhya Pradesh Gram Sabhas are called upon to constitute VHSCs. The VHSC will steer the preparation of the Village Health and sanitation Plans. According to the state PIP the VHSC's primary roles are -

- Dissemination, encouraging and empowering the community with regard to with knowledge and skill to influence health seeking behaviour.
- Generation of community demand for health care services.
- Act as social monitors on quality and appropriateness of health care services.

According to the PIP effort has been made to streamline a regular feedback mechanism to the Gram Sabha. Books of account will be maintained by the VHSC and also made available to other community members and external support agencies.

There are 52143 inhabited villages in the state. It is proposed to begin with a sample coverage of 3% (1565 villages) by 2007; 25% (13035 villages) by 2008; 50% (26071 villages) by 2010 and 100 % (52143 villages) by 2012.

1565 villages had already formed VHSCs and the same had been provided with untied funds (Year I 2006-07); it is proposed to constitute 14058 committees in the current year. The proposed untied fund has been approved with the observation that the state must ensure effective setting up and regular meetings of VHSCs.

4. Rajasthan-

Water, Sanitation, Health and Social Justice Committees are formed under Panchayati Raj at the Village/ block/ District level under RCH-II. The committee will help in making of village/block/ district action plan. A budget of Rs 1 lakh is proposed for preparation of District/ Block/ Village Action Plan. Though the NRHM PIP has no funds allocated for VHSCs the untied funds Rs 10,000 to sub centre (to strengthen sub centre village health plan); joint account in the name of Sarpanch and ANM has been opened and the expenditure is to be made with the Village Health Committee. The state PIP also states, "The Village Health & Sanitation Committee (VHSC) work to be allotted to ASHA where she has to work like a secretary to VHSC".

5. Uttar Pradesh-

In the budget (Part B- NRHM Additionalities) summary of the state PIP, all the untied grants are clubbed together (untied funds to VHSC/ SC/ PHC/ CHC). The other mention of VHSC is with regard to performance based incentive (Swasthya Puruskar Yojna) to ANMs to ensure formation of VHSC and receipt and utilization of funds.

6. Uttarakhand-

The state has 665 villages with a population of more than 1500: 30% by 2007 (200 VHSC); 100% by 2008 (465 i.e. remaining 70%). Village health and Welfare Committee constituted in 7227 Panchayats in the state. They are responsible for drafting of Village Health and Sanitation committee.

In all the 10 high focus large states State PIP mentions target number of VHSCs except for Rajasthan where there is a Committee on water, sanitation health and social justice formed under the Panchayati Raj which will help in forming the village action plan. It has been observed from the state PIPs that effort has been made to form the VHSCs in all the 10 states. Efforts have been made to merged existing committees with the VHSCs as has happened in Chhattisgarh and Himachal Pradesh. Among the above states J&K has budgeted for orientation of the committee at the block level, this has been approved.

Annexure II

Non High Focus States

Sl no	State	VHSC target for 2007-08 30% of target	VHSC (according to state PIPs) 2007-2008	VHSC formed so far (according to NRHM status report)	Total funds released during last 2 years 2004-2006 on VHSC	Total expenses during last 2 years 2004-2006 on VHSC	Untied grant to SC proposed @ 10,000/ SC(in lakhs) 07-08	Untied grant to SC approved	Untied grant to VHSC proposed(in lakhs) 07-08	Untied grant to VHSC approved (in lakhs) 07-08
1	Andhra Pradesh	7834	28084 ⁴⁷	0	0	47,118,000	1252.20	1252.20	2191.60	2191.60
2	Goa	111		0	0	0	117.20	NK	10.30	10.30
3	Gujarat	5571	9888	0	0	0	727.4	NK	988.00	NK
4	Haryana	2029	6150	3189	0	0	273.75	NK	615.00	NK
5	Karnataka	8822	20,000 ⁴⁸	15218	0	0	814.30	814.30	2000.00	2000.00
6	Kerala	436	17982 ⁴⁹	0	0	0	556.80	556.80	1600.90	1600.90
7	Maharashtra	13113	33	0	0	0	1053	1053.50	1650.00	1650.00
8	Punjab	3802	--	3189	0	0	290.00	NK	NK	NK
9	Tamil Nadu	5173	12619 ⁵⁰	0	0	2,144,000	870.6	870.6	1261.9	1261.9
10	West Bengal	12235	26770	0	0	NK	1035.6	1035.6	2877	2877

⁴⁷ State PIP Andhra Pradesh May 2007, Health, Medical & Family Welfare Department.

⁴⁸ State PIP Karnataka 2007-2008, Govt. of Karnataka-Directorate of Health and Family Welfare Services.

⁴⁹ State PIP Kerala 2007-2008, Govt. of Kerala-State Health & Family Welfare Society.

⁵⁰ State PIP Tamil Nadu 2007-2008, State Health Society, Tamil Nadu.

1. Andhra Pradesh-

According to the state PIP Village Health and Sanitation Committees have been constituted one per 1250 to 1500 rural population.

As per Government of India Guidelines Village Health Sanitation committees are proposed to be formed with following objectives;

- To Ensure optimal use of health service in the village;
- Improve participation of the village level health and sanitation committees in maintaining quality health services and sanitation;
- To prevent occurrence of epidemics in the villages.

There are about 40,000 villages with population of about 1500. The Village Health and Sanitation Committees will be formed with Panchayat Sarpanches as chairpersons, and ward members, Anganwadi Workers, ANMs, and Women Health Volunteers as members and MPHAs (M), and MPHAs (F) as member conveners. With about 20,000 MPHA's Male and Female, each MPHA (male and female) will be the members-secretary for two village health and sanitation committees. Rs.2191.60 lakhs.

State PIPs proposed to constitute 28084 VHSCs in the current year with Panchayat Sarpanches as Chairperson and ward members, AWW and women health volunteer as members and MPHAs (M) as member conveners (As per GOI guidelines).

The PIP states that 21900 VHSCs have been formed; these VHSC shall be sensitized on their role and responsibilities through training programmes conducted at the village level. All the members of the committee shall be trained as a part of the programme. This training will help in better functioning of the VHSCs. The district level and the Mandala level functionaries will be trained on the monitoring of the VHSCs. A budget of Rs.175.00 lakhs is proposed for this intervention for 2007-08

2. Goa⁵¹

Constitution of VHSC has been proposed to the State government for all 369 inhabited villages. The PIP instructs that outcome of the untied fund to VHSC will be seen as-repair; maintenance of sub health centre, purchase of drugs, transport for referral and also the untied grant is to be used for development of Village Health plans and the necessary approved action.

It is proposed to build up the VHSC with sample coverage of 3% (11 villages) by year 2007 and 25% (81) by 2008.

⁵¹ Record of Proceedings of the National Programme Coordination Committee (NPCC) meeting for Goa PIP 2007-08 held on 10th July, 2007 under the chairpersonship of Secretary (H&FW).

3. Haryana

There is mention of Village Health Water and Sanitation Committee which will be responsible for

- Maintaining a record of births and deaths in the village
- Maintaining and regularly updating the status of resources in the village, e.g. handpumps, latrines, public health facilities, no. of private doctors/clinics, schools, places of worship etc.
- Maintaining a record of beneficiaries as well as type of health and ICDS services required
- Gathering all the mothers and eligible children for vaccinations and health check-ups at one place in the village during ANM's visit
- Monitoring the visits of the ANM and ensuring that her services have been extended to the target population
- Monthly meetings to review the progress of village health improvement plan
- Annual updation of Village Health Improvement Plan
- In case of failure of action as per plan, the VHWSC should send a letter to the Block Monitoring Standing Committee and a copy to the District Monitoring Standing Committee notifying them of the situation and subsequent action required
- Facilitating availability of referral/emergency transport in time of need

According to the PIP currently there are 2440 such committees operationalised through opening of bank accounts out of the target of 6150 which need to be made operational across the state. State plans to operationalize all VHWSC by 2007-08.

The Record of Proceedings is silent on VHWSCs.

The state had also budgeted for both untied funds as well as annual maintenance fund for the SC. However the response was that a sum of 10,000 per SC is already being provided for.

4. Gujarat-

State PIP mentions setting up of 9883 VHSCs at district level. However the GOI (comments on Mission Flexi-pool chapter) mentions setting up of 9888 committees. Thus a sum of Rs 988 lakhs has been approved. The operationalisation of the Committee is to be ensured in the current year only.

5. Karnataka

According to the state PIP VHSC have been formed already in the villages as per the norms. 20,000 VHSC has been formed. Untied grants will be used for household surveys, health camps and sanitation drives.

Untied funds @10,000 per SC (ANM & Gram Panchayat will operate the account jointly). PIP states that accountable health delivery is a priority, the constraint being the absence of village/

hamlet unit of delivery. Untied fund is stated as the action to overcome the constraint. Referral transport of Rs 250 is stated to be utilised from SC untied fund, with funds from NRHM.

6. Kerala

According to the state PIP the government of Kerala has issued detailed guidelines on composition and utilisation of untied funds based on parameters of NRHM (GO (Rt) No 650/ 2007/ H&FWD dated 24-02-2007)

Roles and responsibilities of Ward Health and Sanitation Committee are as follows:-

- Preparation, monitoring and implementation of ward health plan.
- Household survey in the ward
- Awareness creation and IEC activities regarding sanitation and Vector borne disease
- Maintaining health register.
- Arranging meetings at ward level for preparation of ward health plan.
- Forward Ward Health action Plan to Panchayat for the preparation of Panchayat Health Plan.
- NRHM indicators to be translated into Ward Health indicators
- Monitor ASHA wherever applicable
- Oversee JSY payments.

The untied grant can be used for ward level health activity, assist destitute women/ member of poor household requiring emergency medical attention, referral transport (the maximum allowance amount in such cases will be limited to Rs 1000). The untied fund in cases other than the above can be used only for activities to benefit more than one household.

The state did not receive any funds for WHSC in 2005-2006 and in 2006-2007 it received fund of Rs 1 crore for one district (Alleppey district as it was affected by Chikungunya).

7. Maharashtra-

The state PIP mentions VHC in the 33 districts of Maharashtra. The committee will be imparted financial, managerial and statistical training for better implementation of NRHM @ Rs 2,00,000 per district per committee. Village Health, Nutrition and Sanitation committee mentioned in the budget. A budget of Rs 50 lakhs per district per year is proposed which has been approved with instructions to operationalisation in current year. The amount proposed under "preparation of district health plans" is inclusive of untied funds to Village Health and Sanitation Committee.

8. Punjab-

Punjab had set up Village Sanitation Committees under Dept. of water and sanitation. These committees will be expanded to function as VHSC. ASHA will be involved with this committee. Budget allocation for NRHM initiatives however does not mention either VSC or VHSC, there is however a village untied fund proposed @ 1000 per year per ASHA. Village plan will be prepared through a local team headed by Health, water and sanitation committee of the Panchayat.

9. Tamil Nadu

The roles and responsibility of the committee as spelt out in the state PIP are as follows:-

- Assessing, analysing, prioritising and developing area specific health plan for each village/ habitations
- Building awareness on key issues on health and determinants of health.
- Community mobilisation.
- Facilitating the delivery of RCH outreach services.
- Promoting community involvement in disease prevention activities.
- Community monitoring of referral compliance of high risk mothers and high risk newborns.
- Emergency transportation of high risk mothers and high risk newborns.
- Surveillance and notification of communicable diseases for organising control measures.
- Promoting family welfare services with special focus on NSV.
- Ensuring the provision of protected drinking water.
- Demand generation for basic services.
- Community analysis of causes of infant deaths and maternal deaths and taking necessary action to prevent them.
- Contacting the Medical Emergency and Referral Control Rooming in case of emergencies/ arranging for vehicle.
- Community surveillance for prevention of female infanticide foeticide.
- Facilitating Birth and Death registration.
- Facilitate Birth and Death registration.
- Facilitating the identification and distribution of cash benefits to the eligible beneficiaries under Dr Muthulakshmi Reddy maternity benefit scheme, JSY, Female child protection scheme.
- Support and follow up to all health interventions and needs in the area.
- Community monitoring of utilisation of basic services.
 - ◆ Conduct and utilisation of monthly immunisation clinics.
 - ◆ Daily water chlorination.
 - ◆ Availability of ORS package
 - ◆ BCC meetings
 - ◆ Weighing new born children
 - ◆ Regular school attendance of every child
 - ◆ Cash benefits to beneficiaries.

According to the state PIP at present 12619 VHSCs have been formed in 12619 village panchayats with adequate hamlet representation. The Record of Proceedings states that all cost proposed under untied funds have been approved.

10. West Bengal

According to the state PIP untied grants will be provided to 26770 VHSC @ 10,000 per VHSC

(additional 12,000 Gram Unnayan Samiti during the current year. Untied funds for SC has been approved however the untied funds for SC/ PHC and CHC have been clubbed together and hence the break up of each is not known.

Though all states in the non high focus category mention VHSCs, only Maharashtra State PIP proposed a budget for training of the committee in the current year. The Tamil Nadu state PIP spells out the roles and responsibility of the VHSC a feature which is absent in most state PIPs. All state PIPs with the sole exception of Haryana mentions VHC/VHSC or similar bodies. Even Haryana does have a target of 2029 VHSCs for 2007-2008 and is mentioned in the NRHM status report to have constituted and operationalised 3189 VHSCs.

Annexure III

High Focus North East states

Sl no	State	VHSC target for 2007-08 30% of target	VHSC (according to state PIPs) 2007-2008	VHSC formed so far (according to NRHM status report)	Total funds released during last 2 years 2004-2006 on VHSC	Total expenses during last 2 years 2004-2006 on VHSC	Untied fund to SC	Untied fund to SC approved	Untied grant to VHSC proposed(in lakhs) 07-08	Untied grant to VHSC Approved (in lakhs) 07-08
1	Assam	7874	13123	N.K.	0	0		4.59	13.12	13.12
2	Arunachal Pradesh	1159		N.K.	0	0	2.73	2.73		193.10
3	Manipur	717	2004	N.K.	0	0	NK	NK	200.40	NK
4	Meghalaya	1854	6180 ⁵²	N.K.	0	0	40.10	40.10	618.00	618.00
5	Mizoram	245	786	N.K.	0	0	36.60	36.60	78.60	78.60
6	Nagaland	383	1278	N.K.	0	3,340,000	45.00	39.70	127.80	127.80
7	Sikkim	136	6650	N.K.	0	0		NK	66.50	NK
8	Tripura	312	1040	N.K.	0	0	63.90	63.90	104.00	104.00

⁵² Mentioned in NRHM Additionalities budget an annual fund for 6180 VHWSC

1. Assam-

In the previous year 505 of the villages' VHSC was approved. Another 13123 VHSC fund required for current year. Details of VHSC (other than the budget part) is not available from the state PIP and the Record of Proceedings.

2. Arunachal Pradesh-

According to the PIP 1457 VHSCs have been formed in the state. The Chairperson of VHSC is the chairperson of Gram Panchayat, other members are ASHA, AWW, ANM, representative from SHG, 2 women representative of gram Panchayat. Activities of the Committee involve assisting in 255 Village Health & Nutrition Days, mobilizing the community for participating in the Health camps and health melas and assisting in Household surveys.

Untied funds have been approved for 1931 VHSCs in the current year. Amount for 500 VHSCs was released last year.

3. Manipur-

2004 out of target of 2391 VHSCs was formed in the year 2006-2007; the VHSCs are not registered yet. Untied funds will be released as soon as the VHSC is registered. A total amount of Rs 200.40 lakhs is needed out of which Rs 10.00 lakhs is already available with the state. A balance of Rs 190.40 lakhs is needed for 2007-2008, the sum approved against the untied funds is not known.

4. Meghalaya

The PIP states that formation of VHSCs is complete in 3840 villages, the account (untied fund for local health action) for which is maintained by the Village headman and ASHA. Opening of this joint account is under process. ASHA is the member secretary of the VHSC. So far guidelines for VHSCs is translated in local language (Khasi and Garo), ASHA and Village Headman trained on VHSC and fund distributed to VHSC.⁵³ Under intersectoral convergence budget is proposed for training of VHSC with ANM, AWW and ASHA.

5. Mizoram

The state has already formed 366 VHC in each of the sub centre villages (VHC are formed only in villages with sub centre, the other village that is covered by the sub centre send their representatives in the committee. Thus it is being proposed to establish more VHSC in the village which do not have a sub centre. 786 VHSCs are being formed (as deduced from the number of VHSCs oriented). Key objectives for the current year include orientation for VHSC and workshop for the formulation of village health plans. The PIP states that the VHSC under the guidance of the District Health Society is to develop and implement area specific performance related incentives for the ASHA in order to retain them in the system.

Mizoram is the only state among the NE states to have a budget section on VHSC which does not end only with untied funds but also has provision for workshop/ orientation of VHSC as

⁵³ According to the State facilitator of Meghalaya (Regional Resource Centre Guwahati).

well as development and dissemination of guidelines

6. Nagaland

According to the state PIP untied grants has already been made available to the VHSCs. However utilisation of it was not at par with GOI directives due to absence of ANMs in the state. To remedy the situation it has been proposed to increase the intake of ANM school in the state and establish more schools.

The term VHSC and VHC is being used interchangeably in some parts in the PIP, the confusion is due to the fact that they had VHC in place before the NRHM. The goal for the state for 2007-2008 for VHSC in the state is stated at 450 committees, until now there are already 1278 VHSCs in place.

Orientation of VHC and community leaders on various activities of the NRHM will be held twice a year. Village members participating in the orientation consist of Village council member, VDB chairman, VDB woman leader, VDB youth leader, VHC secretary, ASHA, AWW, Church, AWW, Church leader, one progressive health worker, retired health employee.

7. Sikkim

VHWSCs set up in villages from where ASHAs are chosen. 452 VHSCs were formed in 2006-07 the target of which was according to the 2001 census. One of the stated responsibilities of the VHWSC is helping in setting up the disposal of garbage (solid waste) in priority larger villages. VHWSC will manage the operational aspect of this.

8. Tripura-

There is a proposed budget for 1040 VHSCs (513 GPs and 527 ADCs) for local health action. State has initiated formation of VHSCs.

All the high focus North East states mentions VHSCs in the State PIPs. All states have formed some VHSCs. Most states intend to form more than the target number calculated per village⁵⁴ keeping in view the difficult terrain and the hamlets.

Arunachal Pradesh shared difficulty in formation of VHSCs attributed to the terrain, however the formation is in process. Manipur state team shared difficulty in given out untied funds to VHSCs for fear of armed groups demanding some percentage of the untied funds.

In spite of all NE states having constituted / in process of constituting VHSCs the number of VHSCs is not known (in the NRHM status report) even for Nagaland, a state that had incurred an expense of 3,340,000 Rs on VHSCs in the last 2 years.

⁵⁴ According to NRHM officials during Capacity building programme held at RRC Guwahati where all states were present with the exception of Mizoram.

Annexure IV

Non High Focus Union Territories

Sl no	State	VHSC target for 2007-08 30% of target	VHSC (according to state PIPs) 2007-2008	VHSC formed so far (according to NRHM status report)	Total funds released during last 2 years 2004-2006 on VHSC	Total expenses during last 2 years 2004-2006 on VHSC	Untied grants to SC proposed	Untied grants to SC approved	Untied grant to VHSC proposed(in lakhs) 07-08	Untied grant to VHSC Approved (in lakhs) 07-08
1	Andaman & Nicobar Island	150	546 ⁵⁵	N.K.	0	0	11.40	11.40	54.60	54.60
2	Chandigarh	7		N.K.	0	0	NK	NK	NK	NK
3	Dadra & Nagar Haveli	22	72	N.K.	0	0	3.80	3.80	7.20	7.20
4	Daman & Diu	7	23	N.K.	0	0	2.10	2.10	2.30	2.30
5	Delhi	50		N.K.	0	0	2.00	2.00	NK	NK
6	Lakshadweep	7	10 ⁵⁶	N.K.	0	0	1.40		1	
7	Puducherry	28	92	92	0	0	7.70	7.70	9.20	9.20

⁵⁵ State PIP 2007-2008

⁵⁶ PIP; Union Territory of Lakshadweep June 2007

1. Andaman & Nicobar Island

VHSC is being constituted for over 201 villages with the Pradhan of the village as its chairperson. VHSC will be responsible for the health and sanitation needs of the village. It was suggested in the PIP that the untied fund could be used as revolving fund for the betterment of the poor people of the village. Planning done at village level by VHSC will be forwarded to the PHC and discussed with the RKS (of the PHC). The sum of 54.70 lakhs proposed as untied funds have been approved with instruction to ensure utilisation in the current year only. (There is a discrepancy in the state PIP, page 10 of the PIP states VHSC at 547 villages and the budget requirement as Rs 54.70 lakhs whereas the budget page 35 proposed is a sum of Rs 54.60 lakhs).

2. Dadra & Nagar Haveli -

A target of 72 committees is mentioned. However information about VHSCs already formed is not mentioned in the PIP. Budget for 72 committees is being proposed in the current budget.

3. Delhi- Health and Sanitation committee is mentioned under "Convergence with Water and Sanitation Department". 165 health and sanitation committees will be set up by end of 2007. A budget of 16.50 lakhs has already being made available from 2006-2007 NRHM flexi pool.

4. Lakshadweep-A budget of 1 lakh proposed in the current year for the 10 villages in 10 islands. Details on the VHSC are not available for the state.

5. Puducherry-VHSCs are formed in all 92 villages.

Composition: - The Public Health Nurse/ Lady Health Visitor supervising the village is the chairperson of the committee. Village councillor, SHG representatives (women) of revenue village/ hamlets (50% of SC/ ST), teacher (women) nominated from the nearest school, AWW of the village and health assistant of the village are the members. ANM of the village is the convenor.

According to the State PIP sensitisation workshops was held in 4 communities and workshop on VHSC is completed in 2 districts and for 40% of the PRI members in Puducherry district. Workshop for other communes is scheduled for the first quarter of 2007-2008.

Annexure V

GUIDELINES REGARDING CONSTITUTION OF VILLAGE HEALTH AND SANITATION COMMITTEES AND UTILIZATION OF UNTIED GRANTS TO THESE COMMITTEES

The detailed Implementation Framework of the National Rural Health Mission [NRHM] approved by the Union Cabinet in July, 2006 provides for the constitution and orientation of all community leaders on Village Sub Centre, Primary Health Centre and Community Health Centre Committees. The NRHM implementation has been planned within the framework of Panchayati Raj Institutions [PRIs] at various levels. The Village Health and Sanitation Committee envisaged under NRHM is also within the overall umbrella of PRI.

2. Composition of the Village Health & Sanitation Committee

To enable the Village Health & Sanitation Committee to reflect the aspirations of the local community especially of the poor households and women, it has been suggested that:

- At least 50% members on the Village Health & Sanitation Committee should be women.
- Every hamlet within a revenue village must be given due representation on the Village Health and Sanitation Committee to ensure that the needs of the weaker sections especially Scheduled Castes, Scheduled Tribes, Other Backward Classes are fully reflected in the activities of the committee.
- A provision of at least 30% representation from the Non-governmental sector.
- Representation to women's self-help group etc. on these committees etc. will enable the Committee to undertake women's health activities more effectively.
- Notwithstanding the above, the overall composition and nomenclature of the Village Health & Sanitation Committees is left to the State Governments as long as these committees were within the umbrella of PRIs.

3. Orientation & Training

Every Village Health & Sanitation Committee after being duly constituted by the State Governments needs to be oriented and trained to carry out the activities expected of them.

Village Health Fund

Every such committee duly constituted and oriented would be entitled to an annual untied grant of Rs.10,000/-, which could be used for any of the following activities: -

- (i) As a revolving fund from which households could draw in times of need to be returned

in installments thereafter.

- (ii) For any village level public health activity like cleanliness drive, sanitation drive, school health activities, ICDS, Anganwadi level activities, household surveys etc.
- (iii) In extraordinary case of a destitute woman or very poor household, the Village Health & Sanitation Committee untied grants could even be used for health care need of the poor household.
- (iv) The untied grant is a resource for community action at the local level and shall only be used for community activities that involve and benefit more than one household. Nutrition, Education & Sanitation, Environmental Protection, Public Health Measures shall be key areas where these funds could be utilized.
- (v) Every village is free to contribute additional grant towards the Village Health & Sanitation Committee. In villages where the community contributes financial resources to the Village Health & Sanitation Committee untied grant of Rs.10,000/-, additional incentive and financial assistance to the village could be explored. The intention of this untied grant is to enable local action and to ensure that Public Health activities at the village level receive priority attention.

4. Maintenance of Bank Account

The Village Health & Sanitation Committee fund shall be credited to a bank account, which will be operated with the joint signature of ASHA/Health Link Worker/Anganwadi Worker along with the President of the Village Health & Sanitation Committee/Pradhan of the Gram Panchayat. The account maintenance of this joint account shall be the responsibility of the Village Health & Sanitation Committee especially the ASHA/AWW [wherever no ASHA]. The Village Health & Sanitation Committee, the ASHA/AWW shall maintain a register of funds received and expenditure incurred. The register shall be available for public scrutiny and shall be inspected from time to time by the ANM/MPW/Gram Panchayat.

5. Accountability

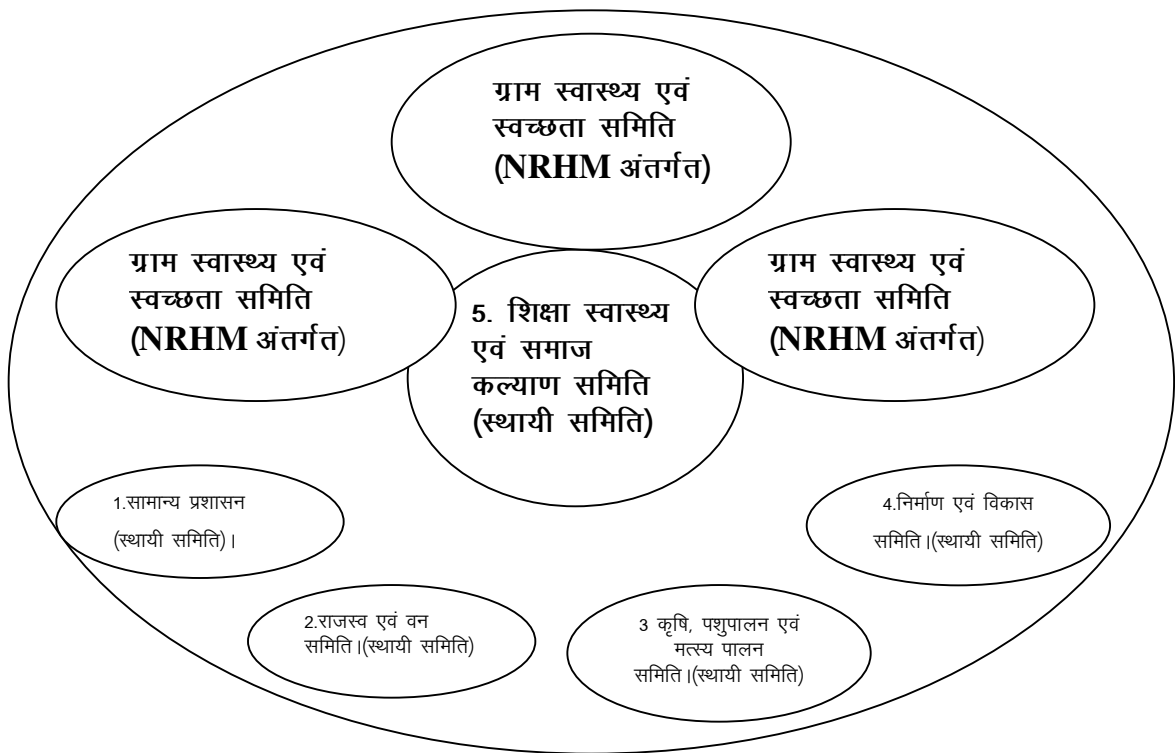
- Every Village Health & Sanitation Committee needs to maintain updated Household Survey data to enable need based interventions.
- Maintain a register where complete details of activities undertaken, expenditure incurred etc. will be maintained for public scrutiny. This should be periodically reviewed by the ANM/Sarpanch.
- The Block level Panchayat Samiti will review the functioning and progress of activities undertaken by the VHSC.
- The District Mission in its meeting also through its members/block facilitators supporting ASHA [wherever ASHA's are in position] elicit information on the functioning of the VHSC.
- A data base may be maintained on VHSCs by the DPMUs.

Operational Guidelines for Village Health and Sanitation Committee Chhattisgarh

1. ग्राम स्वास्थ्य एवं स्वच्छता समिति का गठन क्यों?

ग्रामों के संपूर्ण विकास के लिए संविधान की धारा 40 की मूल भावना अनुसार 73 वें संविधान संशोधन अधिनियम 1993 के अनुरूप हमारे राज्य में त्रिस्तरीय पंचायती राज व्यवस्था को लागू किया गया है। जिसके अंतर्गत ग्राम पंचायतों जनपद पंचायतों व जिला पंचायतों का गठन किया गया है। ग्रामों के विकास हेतु कई कार्यों का उत्तरदायित्व ग्राम पंचायतों को सौंपे गए हैं। चूंकि पंचायतों को कई जिम्मेदारियां सौंपी गई हैं और सरपंच द्वारा सभी कार्यों का निर्वहन भी अकेले नहीं किया जा सकता। इसलिए कार्यों को सुचारु रूप से क्रियान्वित करने के लिये नवीन संशोधनों के साथ छत्तीसगढ़ पंचायती राज्य व्यवस्था में 5 स्थायी समितियां बनाई गई हैं, जिनको अलग-अलग जिम्मेदारियाँ सौंपी गई हैं।

ग्राम पंचायत



इन समितियों में से मानवीय संसाधनों के विकास से जुड़ी स्थायी समिति “शिक्षा स्वास्थ्य एवं समाज कल्याण” समिति है। इन सभी समितियों का सभापति सरपंच होता है तथा चार पंच सदस्य होते हैं। उपसरपंच प्रत्येक समिति का पदेन सदस्य होता है। “राष्ट्रीय ग्रामीण स्वास्थ्य मिशन” के अंतर्गत मिले अवसर से ग्राम स्तर पर ग्राम स्वास्थ्य एवं स्वच्छता समिति (Village Health And Sanitation Committee, VHSC) का गठन किया जावेगा। ग्राम स्वास्थ्य एवं स्वच्छता समिति के द्वारा पंचायतीराज अंतर्गत ग्राम पंचायतों की स्थायी समिति “शिक्षा, स्वास्थ्य एवं समाज कल्याण समिति” का सुदृढ़ीकरण किया जा सकता है, जिससे लोक स्वास्थ्य के व्यापीकरण में सफलता भी सुनिश्चित हो सकेंगी। इस हेतु निम्न बिंदु ध्यान देने योग्य है, जिससे स्थायी समिति को क्रियाशील करते हुये उसके माध्यम से ग्राम में ग्राम स्वास्थ्य एवं स्वच्छता समिति का निर्माण राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के दिशा-निर्देशों के अनुरूप किया जा सकता है—

- व्यावहारिक तौर पर “स्वास्थ्य एवं स्वच्छता समिति” का उपयोग करते हुए ग्राम पंचायतों की स्थाई समिति “शिक्षा, स्वास्थ्य एवं समाज कल्याण समिति” को कार्यशील बनाया जाना होगा।
- ग्राम स्वास्थ्य एवं स्वच्छता समिति केद्विकृत संचालन पर निर्भर ना रहे और स्थानीय तौर पर आवश्यकतानुसार योजना बनाकर कार्य करें, इसके लिये ग्राम स्वास्थ्य एवं स्वच्छता समिति को स्थानीय आवश्यक कार्यो हेतु वित्त एवं मानवीय संसाधन को उपलब्ध कराया जाना होगा।
- ग्राम स्वास्थ्य एवं स्वच्छता समिति में महिला समूहों, स्वयं सहायता समूहों या अन्य नागरिक संगठनों के प्रतिनिधियों को स्थान देना होगा।
- ग्राम स्वास्थ्य एवं स्वच्छता समिति की बैठकों में “ शिक्षा, स्वास्थ्य एवं समाज कल्याण समिति” के सभी सदस्यों की उपस्थिति सुनिश्चित करना होगा ताकि इससे संबंधित पारो, वार्डो या पंचायत के आश्रित ग्रामों से संबंधित स्वास्थ्य समस्याओं को बेहतर तरीके से ग्राम स्तर पर चिन्हित कर पायेंगे और ग्राम वासी बैठक के द्वारा उस समस्या का निदान कर सकेंगे।

इस प्रकार ग्राम स्वास्थ्य एवं स्वच्छता समिति ग्राम पंचायत की शिक्षा, स्वास्थ्य एवं समाज कल्याण समिति के मार्गदर्शन में कार्य करेगी। इसकी संयोजक प्रत्येक गांव की पंजीकृत मितानिनों में से एक चयनित मितानिन होगी। इस समिति के अंतर्गत चयनित मितानिन, पंचायत सचिव, ग्राम के अन्य चयनित प्रतिनिधि जैसे सरपंच, पंच, महिला समूह, स्वयं सहायता समूह, व अन्य नागरिक संगठन के प्रतिनिधियों को ग्राम के मानव संसाधन से जुड़े मुद्दों के लिए पहल कर सुलझाने का अवसर मिलेगा। ग्राम स्वास्थ्य एवं स्वच्छता समिति के साथ जुड़ा एक महत्वपूर्ण पहलू यह भी है, कि राष्ट्रीय ग्रामीण स्वास्थ्य मिशन अंतर्गत ग्राम स्वास्थ्य एवं स्वच्छता समिति को 10000/- स्वतंत्र राशि “ अनटाइड फंड” देकर प्रभावी बनाया जा रहा है। यह मात्र प्रोत्साहन राशि है। पंचायत चाहे तो संपूर्ण स्वच्छता अभियान, महिला बाल विकास, समाज एवं पंचायत विभाग, शिक्षा विभाग से सहयोग लेकर अपने पंचायत की स्वास्थ्य स्थिति को ऊपर उठाने के लिए विशेष पहल कर सकती है।

2. ग्राम स्वास्थ्य एवं स्वच्छता समिति का गठन किस स्तर पर ?

ग्राम स्वास्थ्य एवं स्वच्छता समिति का गठन ग्राम स्तर पर किया जाएगा। ग्राम पंचायत के अंतर्गत बनने वाली इस समिति का गठन ग्राम स्तर पर इसलिए किया जा रहा है ताकि ग्राम के स्तर पर विभिन्न पारों की समस्याओं को चिन्हित किया जा सके तथा उस आधार पर योजनाएं बनाई जा सकें। यह स्पष्ट करना आवश्यक है कि किसी ग्राम पंचायत में ग्राम स्वास्थ्य एवं स्वच्छता समिति की संख्या एक हो सकती है, किसी में दो और उससे अधिक भी हो सकती है। ग्राम स्वास्थ्य एवं स्वच्छता समिति की संख्या पंचायत स्तर पर इस बात पर निर्भर करती हैं कि उस पंचायत के अन्तर्गत कितने राजस्व ग्राम आते हैं। ग्राम स्वास्थ्य एवं स्वच्छता समिति का गठन पंचायत की स्थायी समिति के सदस्यों के सहयोग से ग्राम पंचायत द्वारा किया जावेगा।

3. ग्राम स्वास्थ्य एवं स्वच्छता समिति के सदस्य—

अध्यक्ष— उस ग्राम का पंच होगा जो कि ग्राम पंचायत की “शिक्षा, स्वास्थ्य समाज कल्याण समिति” का सदस्य हो। यदि उस ग्राम का कोई भी पंच “शिक्षा, स्वास्थ्य, समाज कल्याण समिति का सदस्य नहीं है, तो उस ग्राम के अन्य पंच को ग्राम पंचायत द्वारा अध्यक्ष, चयनित किया जाना चाहिए। ध्यान रहे कि ऐसे पंच को प्राथमिकता दी जानी चाहिए जो अनुसूचित जनजाति, अनुसूचित जाति, अन्य पिछड़ा वर्ग का प्रतिनिधित्व करता हो। महिला पंच को प्राथमिकता दिया जाना अपेक्षित है।

सचिव — पंचायत कर्मी या पंचायत सचिव ही इस समिति का सचिव होगा।

संयोजक — गाँव की कोई एक चयनित मितानिन इस समिति की संयोजक होगी। (गाँव की अन्य मितानिन को वर्षावार संयोजक के कार्य हेतु अवसर दिया जाना हैं।)

सदस्य —

- स्वयं सहायता समूह के अध्यक्ष (यदि ग्राम में एक से अधिक स्वयं सहायता समूह हो तो सभी के अध्यक्ष इसके सदस्य होंगे।)
- उस ग्राम की प्रत्येक पारे की महिला स्वास्थ्य समिति, महतारी समिति के अध्यक्ष
- ग्राम में यदि युवा समिति है तो उसका अध्यक्ष भी इस समिति का सदस्य होगा।
- ग्राम में स्थानीय स्वयं सेवी संगठन या अन्य नागरिक संगठन हो तो उसका अध्यक्ष भी इस समिति का सदस्य होगा।

अनिवार्य आमंत्रित सदस्य —

समिति में उस ग्राम के कुछ अन्य लोगों को भी आमंत्रित सदस्य के रूप में सम्मिलित करना आवश्यक होगा। ग्राम की पाठशाला का प्रधानाध्यापक(या अन्य शिक्षक), ए.एन.एम. आंगनबाड़ी कार्यकर्ता और लोक स्वास्थ्य यांत्रिकी विभाग का हैण्डपंप मैकेनिक इस समिति के अनिवार्य आमंत्रित सदस्य हो सकते हैं। जिनकी उपस्थिति समिति की बैठकों के दौरान सुनिश्चित की जावेगी।

उपरोक्त कुल सदस्यों में यह सुनिश्चित किया जाएगा कि कम से कम 50 प्रतिशत सदस्य महिलाएं हो।

उपरोक्त संरचना अनुसार “ग्राम-स्वास्थ्य-स्वच्छता समिति” के कुल सदस्यों की संख्या प्रत्येक ग्राम में भिन्न-भिन्न हो सकती हैं।

उपरोक्त सदस्यों के अलावा निम्नलिखित व्यक्तियों की भी सक्रिय भूमिका हो सकती है, जिनसे सहयोग हेतु समिति समय-समय पर उनसे आग्रह कर सकेगी—

- ग्राम स्तर पर सभी पारे की मितानिनें।
- सभी वार्डों के पंच ,जनप्रतिनिधिगण।
- यदि उस ग्राम में जाति पंचायत है तो उसके अध्यक्ष।
- उस ग्राम की दाईयां।
- विशेष जाति/जनजाति क्षेत्र में यह सुनिश्चित करेंगे कि उनका प्रतिनिधित्व अवश्य हो।
- यदि ग्राम में राशन दुकान हैं तो उसका संचालक।
- उस ग्राम में यदि कोई मान्यता प्राप्त डॉक्टर (डठठैठ ठ।डै) है।
- मितानिन प्रषिक्षिका , यदि उसी ग्राम में रहती हो।
- यदि ग्राम में (जल एवं स्वच्छता समिति) है तो उसके सभी सदस्य।
- कोटावार /कोटवारिन।

4. ग्राम स्वास्थ्य-स्वच्छता समिति के गठन हेतु चयन प्रक्रिया —

समिति के अध्यक्ष, सचिव, संयोजक मितानिन एवं सदस्यों का चयन निम्नानुसार किया जावेगा —

अध्यक्ष का चयन :—

- यदि उस ग्राम पंचायत में एक राजस्व ग्राम है तो वह पंच जो पंचायत की स्थायी समिति —“शिक्षा, स्वास्थ्य एवं समाज कल्याण समिति ”का सदस्य हो, वह अध्यक्ष हो सकता है। अगर पंचायत की स्थाई समिति “शिक्षा, स्वास्थ्य एवं समाज कल्याण” में प्रत्येक ग्राम से प्रतिनिधित्व नहीं हैं तो सरपंच को यह सुनिश्चित करना होगा कि इस समिति में सभी ग्राम से प्रतिनिधित्व आ सके। इसके लिए सरपंच को स्थाई समिति का विस्तार करते हुए छुटे हुए ग्रामों के पंचों को स्थाई समिति में मनोनीत करना होगा, लेकिन इसमें ऐसे पंच को प्राथमिकता दी जानी चाहिए, जो अनसुचित जनजाति, अनसुचित जाति, महिला पंच और अन्य पिछड़े वर्ग का प्रतिनिधित्व करता हो। इस प्रकार समिति का अध्यक्ष एक जन प्रतिनिधि होगा।

सचिव का चयन :—

- पंचायत कर्मी या पंचायत सचिव ही इस समिति का सचिव होगा। चाहे वह पंचायत के किसी भी आश्रित राजस्व ग्राम की समिति हो।

संयोजक मितानिन का चयन :—

- संयोजक की जिम्मेदारी के लिए गांव के किसी पारे की एक मितानिन का चयन करना होगा। ऐसी मितानिन जो गांव के समस्त मितानिनों के बीच से चुनी हुई हो और उसे अन्य सभी मितानिनों की आम सहमति भी प्राप्त हो। इस प्रक्रिया को पंचायत सचिव एवं मितानिन प्रशिक्षक द्वारा संयुक्त रूप से सम्पन्न कराया जाय। संयोजक मितानिन की कार्य अवधि एक वर्ष की होगी व अगले वर्ष पुनः चयन किया जायेगा ताकि गांव की अन्य मितानिनों को भी इस समिति के नेतृत्व का मौका मिल सकें।

सदस्यों का चयन :-

- पूर्व पृष्ठ में दिये गये मार्गनिर्देशकों के अनुरूप।

5. ग्राम स्वास्थ्य-स्वच्छता समिति के प्रमुख कार्य-

ग्राम स्वास्थ्य एवं स्वच्छता समिति अपने ग्राम में निम्न कार्यों को संपादित करेगी, नियमित स्थायी समिति को अपने कार्य की जानकारी देगी -

- ग्राम के सभी लोगों को अनिवार्यतः स्वास्थ्य कार्यक्रमों के प्रति जागरूक करना, पात्र हितग्राहियों को विभिन्न योजनाओं में मिलने वाले लाभ को दिलाना सुनिश्चित करना और इन योजनाओं की निगरानी में लोगों की सहभागिता सुनिश्चित करना।
- ग्राम में संपूर्ण स्वच्छता अभियान का क्रियान्वयन सुनिश्चित करना। प्रभावी क्रियान्वयन हेतु लोगों की सक्रिय भागीदारी सुनिश्चित कराना।
- ग्राम में ए.एन.एम. एवं एम.पी.डब्ल्यू का निर्धारित दिवसों में भ्रमण सुनिश्चित कराते हुए उनके द्वारा लोगो को दी जाने वाली सेवाओं को ग्रामवासियों को उपलब्ध कराना।
- ग्राम में सभी जन्म, मृत्यु और विवाह का 100 प्रतिशत पंजीयन सुनिश्चित करना।
- ग्राम में होने वाले मृत जन्म और शिशु मृत्यु की तुरंत सूचना चिकित्सा अधिकारी एवं बाल विकास परियोजना अधिकारी को देना।
- ग्राम में अनाज बैंक होने पर उसे मजबूत करने अथवा नये अनाज बैंक की स्थापना के लिये लोगों को प्रेरित करना।
- ग्राम के सभी लोगों को सूचना बोर्ड या कैलेण्डर के माध्यम से स्वास्थ्य संबंधी जानकारी देना सुनिश्चित करना।
- स्वास्थ्य कार्यकर्ताओं के प्रत्येक ग्राम भ्रमण पर उनके द्वारा की जाने वाली गतिविधियों की जानकारी स्वास्थ्य कैलेण्डर के माध्यम से लोगों तक पहुँचाना।
- यदि ग्राम में राष्ट्रीय ग्रामीण रोजगार गारंटी योजनांतर्गत कार्य चल रहे हों तो कार्यस्थल पर महिला/बच्चों/अन्य के स्वास्थ्य के लिये आवश्यक सेवाओं की उपलब्धता सुनिश्चित कराने का प्रयास करना।
- ग्राम में विभिन्न विभागों द्वारा "स्वास्थ्य-पोषण-स्वच्छता" के लिये ग्राम को मिलने वाली

राशि का संयोजन कर समिति के निर्णय अनुसार व्यय करने का प्रयास करेगी।

- किसी बीमारी की महामारी और बच्चों में कुपोषण की जानकारी संबंधित ए.एन.एम. आंगनबाड़ी कार्यकर्ता, बाल विकास परियोजना अधिकारी, एवं खण्ड चिकित्सा अधिकारी को देना।
- ग्राम पंचायत में लोगों की सक्रिय भागीदारी से जल प्रदाय योजना का क्रियान्वयन सुनिश्चित करना। यदि योजना में एक से अधिक पंचायतें शामिल हो तो सभी ग्राम समितियों के प्रतिनिधियों को सम्मिलित कर सभी पंचायतों की एक समिति का गठन इस कार्य हेतु करना।
- पारावार 32 सूचकांको पर चर्चा कर ग्राम के लिये ग्राम स्वास्थ्य योजना बनाना व क्रियान्वयन सुनिश्चित करना। स्वास्थ्य पंचायत योजना अंतर्गत ग्राम संबंधित प्राथमिकताओं के नियोजन, क्रियान्वयन एवं निगरानी को सुनिश्चित करना।
- जो परिवार बाहर से उस ग्राम में आते हैं तो उस दौरान ऐसे परिवारों से चर्चा करते हुए उन्हें स्वास्थ्य सेवाएं उपलब्ध कराना (विशेषकर आंगनबाड़ी केंद्र और उपस्वास्थ्य केंद्र से मिलने वाली सेवाओं को)। ग्राम से पलायन करने वाले परिवारों की जानकारी तैयार करना और सम्भव हो तो ग्राम पंचायत को यह जानकारी देते हुए उनके पलायन को रोकने का प्रयास करना।
- इसी प्रकार ग्राम में स्वास्थ्य एवं स्वच्छता संबंधित अगर कोई अन्य समस्या हो, तो समिति उस समस्या के निदान हेतु निर्णय कर प्राथमिकता का निर्धारण कर सकती है।
- उपरोक्त सभी कार्यों के क्रियान्वयन हेतु समिति का वार्षिक गतिविधि कैलेंडर तैयार करना।

6. अनटाईड फंड का उपयोग किस प्रकार करेंगे ?

ग्राम स्वास्थ्य एवं स्वच्छता समितिएं ग्राम पंचायत के अन्तर्गत प्राप्त 10,000/—रुपये (अनटाईड फंड) का उपयोग अपनी समस्या अनुसार प्राथमिकता तय कर करेगी। ध्यान रहे कि समिति द्वारा व्यक्तिगत हितकार्यों के स्थान पर सामाजिक कार्यों को प्राथमिकता दी जानी चाहिए। स्वस्थ पंचायत योजना अंतर्गत ग्राम के लिए उन निर्धारित कार्यों को प्राथमिकता दी जा सकती है जिसके लिए अन्य स्त्रोतों से धनराशि की व्यवस्था कर पाना संभव नहीं हो पा रहा हो। समिति, ग्राम पंचायत को उनकी समिति के लिए प्राप्त 10,000/—राशि को निम्न कार्यों पर व्यय करेगी—

- ग्राम में स्वच्छता और पोषण संबंधी दीवार लेखन/नारा लेखन आदि लिखने में व्यय की जा सकती है। इनमें ए.एन.एम., आंगनबाड़ी कार्यकर्ता एवं मितानिन का कार्य/रोस्टर भी सम्मिलित है। साथ ही आंगनबाड़ी केन्द्र/उपस्वास्थ्य केन्द्र/ग्राम पंचायत द्वारा स्वास्थ्य संबंधी मिलने वाली सेवाओं का लेखन भी सम्मिलित है। शौचालय सम्बन्धी और मच्छरदानी संबंधी जानकारी को इसमें अवश्य सम्मिलित किया जाना चाहिए।
- ग्राम में स्वच्छता हेतु अति आवश्यक निर्माण (जैसे हैण्डपंप, के लिए सोकते गड्ढो का

निर्माण, जल निकासी हेतु नाली का निर्माण) कार्य जिससे ग्राम में अस्वच्छता के कारण होने वाली बीमारियों में स्पष्ट कमी लाई जा सके। राशि का उपयोग निर्माण कार्य हेतु आवश्यक सामग्री के लिये ही किया जावे जबकि उसके लिए आवश्यक श्रम की व्यवस्था ग्रामवासियों के श्रम दान द्वारा की जावेगी।

- ग्राम में स्वास्थ्य एवं स्वच्छता के प्रति जागरूकता लाने हेतु रैली/स्वास्थ्य शिविर/स्वास्थ्य संबंधी फिल्म प्रदर्शन, कला जत्था, स्वास्थ्य प्रतियोगिता, किशोर/किशोरी परिचर्चा, सिकिल सेल जाँच शिविर, ग्राम में सफाई अभियान (ग्राम वासियों के श्रम दान द्वारा) स्थानीय आहार प्रदर्शनी आदि गतिविधियाँ कराई जा सकती है।
- स्वास्थ्य एवं स्वच्छता विषय से संबंधित अनुभवी व्यक्तियों को बुलवाकर ग्राम में लोगों को इससे सम्बंधित जानकारी देने के लिए तथा विषय अनुभवी व्यक्तियों को मानदेय का भुगतान करने हेतु किया जा सकता है।
- बिगड़े हैण्डपम्प/नल जल योजना के अंतर्गत मरम्मत (रिपेयरिंग) हेतु (यदि पूर्व निर्धारित स्ट्रोतो से राशि उपलब्ध नहीं हो पा रही हो तो) विशेषकर पुर्जों का क्रय एवं कुशल कारीगर की मजदूरी आदि पर व्यय किया जा सकता है।
- ग्राम में महामारी होने पर आकस्मिक व्यय (सूचना भेजने तथा अति आवश्यक व्यय) पर किया जा सकता है।
- समिति रिकॉर्ड संधारण/पत्राचार आदि हेतु स्टेशनरी सामग्री के लिए समिति के निर्णय अनुसार व्यय कर सकेगी।
- समिति यदि निर्णय लेती है कि ग्राम के पारों में स्वयंसेवी मितानिनों के द्वारा संपादित कार्य (जैसे परिवारों का सर्वे आदि)के लिए प्रोत्साहन राशि दी जा सकती है ;तो उस पर भी व्यय किया जा सकता है।
- स्वस्थ पंचायत योजना के अंतर्गत जिन पंचायतों को पुरस्कार या सहयोग राशि प्राप्त हुई हैं, उसे उस पंचायत की ग्राम स्वास्थ्य एवं स्वच्छता समितियों को बराबर-बराबर बाँटा जा सकता है, जिससे राशि का उपयोग ग्राम स्वास्थ्य संबंधी समस्याओं के हल के लिए ही उपरोक्तानुसार किया जा सके।

सभी प्रकार के व्यय में इस बात का ध्यान रहे कि ग्राम स्वास्थ्य एवं स्वच्छता समिति के पास कुल 10,000/—रुपये हैं और इस राशि का उपयोग इस तरह से किया जाए कि इससे ज्यादा से ज्यादा लोग लाभान्वित हो सकें। इसलिए समिति यह ध्यान में रखें और आपस की बैठक में तय करें की समिति को प्राप्त राशि का अधिकतम एवं उचित उपयोग हो तथा 10,000/—रुपये की राशि को एक ही जगह न खर्च करें। यह भी ध्यान में रखा जावे कि ग्राम स्वास्थ्य एवं स्वच्छता समिति के अन्तर्गत प्राप्त राशि का उपयोग उन चीजों पर न हो जिनमें केन्द्र अथवा राज्य सरकार ने पहले से राशि दी हुई है तथा प्राथमिकता तय करते समय कोई अतिव्यापन (अमृतसंचपदह) न हो। इसके लिए निम्न मार्गदर्शी बिन्दु का पालन कर सकती है—

- जहां तक संभव हो ,श्रम अनुदान /श्रमदान के माध्यम से राशि की बचत की जाए। जैसे

- सोक्ता गड्ढा खोदने हेतु / नाली खोदने हेतु ,निर्माण कार्य में मजदूरी कार्य आदि ।
- यथा संभव पहले विभागीय बजट (लोक स्वास्थ्य यांत्रिकी) से राशि प्राप्त करना /जैसे कि स्वच्छता अभियान / नारा लेखन आदि हेतु/महिला बाल-विभाग /स्वास्थ्य विभाग आदि द्वारा बजट का प्रावधान किया जाता है।
- ग्राम पंचायत को उपलब्ध मुलभूत राशि के मद से राशि प्राप्त करना ,साथ ही ग्राम स्वास्थ्य-स्वच्छता समिति की तरफ से ग्राम पंचायत स्थानीय स्त्रोतो जैसे जल कर के माध्यम से आय अर्जित करने में मदद करेगी।

मितानिन ग्राम में होने वाली प्रत्येक ग्राम सभा में ग्राम स्वास्थ्य-स्वच्छता समिति द्वारा किए गए कार्यों के व्यय का संपूर्ण ब्यौरा ग्राम सभा में चर्चा हेतु प्रस्तुत करेगी।

7. ग्राम सभा और ग्राम स्वास्थ्य एवं स्वच्छता समिति—

ग्राम सभा की प्रत्येक त्रैमासिक बैठको में ग्राम स्वास्थ्य एवं स्वच्छता समिति के कार्यों /मुद्दो की चर्चा के लिए एवं व्यय के सामाजिक अंकेक्षण हेतु प्रस्तुतीकरण सचिव व संयोजक मितानिन द्वारा किया जावेगा। इस चर्चा हेतु समय सुनिश्चित करने की जिम्मेदारी सरपंच की होगी। ग्राम स्वास्थ्य एवं स्वच्छता समिति के सभी सदस्यो को ग्राम सभा की बैठक में भाग लेना अनिवार्य है। ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा चिन्हित समस्याओं व बनाई गयी योजनाओं को अध्यक्ष व चयनित मितानिन के माध्यम से ग्राम सभा में चर्चा हेतु रखा जायेगा। ग्राम की अन्य सभी मितानिन ग्राम स्वास्थ्य एवं स्वच्छता समिति के अध्यक्ष व संयोजक मितानिन को ग्राम सभा में अपने गांव की समस्या रखने में सहयोग प्रदान करेंगी। ग्राम सभा के अलावा ग्राम स्वास्थ्य एवं स्वच्छता समिति की नियमित मासिक बैठक में मितानिन अपने पारे के समस्या को सुझाव व विचार हेतु प्रस्तुत करेंगी। सरपंच की जिम्मेदारी यह सुनिश्चित करने की होगी कि ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा चिन्हित समस्याओं व बनाई गयी योजनाओं के क्रियान्वयन पर प्रशासन व समुदाय से उचित सहयोग प्राप्त हो। साथ ही साथ समिति

द्वारा अब तक किए गए व्यय का सामाजिक अंकेक्षण कर देयको (व्हाऊचर) पर ग्राम सभा द्वारा सामाजिक अंकेक्षण कराए जाने की तिथि भी अंकित करी जावेगी।

8. ग्राम स्वास्थ्य एवं स्वच्छता समिति के सदस्यों, आमंत्रित सदस्यों एवं अन्य सहयोग करने वाले लोगों की भूमिकाएं—

<p>सरपंच</p>	<ul style="list-style-type: none"> ● ग्राम स्वास्थ्य एवं स्वच्छता समिति की नियमित मासिक बैठकों की निगरानी करना, उसमें ग्राम पंचायत एवं जनपद पंचायत स्तर के मुद्दों की पहचान कर उस स्तर पर कार्यवाही हेतु भेजना। ● ग्राम स्वास्थ्य एवं स्वच्छता समिति के प्रस्तावों एवं किए गए कार्यों की प्रस्तुति के लिए ग्राम सभा में अवसर सुनिश्चित कराना। ● ग्राम स्वास्थ्य एवं स्वच्छता समिति की कार्य योजना के आवश्यक मुद्दों को ग्राम पंचायत की वार्षिक कार्य योजना में आवश्यकता अनुसार सम्मिलित करना। ● ग्राम पंचायत /जनपद /जिला पंचायत स्तर के मुद्दों की पहचान कर उन स्तरों तक प्रेषित करना /रखना। ● समिति के माध्यम से ग्राम स्वास्थ्य योजना के आवश्यक बिन्दुओं को ग्राम पंचायत की वार्षिक कार्य योजना में सम्मिलित कराना। ● यदि उस ग्राम में जिला या जनपद पंचायत सदस्य है तो उसे भी समय-समय पर ग्राम स्वास्थ्य एवं स्वच्छता समिति बैठकों में आमंत्रित करना।
<p>अध्यक्ष</p>	<ul style="list-style-type: none"> ● समय पर लगातार मासिक बैठक में नेतृत्व प्रदान कर ग्राम स्वास्थ्य एवं स्वच्छता समिति को सक्रिय बनाये रखना। ● ग्राम स्वास्थ्य एवं स्वच्छता समिति की वार्षिक /अर्धवार्षिक कार्य योजना के क्रियान्वयन के लिए प्रयास करना। ● समय पर आय-व्यय की गतिविधियों को सुनिश्चित करना। ● लोगों को ग्राम स्वास्थ्य एवं स्वच्छता समिति में जोड़ने एवं समस्या निदान करने के लिए पहल करना। ● ग्राम पंचायत की स्थायी समिति में ग्राम स्वास्थ्य एवं स्वच्छता समिति के कार्यों की प्रस्तुति सुनिश्चित कराना।
<p>सचिव</p>	<ul style="list-style-type: none"> ● ग्राम स्वास्थ्य एवं स्वच्छता समिति की प्रत्येक बैठक की तिथि का निर्धारण संयोजक के साथ करना। ● सभी सदस्यों को बैठक की सूचना मिलने को सुनिश्चित करना। ● त्रैमासिक व्यय की जानकारी प्रतिवेदन तैयार करने में मदद करना एवं समीक्षा, कमियों एवं उपलब्धियों पर समिति का ध्यान केन्द्रित कराना।

	<ul style="list-style-type: none"> ● ग्राम स्वास्थ्य एवं स्वच्छता समिति की कार्य योजना के आवश्यक मुद्दों को ग्राम पंचायत की वार्षिक कार्य योजना में आवश्यकता अनुसार सम्मिलित करना । ● समिति के माध्यम से ग्राम स्वास्थ्य योजना के आवश्यक बिन्दुओं को ग्राम पंचायत की वार्षिक कार्य योजना में सम्मिलित कराना । ● समिति में पदाधिकारियों एवं सदस्यों की उपस्थिति सुनिश्चित करना । ● समिति में की गई चर्चा एवं निर्णय का दस्तावेजीकरण करना । ● ग्राम पंचायत / जनपद पंचायत स्तर के मुद्दों की पहचान कर उन स्तरों तक प्रेषित करना/रखना । ● कार्य योजनानुसार राशि का आहरण एवं कैश बुक संधारण सुनिश्चित करना । ● बैठक में लिए निर्णयों की समस्त जानकारी ग्राम पंचायत की स्थायी समिति में प्रस्तुत करना एवं अग्रिम कार्यवाही सुनिश्चित करना ।
हैंड पंप मेकैनिक (सहयोगी)	<ul style="list-style-type: none"> ● ग्राम स्वास्थ्य एवं स्वच्छता समिति बैठक में अगर हैंड पम्प से सम्बन्धित कोई समस्या आती है तो उस समस्या के हल हेतु उपाय सुझाना । ● लोक स्वास्थ्य यांत्रिक विभाग की हैंड पम्प से सम्बन्धित सभी जानकारियों से समिति को अवगत कराना । (कलपुर्जो ,बजट आदि) ● उसके द्वारा हैंड पम्प की मरम्मत और रख रखाव सम्बन्धित किए गए कार्यों से प्रति माह ग्राम स्वास्थ्य एवं स्वच्छता समिति को अवगत कराना ।
राशन दुकान संचालक (सहयोगी)	<ul style="list-style-type: none"> ● समिति के सभी सदस्यों को राशन दुकान के खुलने का समय, दुकान में उपलब्ध अनाज , योजनाओं की जानकारी समिति को समय-समय पर देते रहना ।
वार्ड पंच (सहयोगी)	<ul style="list-style-type: none"> ● वार्ड में लोगों के साथ मिलकर लोगों को ग्राम सभा में सम्मिलित होने के लिए प्रेरित कर ग्राम सभा की बैठक में शामिल कराना । ● ग्राम स्वास्थ्य एवं स्वच्छता समिति के कार्य को ग्राम सभा एवं ग्राम स्वास्थ्य एवं स्वच्छता समिति की बैठकों में रखना । ● अपने वार्ड की समस्या को ग्राम स्वास्थ्य एवं स्वच्छता समिति में प्रस्तुत करना ।
ए.एन.एम. (अनिवार्य आमंत्रित सदस्य)	<ul style="list-style-type: none"> ● ग्राम स्वास्थ्य एवं स्वच्छता समिति को समय –समय पर आवश्यक परामर्श देना । ● ए.एन.एम. द्वारा ग्राम स्वास्थ्य एवं स्वच्छता समिति की वर्ष में कम से

	<p>कम चार बैठक में उपस्थित होकर सहयोग देना।</p> <ul style="list-style-type: none"> ● उपस्वास्थ्य केन्द्र में उपलब्ध सेवाओं की जानकारी देते हुए ग्राम स्वास्थ्य एवं स्वच्छता समिति को वार्षिक कलेण्डर बनाने में सहयोग कराना। ● सेवा संबंधी कठिनाइयों से ग्राम स्वास्थ्य एवं स्वच्छता समिति को अवगत कराना। ● ग्राम में प्रत्येक शिशु / बाल मृत्यु पर समीक्षा (कारणों की पहचान कर) कर विस्तृत जानकारी ग्राम स्वास्थ्य एवं स्वच्छता समिति को देना एवं ग्राम स्वास्थ्य एवं स्वच्छता समिति की ओर से इस पर प्रतिवेदन, खण्ड चिकित्सा अधिकारी / मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी / बाल विकास परियोजना अधिकारी को भिजवाना सुनिश्चित करना। ● उपस्वास्थ्य केन्द्र के अनटाइड फंड का उपयोग ग्राम स्वास्थ्य एवं स्वच्छता समिति के अनुमोदन प्रस्ताव अनुसार आवश्यक होने पर उस संबंधित ग्राम के लिए सुनिश्चित करना। ● परिवार नियोजन कैम्प, नेत्र चिकित्सा शिविरों, सिकिल सेल शिविरों की जानकारी प्रदान करना। ● जननी सुरक्षा योजना की जानकारी देना एवं उससे सम्बन्धित गत माह में निपटाए गए प्रकरण पर जानकारी देना।
शिक्षक / प्रधानाध्यापक (अनिवार्य आमंत्रित सदस्य)	<ul style="list-style-type: none"> ● समिति को स्वास्थ्य / स्वच्छता संबंधी मुद्दों पर सलाह देना। ● समिति द्वारा स्वच्छता / स्वास्थ्य संबंधी लिए गए निर्णयों के कियान्वयन में सहयोग देना। ● मध्यान्ह भोजन, संपूर्ण स्वच्छता अभियान संबंधी शाला से जुड़ी गतिविधियों से समिति को अवगत कराना।
आंगनबाड़ी कार्यकर्ता (अनिवार्य आमंत्रित सदस्य)	<ul style="list-style-type: none"> ● आंगनबाड़ी केन्द्र में कुपोषण पर जानकारी ग्राम स्वास्थ्य एवं स्वच्छता समिति को प्रस्तुत करना। ग्राम के पारे की मितानिनों के साथ मिलकर पारावार कुपोषण की स्थिति को प्रस्तुत करना। (विशेषकर वजन कराने वाले परिवार एवं ग्रेड अनुसार बच्चे) ● आंगनबाड़ी कार्यकर्ता की केन्द्र के अंतर्गत होने वाले समस्या को समिति में रखना। ● सेवा संबंधी कठिनाइयों से ग्राम स्वास्थ्य एवं स्वच्छता समिति को अवगत कराना। (पूर्व प्राथमिक शिक्षा, टीकाकरण, पूरक पोषण आहार, स्वास्थ्य पोषण शिक्षा सत्र, संदर्भ सेवा।) ● ग्राम में प्रत्येक माह कुपोषण पर समीक्षा कर विस्तृत जानकारी ग्राम

	<p>स्वास्थ्य एवं स्वच्छता समिति को देगी एवं ग्राम स्वास्थ्य एवं स्वच्छता समिति का इस पर प्रतिवेदन ,खण्ड चिकित्सा अधिकारी /मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी /बाल विकास परियोजना अधिकारी को भिजवाना सुनिश्चित करना।</p>
<p>अध्यक्ष – स्वसहायता समूह / महिला स्वास्थ्य समिति / महतारी समिति के (सदस्य)</p>	<ul style="list-style-type: none"> ● ग्राम में स्थानीय समस्या का चिन्हांकन पारे की नियमित बैठकों में करते हुए ग्राम स्वास्थ्य एवं स्वच्छता समिति में मितानिन के माध्यम से प्रस्तुत करना। ● समूह के पास उपलब्ध राशि एवं ऋण का ब्यौरा आवश्यकतानुसार ग्राम स्वास्थ्य एवं स्वच्छता समिति को प्रस्तुत करना। यदि समूह मध्यान्ह भोजन /राशन दुकान /आंगनबाड़ी में पोशण आहार आदि कार्य कर रहे हैं तो उसकी जानकारी देना। ● गांव सभा में पारे के सभी लोगों की उपस्थिति सुनिश्चित करना।
<p>अध्यक्ष, युवा समिति (सदस्य)</p>	<ul style="list-style-type: none"> ● ग्राम में स्थानीय समस्या का चिन्हांकन पारे की नियमित बैठकों में करते हुए ग्राम स्वास्थ्य एवं स्वच्छता समिति में मितानिन के माध्यम से प्रस्तुत करना। ● गांव सभा में पारे के सभी लोगों की उपस्थिति सुनिश्चित करना। ● युवा शक्ति का समिति के रचनात्मक कार्यों में उपयोग करना।
<p>कोटवार/कोटवारिन (सहयोगी),</p>	<ul style="list-style-type: none"> ● मासिक बैठकों की सूचना सदस्यों को देना। ● ग्राम सभा की सूचना गांव के लोगों को देना। ● गांव में होने वाले समस्त जन्म व मृत्यु की सूचना ग्राम स्वास्थ्य समिति को देना।
<p>ग्राम पंचायत की शिक्षा,स्वास्थ्य एवं समाज कल्याण समिति के सदस्य (सहयोगी)</p>	<ul style="list-style-type: none"> ● ग्राम स्वास्थ्य एवं स्वच्छता समिति के बैठक प्रतिवेदनो पर स्थायी समिति की बैठकों में चर्चा करना एवं ग्राम पंचायत को मासिक प्रतिवेदन प्रस्तुत करना।
<p>जल एवं स्वच्छता समिति के सदस्य (सहयोगी)</p>	<ul style="list-style-type: none"> ● ग्राम स्वास्थ्य एवं स्वच्छता समिति को ग्राम में संपूर्ण स्वच्छता अभियान संबंधी कार्य योजना /गतिविधियो से अवगत कराना। ● शौचालय निर्माण के सभी पहलुओं से ग्राम स्वास्थ्य एवं स्वच्छता समिति को अवगत कराकर अधिक से अधिक ग्रामीणों को इस कार्य हेतु तैयार

	करने में ग्राम स्वास्थ्य एवं स्वच्छता समिति की मदद लेना ।
मितानिन (सहयोगी) संयोजक मितानिन (ध्यान रहें स्वयं सेवी कार्यकर्ता हैं)	<ul style="list-style-type: none"> ● सभी मितानिन अपने पारे की समस्याओं को संयोजक मितानिन के सहयोग से ग्राम स्वास्थ्य एवं स्वच्छता समिति की बैठक में रखेंगी। ● अपने –अपने पारे में महिला स्वास्थ्य समिति स्वयं सहायता समूह की बैठक को नियमित करते हुए समस्याओं की सूची प्रस्तुत करेगी। ● दवा पेटी में उपलब्ध दवाईयों एवं उसके वितरण की जानकारी समिति को देना। ● ग्राम स्वास्थ्य एवं स्वच्छता समिति में अपनी मितानिन प्रशिक्षिका के सहयोग से ग्राम स्वास्थ्य रजिस्टर व मितानिन डायरी का उपयोग कर सामाजिक सुरक्षा। ● ग्राम स्वास्थ्य रजिस्टर के उपयोग से पारों में परिवारवार पीड़ित व्यक्तियों की जानकारी प्रस्तुत करेगी।
संयोजक मितानिन (ध्यान रहें स्वयं सेवी कार्यकर्ता हैं)	<ul style="list-style-type: none"> ● मार्गदर्शिका प्राप्त होते ही ग्राम पंचायत और स्थानीय समिति के माध्यम से ग्राम स्वास्थ्य एवं स्वच्छता समिति का गठन पूर्ण करना। ● ग्राम के सभी पारों की महिला स्वास्थ्य समिति को मितानिनों के माध्यम से सक्रिय कर ,पारों की समस्याओं को ग्राम स्वास्थ्य एवं स्वच्छता समिति बैठकों में सामने लाना। ● सभी सदस्यों को बैठक की सूचना सुनिश्चित करना। ● त्रैमासिक व्यय की जानकारी प्रतिवेदन तैयार करने में मदद करना एवं समीक्षा ,कमियों एवं अपलब्धियों पर समिति का ध्यान केन्द्रित कराना। ● समिति में पदाधिकारियों एवं सदस्यों की उपस्थिति सुनिश्चित करना। ● ग्राम सभा में समिति के कार्यों का सामाजिक अंकक्षण सुनिश्चित कराना। ● पारे मे होने वाली शिशु मृत्यु को ग्राम स्वास्थ्य एवं स्वच्छता समिति की बैठक में ध्यान में लाना । ● पारे में टीकाकरण लेने वाले बच्चों की जानकारी ग्राम स्वास्थ्य एवं स्वच्छता समिति के ध्यान में लाना। विशेषकर दूर पारे व छूटने वाले बच्चो /परिवारो की जानकारी । ● ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अनुमोदित कार्यों के लिए राशि का आहरण सचिव के माध्यम से करते हुए कार्यों का क्रियान्वयन सुनिश्चित कराना । ● पारावार कुपोषण की जानकारी आंगनबाड़ी कार्यकर्ता के सहयोग से ग्राम स्वास्थ्य एवं स्वच्छता समिति की बैठक में ध्यान में लाना ।

	<ul style="list-style-type: none"> ● ग्राम स्वास्थ्य योजना के निर्माण एवं क्रियान्वन हेतु संबंधित जानकारीयां ग्राम स्वास्थ्य एवं स्वच्छता समिति बैठक में प्रस्तुत करना। पंचायत स्तर पर बनने वाली स्वास्थ्य पंचायत योजना के लिए ग्राम स्वास्थ्य योजना प्रस्तुत करना। ● मितानिन डायरी के माध्यम से पारावार अनुसूचित जनजाति/अनुसूचित जाति परिवार, गरीबी रेखा के नीचे परिवार ,भूमिहीन परिवार ,पलायन करने वाले वृद्ध लोग, विकलांग, विधवा ,परित्यक्ता आदि की जानकारी ग्राम स्वास्थ्य एवं स्वच्छता समिति में प्रस्तुत करना । इसके लिए डायरी को समय से पूरा करना व मितानिन प्रशिक्षक से सहयोग प्राप्त करना । ● प्रति माह सभी पारों के जननी सुरक्षा योजना और उसके लाभार्थियों व योजना के अन्तर्गत छोटे प्रकरणों की जानकारी प्रस्तुत करना। ● ग्राम स्वास्थ्य रजिस्टर के उपयोग से पारों में परिवारवार पीड़ित व्यक्तियों (पलायन करने वाले /विकलांग /विधवा /परित्यक्ता /वृद्ध आदि) की जानकारी प्रस्तुत करना।
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9. ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा अनटाईड फंड हेतु खाता खोलने और राशि आहरण एवं राशि व्यय की प्रक्रिया—

- सर्वप्रथम ग्राम पंचायत द्वारा स्थायी समिति के माध्यम से उपरोक्तानुसार ग्राम स्वास्थ्य एवं स्वच्छता समिति का गठन किया जावेगा। अनुलग्नक "A" "B" "C" के उपयोग से ग्राम स्वास्थ्य एवं स्वच्छता समिति के संयोजक व सचिव का संयुक्त बैंक खाता " ग्राम स्वास्थ्य एवं स्वच्छता समिति, ग्राम....." के नाम से, पास के बैंक में खोला जावेगा।
- बैंक खाता खुलवाने के लिए जो प्राथमिक व्यय होता है उस राशि की व्यवस्था सरपंच द्वारा मुलभूत राशि या अन्य मद से की जा सकती हैं जो कि ग्राम पंचायत को बैंक खाता खुलवाने के पश्चात् वापस की जावेगी।
- ग्राम स्वास्थ्य एवं स्वच्छता समिति समिति के निर्णय के अनुसार सचिव और संयोजक मितानिन संयुक्त रूप से राशि का आहरण कर सकेंगे। जिसकी सूचना समय-समय पर ग्राम स्वास्थ्य समिति की बैठकों में दी जावेगी।
- प्रत्येक वर्ष माह जनवारी की ग्राम सभा में सामाजिक अंकेक्षण कराते हुए सम्पूर्ण व्यय का ब्यौरा ग्राम पंचायत द्वारा ए.एन.एम. के माध्यम से खण्ड चिकित्सा अधिकारी को दिया जावेगा। खण्ड चिकित्सा अधिकारी द्वारा इसे जिला स्वास्थ्य समिति को प्रेषित किया जावेगा।

10. ग्राम स्वास्थ्य एवं स्वच्छता समिति की बैठक प्रक्रिया—

ग्राम स्वास्थ्य एवं स्वच्छता समिति की बैठक में निम्न बिन्दुओं पर ध्यान दिया जाना चाहिए—

1. प्रस्ताव/अनुमोदन प्रक्रिया

- ग्राम के सभी पारो में मौजूद महिला स्वास्थ्य समिति/स्व सहायता समूह/महतारी समिति, अन्य सामुदायिक समूह के सदस्य द्वारा बैठक कर पारे स्तर की स्वास्थ्य एवं स्वच्छता समस्याओं को मितानिन के नेतृत्व में सूचीबद्ध किया जा कर ग्राम स्वास्थ्य एवं स्वच्छता समिति की मासिक/त्रैमासिक बैठक में प्रस्तुत किया जाए।
- ग्राम स्वास्थ्य एवं स्वच्छता समिति की बैठक में मितानिन द्वारा पारेवार प्रस्तुत समस्याओं की सूची पर एवं सदस्यों द्वारा सुझाए गए अन्य समस्याओं की सूची पर खुली चर्चा करते हुए ग्राम के लिए आवश्यक गतिविधियों की प्राथमिकता तय की जावेगी। प्राथमिकता तय करते समय पारों में कुपोषित बच्चों की स्थिति छोटे हुए वर्ग/पारे (विशेष कर महिला, विधवा, विकलांग, अनुसूचित जनजाति/अनुसूचित जाति आदि) की दूरी आदि का विशेष ध्यान रखा जावेगा।
- प्राथमिकता सूची के आधार पर आवश्यक कार्यों का प्रस्ताव जिसके लिए राशि की आवश्यकता है, का अनुमोदन ग्राम स्वास्थ्य एवं स्वच्छता समिति के कम से कम 50 प्रतिशत सदस्यों द्वारा किया जाना होगा। जिसके पश्चात सचिव एवं संयोजक मितानिन संयुक्त रूप से राशि आहरण कर सकेंगे।

2. समीक्षा :—

- कार्य आधारित बिंदुवार समीक्षा प्रत्येक बैठक में, राशि के व्यय, कार्यों आदि पर आवश्यक चर्चा की जानी चाहिए।
- बैठक प्रतिवेदन शिक्षा स्वास्थ्य एवं समाज कल्याण समिति की मासिक बैठक में संयोजक मितानिन द्वारा प्रस्तुत किया जाना चाहिए।

11. लेखा संधारण एवं रिकार्ड संधारण प्रक्रिया—

- ग्राम स्वास्थ्य एवं स्वच्छता समिति की गतिविधियों के लिए रिकार्ड हेतु आवश्यक अभिलेख —
 - ◆ सूचना एवं बैठक पंजी
 - ◆ कैष बुक
 - ◆ बिल/व्हाऊचर फाइल
 - ◆ उपयोगिता प्रमाण पत्र – संबंधी फाइल
 - ◆ अन्य दस्तावेजों के संधारण हेतु फाइल
 - ◆ ग्राम में जन्म/मृत्यु प्रकरणों की जानकारी पंजी

- **सूचना एवं बैठक पंजी** :- इस पंजी में ग्राम स्वास्थ्य एवं स्वच्छता समिति के होने वाले बैठक के दौरान लिए गए निर्णय, चर्चा के मुख्य बिन्दु का विवरण रखा जायेगा । इसका संधारण संयोजक मितानिन के द्वारा किया जायेगा।

क्र.	सदस्यों का नाम	बैठक का विवरण स्थान सहित	हस्ताक्षर
1			
2			

- **उपयोगिता प्रमाण पत्र संबंधी फाइल** :- समिति उनके द्वारा व्यय की गई राशि के आधार पर उपयोगिता प्रमाण पत्र ग्राम पंचायत के माध्यम से ए.एन.एम. को उपलब्ध कराएगी। उपयोगिता प्रमाण पत्र के लिए अनुलग्नक षष्ठ षष्ठ का उपयोग किया जा सकता है।
- **कैश बुक** :- कैश बुक में व्यय एवं नगदी का ब्यौरा रखा जावेगा। इसका संधारण सचिव के द्वारा किया जावेगा।

आय प्राप्ति				आय प्राप्ति			
क्र.	दिनांक	आय का विवरण	राशि	क्र.	दिनांक	व्यय विवरण	राशि
कुल आय				कुल आय			
पूर्व शेष				पूर्व शेष			
महायोग				महायोग			

- **बिल/व्हाऊचर फाइल** :- वाऊचर को व्यवस्थित रखने हेतु इस फाइल का उपयोग किया जावेगा । सभी देयकों में रखे व्हाऊचर पर संयोजक व सचिव के हस्ताक्षर होंगे। साथ ही जिस ग्राम सभा में सामाजिक अंकेक्षण किया जावेगा। उसकी तिथि भी संयोजक मितानिन द्वारा अंकित की जाएगी। इसका संधारण सचिव के द्वारा किया जायेगा।
- **अन्य दस्तावेजों के संधारण हेतु फाइल:-** इस पंजी में सभी पत्रों को व्यवस्थित तरीके से रखा जावेगा। इस फाइल में सभी आवक पत्रों व जावक पत्रों को रखा जावेगा। इसका संधारण संयोजक

मितानिन के द्वारा किया जायेगा।

- **जन्म/मृत्यु प्रकरण पंजी:-** इसमें समिति जन्म/मृत्यु के प्रकरणों का ब्यौरा रखने के साथ-साथ यह जानकारी रखेगी कि ऐसे प्रकरणों के परिवारों को जन्म/मृत्यु प्रमाण पत्र मिला या नहीं ? यदि नहीं तो किन कारणों से। उसे हल करने हेतु समिति द्वारा किये गये उपाय। इसका संधारण संयोजक मितानिन के द्वारा किया जायेगा।

12. ग्राम स्वास्थ्य एवं स्वच्छता समिति की सक्रियता की निगरानी-

- **ग्राम पंचायत द्वारा** — ग्राम पंचायत स्तर की स्थाई समिति, शिक्षा स्वास्थ्य एवं समाज कल्याण समिति, सुनिश्चित करेगी की ग्राम स्वास्थ्य एवं स्वच्छता समिति की बैठकें नियमित हो रही हैं उसके द्वारा अनुमोदित प्रस्ताव पर समय से कार्यवाही की जा रही है या नहीं ।
- **ग्राम सभा द्वारा** — संयोजक मितानिन हर ग्राम सभा में ग्राम स्वास्थ्य एवं स्वच्छता समिति के कार्यों की जानकारी प्रस्तुत करते हुए उस पर चर्चा कराएगी और सुनिश्चित करेगी कि किए गए कार्यों का प्रत्येक ग्राम सभा में सामाजिक अंकेक्षण हो।

13. ग्राम स्वास्थ्य योजना —

छत्तीसगढ़ शासन ने पंचायतों का ध्यान स्वास्थ्य की ओर दिलाने व पंचायत की स्वास्थ्य स्थिति को बेहतर करने में पंचायतों की भूमिका को सुनिश्चित करने के लिये मुख्यमंत्री स्वस्थ पंचायत योजना का प्रारंभ 2005 में किया गया। इसके अंतर्गत 32 स्वास्थ्य एवं मानव विकास सूचकांक को आधार मानकर पारावार जानकारी सभी परिवारों से एकत्रित की गई। इस आधार पर विकासखंडवार पंचायतों की रैंकिंग कर प्रथम दो उत्कृष्ट पंचायतों को पुरुस्कृत किया गया एवं अंतिम दो पंचायतों को आर्थिक सहायता स्वरूप राशि दी गई। ये आंकड़े केवल आंकड़े न रहकर पंचायत के स्वास्थ्य की बेहतरी में उपयोग किया जा सके और ग्राम के लोगों के साथ मिलकर स्वस्थ पंचायत योजना का निर्माण किया जा सके, इसके लिये एक बेहतर स्वस्थ पंचायत योजना निर्माण की आवश्यकता है, जिससे उसके प्रत्येक ग्राम की भागीदारी सुनिश्चित हो। सामान्यतः यह देखने में आता है, कि जिस ग्राम में बैठक आयोजित की जाती है, अधिकांशतः उसी ग्राम के लोग ही योजना निर्माण में शामिल होते हैं तथा अन्य ग्राम के लोगो की उपस्थिति नहीं हो पाती, जिसके कारण ना तो सभी ग्रामों की समस्याएँ सामने आ पाती हैं, न ही उससे संबंधित उपाय पर विचार हो पाता है। अंततः जब पंचायत की स्वास्थ्य स्थिति का आंकलन किया जाता है, तो वह एक ग्राम पर आधारित हो जाती है, इस प्रकार आश्रित ग्रामों की भागीदारी योजना निर्माण एवं क्रियान्वयन दोनों स्तरों पर छूट जाती है।

एक पूर्णरूपेण स्वस्थ पंचायत योजना निर्माण के लिये एवं सभी ग्रामों की भागीदारी को सुनिश्चित करने के लिये राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के अंतर्गत ग्राम स्वास्थ्य एवं स्वच्छता समिति के गठन किया जा रहा

है। जिसके तहत प्रत्येक राजस्व ग्राम में एक ग्राम स्वास्थ्य एवं स्वच्छता समिति होगी, जो अपने गांव की समस्याओं को चिन्हित कर उसके समाधान हेतु ग्राम स्वास्थ्य योजना बनायेगी। ग्राम स्वास्थ्य योजना का निर्माण मुख्यमंत्री स्वस्थ पंचायत योजना अंतर्गत 32 सूचकांको पर पारावार एकत्रित आंकड़ों के विप्लेशन से किया जाना चाहिये। 32 सूचकांको के अलावा समिति ग्राम की जरूरत अनुसार अन्य बिंदुओं की पहचान कर उन्हें भी सम्मिलित कर सकेगी। इस प्रकार विप्लेशन से एक ही ग्राम के विभिन्न पारों की कठिनाईयों की पहचान कर उपाय करने में आसानी होगी और ग्राम स्वास्थ्य योजना में इस प्रकार सभी पारों की वस्तुस्थिति का सम्मिलन होगा। एक पंचायत के अंतर्गत सभी राजस्व ग्रामों में “ग्राम स्वास्थ्य एवं स्वच्छता समिति” द्वारा ग्राम स्वास्थ्य योजना बनाई जायेगी। एक ही पंचायत के सभी ग्रामों की ग्राम स्वास्थ्य योजना को मिलाकर स्वस्थ पंचायत योजना तैयार हो सकेगी। इस प्रक्रिया द्वारा हम सही लोकतांत्रिक ढंग से प्रभावी व परिणाममूलक पंचायत योजना का नियोजन कर क्रियान्वयन कर सकेंगे।

14. ग्राम स्वास्थ्य एवं स्वच्छता समिति की निगरानी राज्य, जिला व विकासखण्ड स्तर पर—

1. ग्राम स्वास्थ्य एवं स्वच्छता समिति की सक्रियता को नापने वाले प्रमुख बिन्दू :—

- प्रारंभिक चरणों में (गठन दौरान) —
 - ◆ ग्राम स्वास्थ्य एवं स्वच्छता समिति का गठन हुआ है कि नहीं।
 - ◆ ग्राम स्वास्थ्य एवं स्वच्छता समिति का खाता खुला है कि नहीं, और उसमें अनटाईड फण्ड जमा हुआ है कि नहीं।
 - ◆ निर्देशों के अनुरूप सदस्यों का चयन हुआ है अथवा नहीं।
 - ◆ समिति से संबंधित, सभी प्रकार की पंजियाँ बनाई गई है कि नहीं।
- बाद के चरणों में (गठन के पश्चात्) —

- ◆ नियमित मासिक/ त्रैमासिक बैठको के बिन्दुओं को बैठक पंजी में दर्ज किया जा रहा है।
- ◆ कैषबुक/देयक पंजी/ जन्म-मृत्यु प्रकरण पंजी अद्यतन हों।
- ◆ समिति द्वारा स्वच्छता एवं स्वास्थ्य के ग्राम आधारित मुद्दों की प्राथमिकता तय कर अनटाईड फण्ड का उपयोग किया जा रहा है तथा समय से उपयोगिता प्रमाण पत्र ग्राम पंचायत के माध्यम से ए. एन.एम को भेजा जा रहा हो।
- ◆ समिति द्वारा ग्राम स्वास्थ्य योजना बनाई गई हो।
- ◆ समिति द्वारा स्वस्थ पंचायत योजना के नियोजन/क्रियान्वयन/निगरानी में सहयोग किया गया है।
- ◆ समिति द्वारा समस्याओं की सूचना/हल करने में स्वास्थ्य विभाग/पंचायत विभाग/महिला बाल विकास विभाग/शिक्षा विभाग को पत्र/ आवेदन प्रेषित किए गए हैं।

2. उपलब्धि सूचकांक (OUTPUT INDICATORS)

- ◆ विकासखण्डवार आयोजित कलाजत्था की संख्या —
- ◆ सभी वर्गों (मितानिन, कार्यकर्ता, सरपंच, सचिव, समिति के सदस्य मितानिन प्रशिक्षक, जिला स्त्रोत व्यक्ति, खण्ड चिकित्सा अधिकारी आदि) को प्रशिक्षण (संख्या) —
- ◆ कुल गठित ग्राम स्वास्थ्य एवं स्वच्छता समिति .
- ◆ राष्ट्रीय ग्रामीण स्वास्थ्य मिशन अंतर्गत ग्राम स्वास्थ्य एवं स्वच्छता समिति को वितरित राशि वाले ग्राम स्वास्थ्य एवं स्वच्छता समिति की संख्या —
- ◆ ग्राम स्वास्थ्य एवं स्वच्छता समिति में सदस्यों की संख्या —
- ◆ ग्राम स्वास्थ्य एवं स्वच्छता समिति को वितरित राशि —
- ◆ ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा व्यय राशि —
- ◆ ग्राम स्वास्थ्य एवं स्वच्छता समिति की संख्या, जिनके द्वारा राशि व्यय का उपयोगिता प्रमाण पत्र भेजा गया —

3. परिणाम संबंधी सूचकांक (OUTCOME INDICATORS) -

- ◆ ग्राम सभा में किए गए सामाजिक अंकेक्षण —
- ◆ तैयार ग्राम स्वास्थ्य योजनाएं/स्वास्थ्य पंचायत योजनाएं —
- ◆ पंचायत स्तर पर सक्रिय “शिक्षा, स्वास्थ्य व समाज कल्याण” समिति की संख्या —
- ◆ ग्राम स्तर पर हल किए गए स्वास्थ्य मुद्दों की संख्या —
- ◆ जननी सुरक्षा योजना के प्रकरणों की संख्या —
- ◆ ग्राम स्वास्थ्य एवं स्वच्छता समिति की बैठकों की संख्या जिसमें , मितानिन व सचिव संयुक्त रूप से उपस्थित थे —
- ◆ हैण्डपंप के पास बनाएं सोखता गड्ढों की संख्या —
- ◆ घरों में कराए गए शौचालय निर्माणों की संख्या —
- ◆ समिति द्वारा कराया गया ग्राम दान मूल्य —

4. प्रभाव संबंधी सूचकांक (IMPACT INDICATORS) -

- ◆ पंचायत स्तर पर सक्रिय शिक्षा, स्वास्थ्य व समाज कल्याण समितियों की संख्या —
- ◆ बीमारी दर में कमी —
- ◆ शिशु मृत्यु दर में कमी —
- ◆ कुपोषण में कमी —
- ◆ जन्म/ मृत्यु का 100: पंजीयन —

15. ग्राम पंचायत द्वारा बैंक में खाता खोलने हेतु आवश्यक प्रपत्र — अनुलग्नक A,B,C

प्रति

अनुलग्न

"A"

ब्रांच मैनेजर

विषय —नवीन खाता (बचत खाता) खोलने बाबत।

विशयांतर्गत लेख है कि राष्ट्रीय ग्रामीण स्वास्थ्य मिशन अंतर्गत ग्राम पंचायत के आश्रित ग्राम ----- में "शिक्षा स्वास्थ्य एवं समाज कल्याण" स्थाई समिति से सम्बन्धित "ग्राम स्वास्थ्य एवं स्वच्छता समिति" का गठन किया गया है। इस गठित समिति के लिए अपने बैंक में नवीन खाता (बचत खाता) " ग्राम स्वास्थ्य एवं स्वच्छता समिति, ग्राम.....के नाम से " खोलने का कष्ट करेंगे।

इस नवीन बचत खाते के संयुक्त संचालन हेतु

1. ग्राम पंचायत सचिव ----- एवं
2. संयोजक मितानिन -----को अधिकृत किया गया है। जिनके हस्ताक्षर नीचे अभिप्रमाणित किए गए हैं।

संलग्न

1. ग्राम पंचायत की बैठक कार्यवाही की सत्यप्रति, सरपंच

2. छत्तीसगढ़ शासन के निर्देशों की सत्यप्रति (निर्देशिका के पृष्ठ)
3. "ग्राम स्वास्थ्य एवं स्वच्छता समिति" के सदस्यों के नाम ग्राम पंचायत

विकासखण्ड-----

1. ग्राम पंचायत सचिव -----हस्ताक्षर
 2. संयोजक मितानिन ----- हस्ताक्षर
- अभिप्रमाणित किया जाता है।

सरपंच

अनुलग्न "B"

बैठक कार्यवाही (प्रारूप)

आज दिनांक -----को ग्राम पंचायत की बैठक में राष्ट्रीय ग्रामीण स्वास्थ्य मिशन अंतर्गत आश्रित ग्राम -----में "ग्राम स्वास्थ्य एवं स्वच्छता समिति" के गठन हेतु प्रस्ताव प्राप्ति किया गया। षासन के निर्देशानुसार यह समिति ग्राम पंचायत की शिक्षा, स्वास्थ्य एवं समाज कल्याण समिति से संबंधित होगी। जिसका मुख्य उद्देश्य ग्राम स्तर पर समस्याओं की पहचान कर, योजना बनाकर उसका हल करना होगा। छत्तीसगढ़ षासन के निर्देशानुसार इस समिति का नवीन बचत खाता "ग्राम स्वास्थ्य एवं स्वच्छता समिति, ग्राम" के नाम से बैंक ----- में खोलने का प्रस्ताव पारित किया जाता है। खाते के संयुक्त संचालन के लिए

1. ग्राम पंचायत सचिव -----एवं
 2. संयोजक मितानिन,-----को अधिकृत किया जाता है
- उपरोक्त प्रस्ताव निम्न सदस्यों की उपस्थिति में पारित किया गया—

क्र.	नाम	पद	हस्ताक्षर

सचिव
ग्राम पंचायत

सरपंच
ग्राम पंचायत

“ग्राम स्वास्थ्य एवं स्वच्छता समिति”

ग्राम _____
पंचायत _____

ग्राम

विकासखण्ड _____

आज दिनांक _____को ग्राम पंचायत बैठक में “षिक्षा स्वास्थ्य एवं समाज कल्याण समिति” के सभी सदस्यों की उपस्थिति में ग्राम स्वास्थ्य एवं स्वच्छता समिति का गठन किया गया। इसके सदस्य निम्नानुसार हैं—

क्र.	नाम	पद	हस्ताक्षर

हस्ताक्षर

अध्यक्ष
ग्रा.स्वा.स्व.स.

सचिव
ग्रा.स्वा.स्व.स.

संयोजक
ग्रा.स्वा.स्व.स.

अनुलग्न - "D"

उपयोगिता प्रमाण पत्र

माह -

ग्राम -

ग्राम पंचायत -

विकासखण्ड -

ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा माहतक किए गए कुल व्यय का ब्यौरा निम्नानुसार है-

बैंक का नाम -

खाता क्रमांक -

कुल प्राप्त राशि -

वर्तमान तक कुल व्यय -

कुल पेश राशि -

(नगद.....बैंक में -)

प्रमाणित किया जाता है कि आज दिनांकतक समिति द्वारा कुलराशि का उपयोग किया जा चुका है।

सचिव

ग्रा.स्वा.स्व. समिति

संयोजक

ग्रा.स्वा.स्व. समिति

अध्यक्ष

ग्रा.स्वा.स्व. समिति

उपयोगिता प्रमाण पत्र

(यदि पंचायत में एक या एक से अधिक ग्राम हैं, तो अनुलग्नक व अनुसार प्रत्येक ग्राम स्वास्थ्य एवं स्वच्छता समिति से पृथक – पृथक उपयोगिता प्रमाण पत्र प्राप्त कर निम्नानुसार विवरण तैयार कर उसके साथ संलग्न कर ग्राम पंचायत द्वारा ए.एन.एम. को उपलब्ध कराया जावेगा।)

क्र.	ग्राम का नाम	समिति की प्राप्त कुल राशि	समिति द्वारा कुल व्यय	समिति के पास शे 1 राशि	ग्राम सभा के सामाजिक अंकेक्षण दिनांक
कुल योग					

संलग्न – संबंधित समिति/समितियों का उपयोगिता प्रमाण पत्र।

सचिव
ग्राम पंचायत

सरपंच
ग्राम पंचायत

- 1 के अनुरूप अनटाइड फण्ड का उपयोग सुनिश्चित कराना। एवं समय से ए.एन.एम. के माध्यम से उपयोगिता प्रमाण पत्र प्राप्त कर जिला स्वास्थ्य समिति को समय से प्रेशित करना।

Annexure VII

Operational Guidelines for Village Health and Sanitation Committee, Orissa

The implementation framework of National Rural Health Mission provides for the constitution and orientation of all community leaders and formation of a Village Health and Sanitation committee. Village Health and Sanitation Committee. Village Health and Sanitation Committee (VHSC) is a simple and effective management structure at the lowest level comprising of representatives from the village. This committee is a facilitating body for all village level development programmes and reflects the aspiration of the local community.

CONSTITUTION OF VHSC:

Each village health and sanitation committee after constitution shall be registered under the Societies Registration Act 1860 Every Village Health and Sanitation Committee after being duly constituted shall be oriented and trained to carry out the activities expected of them The committee will be headed by the Ward Member of the village. In case there is more than one ward member in the village:

- a. The women ward member will head the committee.
- b. If there is no women ward member existing, if there is an SC or ST person, he will head the committee.
- c. If more than one member of the category (a) or category (b) are available in the village, the ward member of the larger ward will head the committee.
- d. If none of the members of (a) & (b) are available as ward member, the ward member with the largest ward will head the committee.
- e. Wherever there is a panchayat consisting of one revenue village only the sarpanch or Naib Sarpanch who so ever is a woman will be the Chairperson of the committee.
- f. The other members of the committee are the following:
 - i) Anganwadi Worker of the village-Convener.
 - ii) ASHA volunteer of the village.
 - iii) SEM (Self Employed Mechanics under RWSS) of the area.
 - iv) President or Secretary of up to three women SHGs (preferably SC / STs) of the village having highest own savings.
 - v) The president of the Watershed Development Committee wherever a water shed project is running and the President resides in the village.
 - vi) If none of the above is a member of SC or ST, then one member from each category should also be nominated by the chair person if available in the village.
 - vii) Representative of any NGO working in the village or in absence of that a representative of a good functioning Yuvak Sangha or any community based organization.

- viii) While forming this committee, care should be taken to ensure that each of the hamlets in the revenue village is represented in the committee.

ROLE & RESPONSIBILITIES OF VILLAGE HEALTH AND SANITATION COMMITTEE

- To involve the community in planning and implementation of health and allied activities at the village level.
- To create awareness on Maternal Health services, Child Health services, Family Planning services. Adolescent Health, Health & Hygiene, Environmental sanitation etc.
- To create awareness on Leprosy, Malaria, Blindness control, Tuberculosis etc.

To undertake the above activities the Village Health and Sanitation Committee shall receive funds from various sources. The role of the VHSC members would be to prioritize activities from the approved list and conduct the same through different persons/CBOs.

APPROVED ACTIVITIES:

- Every such committee constituted and registered shall be provided with a grant of Rs. 10,000/- by the Health and Family Welfare Deptt. per annum
- The intention of this untied grant is to enable local action and to ensure that public health activities at the village level receive priority attention.
- The various activities which could be undertaken by the VHSC include the following subject to the prescribed expenditure limits.
- Preparation of village health plan and related activities : Expenditure in this regard to be limited to Rs. 500/- for meeting expenses only other expenditure and formats to be supplied by the Mission.
 - ✓ Promotion of any village level public health activity like cleanliness drive, sanitation drive, school health activities etc: Expenditure to be limited to Rs. 200/- per month.
 - ✓ Disinfecting water sources. wells in the village, promoting activities relating to mosquito eradication : Expenditure to be limited to Rs. 200/- per month for purchase of Sanitary kits.
 - ✓ Organization of Health Mela, Shishu Mela camp for the handicapped etc: Expenditure to be limited up to Rs. 1000/- This includes organizing expenses, hiring of medical personnel, prizes, medicines etc.
 - ✓ Providing emergency health services to old, infirm, destitute, orphan or handicapped persons belonging to poorer households of the village viz. Hiring a vehicle, buying medicine hiring the services of a doctor: Expenditure to be limited to Rs. 250/- per case with an upper limit of Rs. 1000/- during this year under normal circumstances.
 - ✓ Creating awareness about good sanitary practices amongst adolescent girls and

mothers Group meetings and discussion can be held. Expenditure to be limited to Rs. 100/- per month.

- ✓ Expenditure to be
samples to testing centre, cleaning and repairing the water source.
- ✓ Encouraging people to adopt accepted health practices instead of depending on quacks & untrained health care providers : Expenditure to be incurred on group meetings, wall paintings, creating a VHSC board limited to Rs. 1000/- per year.
- ✓ Discuss and Analysis of every maternal death & neonatal death that occurs in the village and suggesting necessary action to prevent such deaths & to get them registered in the panchayat. The expenditure in this regard should be on activities relating to meeting expenses, limited to Rs. 100/-
- ✓ The payment of Rs. 100/- to AWW and Rs. 50/- to ASHA per meeting shall also be met out of the above fund with due approval of the committee members.
- ✓ It may be noted that the VHSC cannot spend more than 25% of the funds at one instance except during emergency and with due approval of the committee members.

ROLE OF CHAIRPERSON FOR VHSC:

- The Chairperson shall have the powers to call for and preside over all meetings.
- The Chairperson may himself/herself call, or by a requisition in writing signed by his/her, may require the Convener to call a meeting of this samiti at any time and on the receipt of such requisition, the Convener shall forthwith call such a meeting.
- The Chairperson shall have the authority to review periodically the work undertaken at the village level and order inquiries into the programme that is implemented.
- A copy of the minutes of the proceedings of each meeting shall be furnished to all the members as soon as possible after completion of the meeting.

ROLE OF CONVERNER FOR VHSC :

- She will convene the meeting of the VHSC.
- She will ensure that all members participate in the meeting.
- She will record the meeting proceedings, maintain cash book, provide monthly reports and SOE.
- She will facilitate the activities of the VHSC.
- She will be assisted by the ASHA in all activities.

MEETINGS:

- The meetings of the society shall be held once in every month and the proceedings shall be recorded in the prescribed format. The organization of the meeting shall be undertaken by the AWW facilitated by the ASHA. also for maintaining cash book, reporting formats, SOE format & Payment Voucher format
- The meeting shall be held preferably in the AWC/ School/ Panchayat.

MANAGEMENT OF FUNDS BY THE VILLAGE HEALTH & SANITATION COMMITTEE (VHSC)

Expected Funds Inflow: Every VHSC will receive an untied amount of Rs. 10,000/- every year which is to be used as per the guidelines issued in this regard.

Banking System: VHSC shall open a joint bank account of Ward Member and ANGANWADI Worker in any scheduled bank/Grameen Bank/Post Offices.

Joint Signatories: Ward Member along with Anganwadi Worker shall operate the Bank Account.

Records: VHSC may maintain one simple register for 'Untied Grants to VHSC'. This register may be maintained by AWW facilitated by the ASHA. This register can be verified by the Panchayat representative at the close of each month.

Submission of Statement of Expenditure (SoE): SoE may be submitted by the AWW on half yearly basis by 5th April respectively to the concerned Block Medical Officer through ANM. It would be desirable if, at the time of submission of SoE, AWW reconciles the expenditure with the bank statement. The SoE format/ Voucher /UC format be available in the above register. The SoE should be signed by the two joint signatories VHSC account and certify this SoE.

Administrative Approval and Financial Sanction: The funds under Untied Grant should be spent after the approval of majority members of the Committee provided the expenditure is made for the activities approved as per the prescribed guideline.

Remuneration : Anganwadi worker may be paid Rs. 100/- and ASHA can be paid Rs. 50/- per month for conduct of meetings, recording proceedings, recording proceedings and for maintenance of accounts by the Samiti.

Monthly Reporting : The AWW will report in the prescribed format on the meeting, activities and expenditure of VHSC to the Block Medical Officer on a monthly basis.

MONITORING AND SUPERVISORY MECHANISM:

Supportive Supervision Committee:

A Supportive Supervision Committee has to be formed at the block level which shall be responsible for establishing and making each and every VH & SC operational and functional. All difficulties and bottlenecks faced by the VH & SC with regards to local issues, functioning and membership etc. will be sorted out by the Supportive Supervision Committee. It will facilitate the activities undertaken as identified by the VILLAGE HEALTH & SANITATION

COMMITTEE:

- Block Medical Officer (BMO in-charge) -----Chairman
- Child Development Project Officer (CDPO) -----Co-Chairperson
- A representative of Junior Engineer, RWSS of the Block -----Member
- Block Programme Organiser-----Convener
- Concerned ICDS supervisor-----Member
- Concerned ANM -----Member

Zilla Swasthya Samiti at the district level will monitor the activities of VHSC and provide broad direction.

Accountability :

1. Concerned Gram Panchayat and its standing Committee will regularly review the performance of Village Health & Sanitation Committee in its meeting. The matter shall also be discussed in Palli Sabhas & Gram Sabhas.
2. At block level, Panchayat Samiti will discuss and review the activities of Village Health & Sanitation Committee in their regular meetings.

Zilla Parishad as well as District Mission / Zilla Swasthya Samiti / District Water & Sanitation Committee etc. shall deliberate upon the functioning of Village Health & Sanitation Committee and suggest improvements.

**MEMORANDUM OF ASSOCIATION AND
BYE-LAW
OF
VILLAGE HEALTH & SANITATION COMMITTEE**

Address :
Registered office of society :
Area of Operation :

AIMS & OBJECTIVES :

Village Health & Sanitation Committee is a simple and effective management structure at the lowest level comprising of a number of representatives from the village. This village level committee shall facilitate all the village level programmes in the field of Health & Sanitation. Village Health & Sanitation Committee or (VHSC) will be established in each revenue village. The village Health & Sanitation Committee shall be a registered body, under Societies Registration Act 1860 at the Tehsildar level or with appropriate registering authority.

The formation of VILLAGE HEALTH & SANITATION COMMITTEE (VHSC) is primarily to achieve the following.

1. To enhance community participation in planning and implementation of health and allied activities at villages level.
2. To create the awareness on maternal health services, child health services, family planning services, safe & healthy sanitary practices etc.
3. To create awareness about services available under various disease control programme (i.e. leprosy, malaria, blindness control, tuberculosis etc.)

ROLES AND RESPONSIBILITIES :

- The meeting of VILLAGE HEALTH & SANITATION COMMITTEE will be held every month to discuss on Health and Sanitation issues.
- Every committee duly constituted and oriented would be entitled to receive untied grant from different departments/sources.
- The grant can be used to carry out one or more out of the following activities as per the decision of the Committee.
 - (i) Preparation of village health plan and related activities.
 - (ii) Promotion of any village level public health activity like cleanliness drive, sanitation drive school health activities. etc.
 - (iii) Disinfection of water sources wells in the village, promote activities relating to mosquito eradication.
 - (iv) Organization of Health Mela. Shishu Mela, camp for the handicapped etc.
 - (v) Providing emergency health services to old, infirm destitute, orphan or handicapped persons belonging to poorer households of the village.
 - (vi)
 - (vii) Promotion of use of safe & clean drinking water and conducting water quality survey etc.

- (viii) Discourage unsafe health practices and to encourage people to adopt accepted health practices instead of depending on quacks & untrained health care providers.
- (ix) Discuss and Analysis of every maternal death & neonatal death that occurs in the village, and suggest necessary action to prevent such deaths & to get them registered in the panchayat.
- (x) Promotion of individual household latrine.

Under no circumstances the grant can be utilized for individual benefits except for the activities mentioned in sl. no. (v)

MEETINGS :

- The Village Health & Sanitation Committee (VHSC) meeting shall be held once in each month and 1/3rd of the members of VHSC shall form a quorum at every meeting.
- The Chairperson shall have the powers to call for and preside over all meetings.
- The Chairperson may himself/ herself call, or by a requisition in writing signed by him/ her. may require the convener to call a meeting of this samiti at any time and on the receipt of such requisition, the Convener shall forthwith call such a meeting.
- The Chairperson shall have the authority to review periodically the work undertaken at the village level and order inquiries into the programme that is implemented.

MAINTENANCE OF BANK ACCOUNT:

- A bank account has to be opened in any scheduled bank/post office by the VHSC which shall be operated jointly by AWW and Ward member.
- The fund received and expenditure incurred should be open for public scrutiny and shall be inspected from time to time by ANM / Gram Panchayat.
- Concerned Anganwadi Worker will be responsible for maintenance of records relating to expenditure.

AMENDMENT OF THE RULES AND REGULATIONS OF THE SAMITI:

The VHSC may alter or extend the purpose for which it is established and/or the Rules of the society. provided that such amendment shall only be carried out through an approved procedure.

DECLARATION

In all circumstances, this society namely VHSC shall function in accordance with the provisions of the Societies Regulation Act (No. XXI of 1860) and all the provisions of the said Act will be applicable to the Village Health & Sanitation Committ.

We the undersigned members of the Village Health & Sanitation Committeedo hereby certify the correct copy of the Bye Laws of the society formed on

[illegible]

Reporting Format for Village Health and Sanitation Committee

- ⇒ Annexure -I : FORMAT FOR PROCEEDINGS
- ⇒ Annexure -II : CASH BOOK
- ⇒ Annexure -III : MONTHLY REPORTING FORMAT
- ⇒ Annexure -IV : PAYMENT VOUCHER
- ⇒ Annexure-V : STATEMENT OF EXPENDITURE

Date of Meeting :

Venue :

Time :

Name of the Participants :

Points of Discussion :

Decision Taken :

Signature
Convenor, VHSC

Signature
Chairperson, VHSC

	Balance				
	To Grant Received			By Expenditure	
			18.08.07	Closing Balance	xxxxx
	Total	xxxxx		Total	xxxxx
19.08.07	Opening Balance	xxxxx			
	To Grant received			By Expenditure	
			19.08.07	Closing Balance	xxxxx
	Total	xxxxx	Total	xxxxx	xxxxx
20.08.07	Opening Balance	xxxxx			
	To Grant received			By Expenditure	
			20.08.07	Closing Balance	xxxxx
	Total	xxxxx		Total	xxxxx
21.08.07	Opening Balance	xxxxx			
	To Grant received			By Expenditure	
			21.08.07	Closing Balance	xxxxx
	Total	xxxxx		Total	xxxxx

Monthly Reporting Format for the Activities of Village Health and Sanitation Committee

(To be reported by the AWW to Block MO in the end of each Month)

Name of the VillageGram Panchayat

BlockDistrict.....Month.....Year.....

Physical Achievement

Date	No. of Meeting Held	No. of Participants	Discussion taken	
Sl. No.	Activities Planned		Activity Conducted	Amount Spent
	Total			

Financial Progress

SL. No.	Opening Balance	Fund Received	Expenditure	Balance
Total				

Signature of Anganwadi Worker

Date:

VILLAGE HEALTH & SANITATION COMMITTEE

PAYMENT VOUCHER

Voucher No. Date

HEAD OF ACCOUNT

Paid to Mr./Ms./Mrs.....

By Cash Cheque No.....Date

Particulars	Amount (Rs.)

In Words (Rupees
.....)

No of sub vouchers attached/in Words
.....

Cunvener, VHSC

Chair Person. VHSC

Form GFR 19-A

(See Government of India's Decision (a) below Rule 150)

Utilization Certificate

Sl. No.	Letter No. and Date	Amount
	TOTAL	

- 1) Certified that out of Rs. _____ of Grant-in-aid sanctioned during the period _____ to _____ in favour of _____ under this ministry / Department Letter No. given above and Rs. _____ ib account of unspent balance of the previous period, a sum of Rs. _____ has been utilized for the purpose of _____ for which it was sanctioned and that out of the balance of Rs. _____ remaining un-utilized as on - _____.
- 2) Certified that I have satisfied my self that the conditions on which the grant-in-aid was sanctioned have been dully fulfilled/are being fulfilled and that I have exercised the

following checks to see that money was actually utilized for the purpose for which it was sanctioned.

Kinds of Checks exercised:

1. Books of Accounts of OSH & FWS
2. Original Bills, Receipts & payments.
3. Bank Statement.
4. Physical Progress.

Signature :

Designation : Chair Person, VHSC

Date:

Name of the District : _____ Name of the Block : _____

Name of the Panchayat _____ Name of the VHSC : _____

Covered by VHSC :

Number of Households : _____ Population: _____

The VHSC meeting organized on date _____ The meeting was chaired by _____ The main agenda of the meeting was formation of Village Health & Sanitation Committee. After the discussion on the roles and responsibilities of the VHSC, it was decided to form one VHSC in this village. The following members shall be members of this VHSC.

Sl. No.	Name of the members	Address	Signature/Thumb impression

The following community members, Government Staff (MO, ANM, AWW etc) and NGO representatives attended the meeting.

SL. No.	Name of persons attending the Meeting	Address (for villagers) Designation (for others)	Signature Thumb Impression

Signature
Chairperson, VHSC

Signature
Convener

Copy to :

1. CDMO (Chief District Medical Officer) District : _____
2. MOIC (Medical Officer In-charge), Block : _____
3. CDPO, Block : _____
4. Panchayat Representative _____
5. ANM for display at Sub Centre : _____
6. AWW for display at Anganwadi Kendra : _____
7. Concerned NGO representative _____

Date of Meeting	Venue	Time

Points of Discussion	Proceedings and Decisions taken

Sl. No.	Name of Participants	Designation	Signature

Signature
Chaiperson, VHSC

Signature
Convenor, VHSC

Annexure VIII

Letters from the Mission Director, NRHM



कार्यालय, मिशन संचालक

राष्ट्रीय ग्रामीण स्वास्थ्य मिशन,
डी०के०एस० मंत्रालय परिसर, रायपुर

क्रमांक/एन०आर०एच०एम/२००७/..... रायपुर,

दिनांक.....

प्रति,

1. जिलाधिश एवं अध्यक्ष,
जिला स्वास्थ्य समिति, जिला- समस्त, छ०ग०।
2. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी एवं संयोजक
जिला स्वास्थ्य समिति, जिला- समस्त, छ०ग०।

विषय- ग्रामीण स्वास्थ्य मिशन के अन्तर्गत ग्राम स्वास्थ्य समिति हेतु ग्राम पंचायत के संबंधित स्थाई समिति को राशि विमुक्त करने बाबत।

विषयान्तर्गत लेख है कि राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के अन्तर्गत विकेन्द्रीकरण को बढ़ावा देते हुए रुपये 10.000/- प्रति राजस्व ग्रामवार, ग्राम पंचायत को राशि विमुक्त की गई है। इस राशि का उपयोग ग्राम पंचायत की स्थाई समिति शिक्षा स्वास्थ्य एवं समाज कल्याण समिति के अनुमोदन से ग्राम की चिन्हांकित मितानियों के प्रस्तावन के अनुरूप व्यास किया जावेगा। इस हेतु संलग्न विस्तृत दिश निर्देश का परिपालन अनिवार्य रूप के किया जाना है।

यह राशि राज्य स्वास्थ्य समिति द्वारा जिला स्वास्थ्य समिति को दी गई हैं, जिसे जिला पंचायत के साथ सांमंजस्य स्थापित करते हुए एवं सूचित करते हुए ग्राम पंचायत को विमुक्त जाना है।

दी गयी राशि का उपयोगिता प्रमाण-पत्र एवं व्यय प्रमाण-पत्र समयसीमा में ग्राम पंचायत द्वारा संबंधित उप स्वा०केन्द्र में जमा किये जावेंगे तथा जिला स्तर से जिला स्वास्थ्य समिति द्वारा राज्य स्वा०समिति को समय सीमा के अंदर प्रेषित किया जाना है।

आपसे अपेक्ष की जाती है कि उपरोक्त राशि “ग्राम स्वास्थ्य स्वच्छता समिति” के माध्यम से, ग्राम के स्वास्थ्य की कार्ययोजना बनाते हुये ग्राम के स्वास्थ्य के बेहतरी के लिए उपयोग किया जाना सुनिश्चित करेंगे

डॉ० एस०के० राजू I.A.S
संयुक्त सचिव एवं मिशन संचालक
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
रायपुर, छ०ग०

प्रतिलिपि—

1. सचिव, स्वास्थ्य एवं परिवार कल्याण विभाग, छत्तीसगढ़ शासन, मंत्रालय रायपुर
2. परियोजना संचालक, छ0ग0 एड्स कंट्रोल समिति, रायपुर।
3. मुख्य कार्यपालन अधिकारी, जिला पंचायत जिला-समस्त।
4. संचालक, संचालनालय स्वास्थ्य सेवाये, रायपुर।
5. संचालक, राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान (SIHFW). रायपुर।
6. कार्यक्रम अधिकारी, मलेरिया, संचालनालय स्वास्थ्य, रायपुर।
7. कार्यक्रम अधिकारी, क्षय रोग, संचालनालय स्वास्थ्य, रायपुर।
8. कार्यक्रम अधिकारी, कुष्ठ, संचालनालय स्वास्थ्य, रायपुर।
9. कार्यक्रम अधिकारी, अंधत्व, संचालनालय स्वास्थ्य, रायपुर।
10. कार्यक्रम अधिकारी, आईडीएसपी, संचालनालय स्वास्थ्य, रायपुर।
11. उप संचालक (आरसीएच), संचालनालय स्वास्थ्य, रायपुर।
12. संचालक, राज्य स्वास्थ्य संससधन केन्द्र (SHRC), रायपुर।

डॉ0 एस0के0 राजू I.A.S.
 संयुक्त सचिव एवं मिशन संचालक
 राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
 रायपुर, छ0ग0



राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

शिक्षा, स्वास्थ्य एवं समाज कल्याण समिति की सुदृढ़ीकरण (ग्राम स्वास्थ्य, और स्वच्छता समिति)

ग्राम स्वास्थ्य, स्वच्छता समिति क्या है?

- राज्य के प्रत्येक राज्यस्व ग्राम में राष्ट्रीय ग्रामीण स्वास्थ्य मिशन अंतर्गत स्थानीय स्तर पर सभी ग्राम पंचायतों में ऐसी समिति का गठन किया जा रहा है।
- इस समिति में ग्राम के चयनित प्रतिनिधियों के अलावा स्वास्थ्य व पोषण से जुड़े सभी प्रतिनिधियों को स्थान दिया गया है।

इस समिति का गठन क्यों? :-

पंचायत राज अधिनियम अंतर्गत प्रत्येक ग्राम पंचायत के अंतर्गत पांच अनिवार्य स्थायी समितियों में से एक - 'शिक्षा स्वास्थ्य एवं समाज कल्याण समिति' संवैधानिक तौर पर मौजूद है। इस समिति में सरपंच सभापति होता है तथा तार पांच इसके अन्य सदस्य होते हैं। साथ ही इसमें स्वास्थ्य/महिला बाल विकास/शिक्षा से जुड़े दो विशेष आमंत्रित सदस्य होते हैं। पंचायती राज अन्तर्गत ग्राम पंचायतों के निम्न बिन्दुओं को बेहतर करने से हम शिक्षा, स्वास्थ्य एवं समाज कल्याण समिति को सुदृढ़ीकरण कर सकते हैं तथा लोक स्वास्थ्य के व्यापीकरण में सफल हो सकेंगे- इस हेतु निम्न कार्य आवश्यक रूप से ध्यान देने योग्य है-

- व्यवहारिक तौर पर ग्राम पंचायतों में इस समिति को कार्यशील बनाया जाना होगा।
- इस समिति में महिला समूहों, स्वयं सहायता समूहों या अन्य नागरिक संगठनों के प्रतिनिधियों को स्थान देना होगा।
- यह समिति केन्द्रीकृत संचालन पर निर्भर ना रहे, और स्थानीय तौर पर आवश्यकतानुसार योजना बनाकर कार्य करे। साथ ही स्थानीय आवश्यक कार्यों हेतु वित्त एवं मानवीय संसाधन को उपलब्ध कराया जाना होगा।
- इस समिति की बैठक में इसके सभी सदस्य सम्मिलित हों जिस कारण संबंधित पारों या वार्डों या पंचायत के आश्रित ग्रामों से संबंधित स्वास्थ्य समस्याएं सामने आ सकें और उनका निदान हो सके।

इस संदर्भ में राष्ट्रीय ग्रामीण स्वास्थ्य मिशन अन्तर्गत मिले अवसर के द्वारा उपरोक्त बिन्दुओं को बेहतर क्रियान्वित करने हेतु "शिक्षा स्वास्थ्य समाज कल्याण समिति को सुदृढ़ करते हुए पंचायत के सभी ग्रामों में एक अनौपचारिक "स्वास्थ्य, और

स्वच्छता समिति का गठन किया जा रहा है, जो ग्राम पंचायत की शिक्षा स्वास्थ्य एवं समाज कल्याण समिति के मार्गदर्शन में कार्य करेंगी। इसका समन्वय प्रत्येक गांव के पंजीकृत मितानिनों में से एक चयनित मितानिन के द्वारा किया जाएगा। इस

समिति के सदस्य कौन होंगे?

ग्राम पंचायत की शिक्षा स्वास्थ्य एवं समाज कल्याण समिति के माध्यम से प्रत्येक ग्राम में इसका गठन किया जाना है। इसकी संरचना निम्नानुसार होगी –

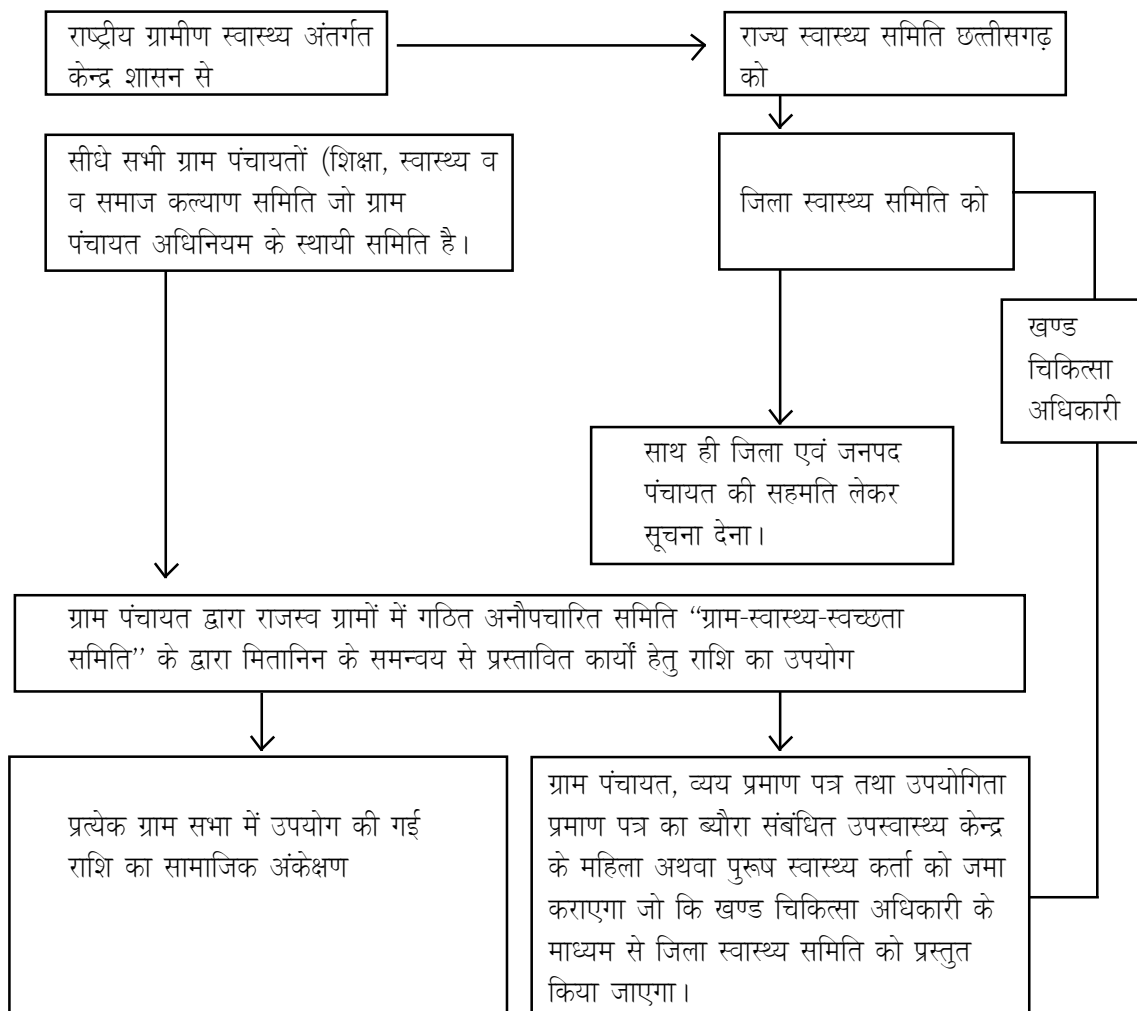
- **अध्यक्ष** - उस ग्राम/आश्रित ग्राम का पंच होगा, जो कि ग्राम पंचायत की “शिक्षा, स्वास्थ्य समाज कल्याण समिति का सदस्य भी हो साथ ही ऐसे पंच को प्रथमिकता दी जानी चाहिए जो अनुसूचित जन जाति, अन्य पिछड़ा वर्ग का प्रतिनिधित्व करता हो, महिला पंच को प्राथमिकता दिया जाना अपेक्षित होगा। यह ग्राम पंचायत में स्वास्थ्य संबंधी संवैधानिक समिति का प्रतिनिधित्व भी करेगा।
- **सचिव** - पंचायत कर्मी या पंचायत सचिव ही इस समिति का सचिव होगा।
- **संयोजक** - गांव की कोई एक चयनित मितानिन इस समिति की संयोजक होगी (गांव की अन्य मितानिन को भी वर्षवार संयोजक के कार्य हेतु अवसर दिया जाए)
- **सदस्य** - स्वयं सहायता समूह के अध्यक्ष (यदि ग्राम में एक से अधिक स्वयं सहायता समूह हो तो सभी के अध्यक्ष इसके सदस्य होंगे)
 - ◆ उस ग्राम की प्रत्येक पारे की महिला स्वास्थ्य समिति के अध्यक्ष
 - ◆ ग्राम में यदि युवा समिति है तो उसका अध्यक्ष भी इस समिति का सदस्य होगा।
 - ◆ ग्राम में स्थानीय स्वयं सेवी संगठन या अन्य नागरिक संगठन हो तो उसका अध्यक्ष भी इस समिति का सदस्य होगा।
- **अनिवार्य आमंत्रित सदस्य** - ग्राम कि पाठशाला का प्रधान अध्यापक, ए.एन.एम. आंगनबाड़ी कार्यकर्ता और लोक स्वास्थ्य यांत्रिकी विभाग का हैण्डपंप मैकेनिक इस समिति के अनिवार्य आमंत्रित सदस्य होंगे। जितनी उपस्थिति समिति की बैठकों के दौरान सुनिश्चित की जायेगी।
 - ◆ उपरोक्त कुल सदस्यों में यह सुनिश्चित किया जाएगा कि कम से कम 50% सदस्य महिलाएं हों।
 - ◆ उपरोक्त संरचना अनुसार “ग्राम -स्वास्थ्य -स्वच्छता समिति” के कुल सदस्यों की संख्या प्रत्येक ग्राम में भिन्न होगी।ग्राम स्वास्थ्य एवं स्वच्छता समिति द्वारा लिए गए निर्णय एवं प्रस्ताव मितानिन द्वारा पंचायत की संबंधित स्थाई समिति को अनुसंशा एवं कियान्वयन हेतु प्रस्तुत करेगी।

समिति को आर्थिक सहायता कितनी व कैसे?

- राष्ट्रीय ग्रामीण स्वास्थ्य मिशन अन्तर्गत प्रत्येक ग्राम स्वास्थ्य-स्वच्छता समिति को वार्षिक 10.000 रुपये की स्वतंत्र राशि (अनटाइड फंड) प्रदान की जावेगी। स्वतंत्र राशि से तात्पर्य यह है कि समिति स्वयं निर्णय करेगी

कि ग्राम के हित में इस राशि का उपयोग कहाँ, कब व कैसे किया जाए तथा इसकी अनुसंशा ग्राम पंचायत की शिक्षा स्वास्थ्य एवं समाज कल्याण समिति द्वारा किया जावेगा।

● **ग्राम स्वास्थ्य- स्वच्छता समिति को यह राशि निम्नानुसार प्राप्त होगी -**



समिति का बैंक खाता - किसके नाम

- ग्राम स्वास्थ्य- स्वच्छता समिति द्वारा व्यय हेतु ग्राम पंचायत में एक बैंक खाता खोला जायेगा। इस बैंक खाते का संचालन ग्राम पंचायत के सचिव और मितानिन द्वारा संयुक्त रूप से किया जाएगा।
- बैंक खाते से राशि का आहरण समिति की स्वीकृति के पश्चात ग्राम पंचायत की "शिक्षा स्वास्थ्य एवं समाज कल्याण समिति की अनुसंशा से ही किया जा सकेगा।
- जिला स्वास्थ्य मिशन की जिम्मेदारी होगी कि ग्राम पंचायत द्वारा उपयोग की गई राशि का सामाजिक अंकेक्षण नियमित ग्राम सभा या अन्य मध्य की सुनिश्चित हो सके।

ग्राम स्वास्थ्य- स्वच्छता समिति के प्रमुख कार्य निम्न होंगे-

- ग्राम के सभी लोगों को अनिवार्य स्वास्थ्य कार्यक्रमों के प्रति जागरूक करना, पात्र हितग्राहियों को विभिन्न योजनाओं में मिलने वाले लाभ को दिलाना सुनिश्चित करना और इन योजनाओं की मानिट्रिंग में लोगों की सहभागिता सुनिश्चित करना।
- ग्राम में संपूर्ण स्वच्छता अभियान का क्रियान्वयन सुनिश्चित करना। प्रभावी क्रियान्वयन हेतु लोगों की सक्रिय भागीदारी सुनिश्चित कराना।
- ग्राम में ए.एन.एम. एवं एम.पी डब्ल्यू का निर्धारित दिवसों में भ्रमण सुनिश्चित कराते हुए उनके द्वारा लोगों को दी जाने वाली सेवाओं को सभी लोगों को उपलब्ध कराना।
- ग्राम में सभी जन्म, मृत्यु और विवाह का 100% पंजीय सुनिश्चित कराना।
- ग्राम में होने वाले मृत जन्म और शिशु मृत की तुरंत सूचना चिकित्सा अधिकारी एवं बाल विकास परियोजना अधिकारी को देना।
- ग्राम के सभी लोगों को सूचना बोर्ड या कैलेण्डर के माध्यम से स्वास्थ्य संबंधी जानकारी देना सुनिश्चित करना।
- स्वास्थ्य कार्यकर्ताओं के प्रत्येक ग्राम भ्रमण पर उनके द्वारा दी जाने वाली गतिविधियों की जानकारी स्वास्थ्य कैलेण्डर के माध्यम से लोगों तक पहुंचाना।
- किसी बिमारी की महामारी और बच्चों में कुपोषण की जानकारी संबंधित ए.एन.एम. आंगनबाड़ी कार्यकर्ता, बाल विकास परियोजना अधिकारी, चिकित्सा अधिकारी को देना।
- ग्राम पंचायत में लोगों की सक्रिय भागीदारी जल प्रदाय योजना का क्रियान्वयन सुनिश्चित करना। यदि योजना में एक से अधिक पंचायतें शामिल हो तो सभी ग्राम समितियों के प्रतिनिधियों को सम्मिलित कर सभी पंचायतों की एक समिति का गठन इस कार्य हेतु करना।
- स्वास्थ्य पंचायत योजना अंतर्गत ग्राम संबंधित प्राथमिकताओं के क्रियान्वयन एवं मानिट्रिंग को सुनिश्चित करना।
- समिति को प्राप्त राशि से ग्राम स्तरीय स्वास्थ्य गतिविधियों जैसे सफाई अभियान, स्वच्छता अभियान, शालेय स्वास्थ्य, आंगनबाड़ी केन्द्र स्तरीय गतिविधि, परिवार सर्वेक्षण, छोटे शिविरों आदि का आयोजन करना। साथ ही अति विशिष्ट प्रकरणों जैसे असहाय महिला या अत्यंत गरीब परिवारों को स्वास्थ्य संबंधि देखभाल हेतु आर्थिक सहायता उक्त राशि से ग्राम पंचायत के अनुमोदन पश्चात दी जा सकती है।
- यदि आवश्यकता हो तो समिति उपस्वास्थ्य केन्द्र के अनटाइम फंड का उपयोग ग्राम के स्वास्थ्य संबंधि मुद्दे को हल हेतु उपयोग। करने के लिए संबंधित उपस्वास्थ्य केन्द्र, ग्राम पंचायत को प्रस्ताव योजनाएं
- उपरोक्त सभी कार्यों के क्रियान्वयन हेतु समिति का वार्षिक बतिविधि कैलेण्डर तैयार करना।
- समिति को प्राप्त राशि का उपयोगिता प्रमाण पत्र प्रत्येक त्रैमास में खण्ड चिकित्सा अधिकारी को ए. एन.एम. के माध्यम से जमा करना। जो खण्ड चिकित्सा अधिकारी द्वारा जिला स्वास्थ्य मिशन के प्रेषित किया जाएगा।

ग्राम स्वास्थ्य स्वच्छता समिति के क्रियान्वयन से कौन-कौन से परिणत प्राप्त होंगे?

- ग्राम पंचायत की “शिक्षा, स्वास्थ्य एवं समाज कल्याण” समिति कार्यशील हों सकेंगी, पंचायतों एवं ग्राम स्वास्थ्य जल स्वच्छता समिति की क्षमता में बढ़ोतरी होगी, जिससे ग्राम स्तर पर लो स्वास्थ्य सेवाओं का प्रबंध एवं नियंत्रण और बेहतर ढंग से हो सकेगा।
- कमजारे पारों/टोलों/आश्रित ग्रामों के लोगों को बेहतर स्वास्थ्य सेवाएं मिल सकेंगी।
- सुरक्षित पेयजल तक सभी लोगों की पहुंच आसान हो सकेगी।
- स्वास्थ्य कार्यकर्ता बेहतर ढंग से स्वास्थ्य सेवाएं उपलब्ध करा सकेंगे।

- पंचायत की स्वास्थ्य योजना में स्थानीय लोगों को भागीदारी-योजना निर्माण/क्रियान्वयन/मानिट्रिंग स्तर पर सुनिश्चित होगी।
- सामाजिक अंकेक्षण एक अनिवार्य प्रक्रिया के रूप में स्थापित हो सकेगा।
- कुपोषण व शिशु मृत्यु दर में कमी आएगी।
- स्वच्छता से संबंधित बीमारियों जैसी उल्टी, दस्त, मलेरिया आदि में कमी आएगी।

ग्राम स्वास्थ्य स्वच्छता समिति के गठन करने और उसको कार्यशील बनाने हेतु आवश्यक प्रक्रियाएं कौन सी हैं।

- समिति के मार्गदर्शिका तैयार करना।
- प्रशिक्षण मार्गदर्शिका तैयार करना।
- स्थानीय कलाजत्था के माध्यम से सामाजिक गतिशीलता सुनिश्चित करना।
- 60.000 मितानियों को प्रशिक्षित करना।
- सिटिजन चार्टर लागू करना।
- तंत्र के माध्यम से गहन सूचना प्रसारित करना।
- ग्राम सभा को सामुदायिक प्रक्रिया अंतर्गत शामिल करते हुए सामाजिक अंकेक्षण सुनिश्चित करना।

Annexure IX

Letter from State Health Society, Bihar



State Health Society Bihar राज्य स्वास्थ्य समिति, बिहार

परिवार कल्याण भवन, शेखपुरा, पटना - 800014
Parivar Kalyan Bhawan, Shekhpura, Patna-800014
Phone : 0612-3259447, 3259448, 290321, 290322, 290328, 2290340
website : www.shsbihar.org, E-mail : Info@shsbihar.org



राज्य स्वास्थ्य समिति, बिहार अधिसूचना

ज्ञापक SHSB/Admin/81-06/28772

शेखपुरा, पटना दिनांक 20.08.2004

राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के तहत, पंचायत समिति के देखरेख में, ग्राम स्वास्थ्य एवं स्वच्छता समिति के गठन का निर्णय लिया गया है। इसी क्रम में पूर्व से लोक स्वास्थ्य अभियंत्रण विभाग के तहत, गठित एवं कार्यरत ग्राम स्वच्छता समिति में स्वास्थ्य विभाग की ए०एन०एम० एवं आशा कार्यकर्ता को सहयोजित (Co-opt) किया जाना है।

(के० के० पाठक)
कार्यपालक निदेशक
राज्य स्वास्थ्य समिति, बिहार, पटना

ज्ञापक SHSB/Admin/81-06/28772

शेखपुरा, पटना दिनांक 20.08.2004

प्रतिनिधि:- सभी सिविल सर्जन सह सदस्य सचिव, जिला स्वास्थ्य समिति को सूचनार्थ प्रेषित। निदेशित है कि अपने जिले में कार्यरत सभी स्वच्छता समितियों में आशा एवं ए० एन० एम० को सहयोजित (Co-opt) करवा कर उसकी सूचना अधोहस्ताक्षरी को दिनांक- 15.4.07 तक उपलब्ध कराना सुनिश्चित करेंगे।

(के० के० पाठक)
कार्यपालक निदेशक
राज्य स्वास्थ्य समिति, बिहार, पटना

Annexure X

Letter from MoHFW, Jharkhand.

Phone : 91 . 351 -2491033, 2490563
2261050 (6 Lines)
Fax : 91 - 651 , 2490314, 2260361



झारखण्ड सरकार

झारखण्ड सरकार

स्वास्थ्य एवं परिवार कल्याण विभाग

झारखण्ड सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

नेपाल हाऊस, डोरण्डा रांची 834 002

Government of Jharkhand

ministry of Health & Family Welfare

Nepal House, Doranda, Ranchi 834 002

पत्रांक.....

दिनांक.....

सेवा में.

सभी सिविल सर्जन, झारखण्ड

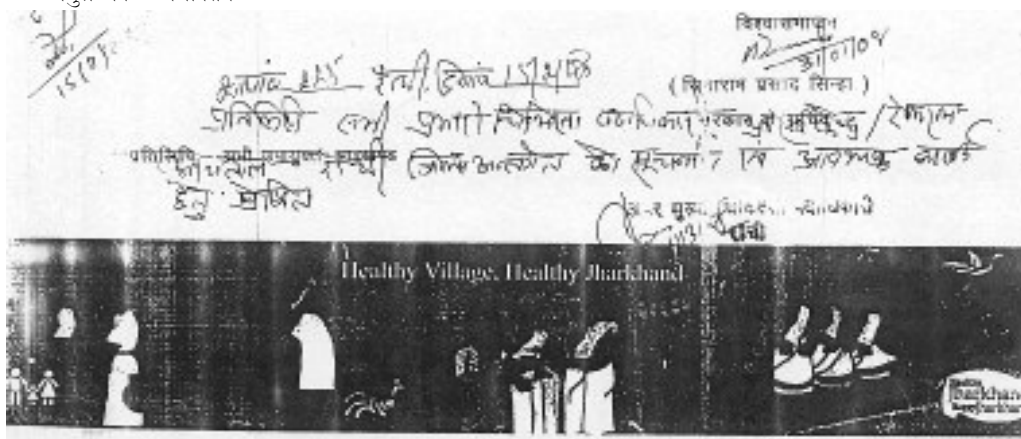
सभी अपर मुख्य चिकित्सा पदाधिकारी, झारखण्ड।

विषय:- ग्राम स्वास्थ्य समिति के बैंक में खाता खोलवाने एवं राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के अंतर्गत प्रत्येक ग्राम स्वास्थ्य समिति (ग्राम स्वास्थ्य एवं स्वच्छता समिति) को **untied grant** के रूप में उपलब्ध करवाई जाने वाली राशि रु.10,000/- (दस हजार रुपए) के व्यय के सबंध में मार्गदर्शिका।

महाशय,

विषयांतर्गत प्रत्येक ग्राम स्वास्थ्य समिति (ग्राम स्वास्थ्य एवं स्वच्छता समिति) को **untied grant** के रूप में प्रतिवर्ष उपलब्ध की जाने वाली रु. 10,000/- (दस हजार रुपए) मात्र के ग्राम स्वास्थ्य समिति स्तर पर व्यय हेतु मार्गदर्शिका इस पत्र के साथ संलग्न कर उपलब्ध की जा रही है। मार्गदर्शिका के अनुसार सर्वप्रथम प्रत्येक ग्राम स्वास्थ्य समिति का किसी राष्ट्रीयकृत बैंक शाखा/डाकघर/को-ऑपरेटिव बैंक (पैक्स) में साहिया/आंगनबाड़ी कार्यकर्ता/**Health Link Worker** एवं ग्राम स्वास्थ्य समिति के अध्यक्ष/ग्राम प्रधान द्वारा संयुक्त हस्ताक्षर से खाता खुलवाना सुनिश्चित करें। जिन समितियों का खाता खुल चुका है उनकी सुची खाता न0 के साथ अविलय अधोहस्ताक्षरों को उपलब्ध कराना सुनिश्चित करें, ताकि निधि संगत की जा सके एवं भविष्य में शेष बचे समितियों का भी खाता खुलवाकर विवरणीय खाता न0 के साथ उपलब्ध करावें। मार्गदर्शिका के संबंध में सभी संबंधित को सूचित करते हुए उसके अनुपालन हेतु सभी को जागरूक एक प्रशिक्षित करने के लिए आवश्यक निर्यशाला का आयोजन करें।

अनुलग्नक - यथोक्त।



ग. ग्राम स्वास्थ्य समिति का दायित्व:

1. प्रत्येक ग्राम स्वास्थ्य समिति अपने गांव का पारिवारिक सर्वेक्षण का नवीकरण प्रत्येक वर्ष अप्रैल माह में करेंगे एवं उसकी एक प्रति समिति के पास रहेगी तथा एक प्रति नजदीकी प्राथमिक स्वास्थ्य मोन्द्रा में भेजेंगे।
2. ग्राम स्वास्थ्य समिति दो रजिस्टर नियमित स्पष्ट रखेंगे। पहले रजिस्टर में उस गांव में किए गए कार्यों का वर्णन रहेगा एवं दूसरे रजिस्टर में आय व्यय का ब्यौरा रहेगा।
3. प्रभारी चिकित्सा पदाधिकारी उनके द्वारा प्राथमिकता किसी पदाधिकारी द्वारा उस गांव के गतिविधियों में हो रहा कार्य प्रगति घर निरीक्षण करेंगे।
4. ग्राम स्वास्थ्य समिति से संबंधित विस्तृत दरमावेस उस जिला को जिला कार्यक्रम प्रबंध इकाई के पास रहेगा।

घ. अनुश्रवण :

1. प्रभारी चिकित्सा पदाधिकारी या उनके द्वारा प्राधिकृत किसी पदाधिकारी द्वारा कम से कम छः माह में एक बार **Untied Grant** के व्यय लेखा का निरीक्षण किया जाएगा एवं निरीक्षण प्रतिवेदन की सिविल सर्जन को उपलब्ध करवायी जाएंगी।
2. जिला कार्यक्रम प्रबंधन इकाई भी इस राशि को व्यय का अनुश्रवण करेंगी।

नोट : इस कार्य में संबंधित जिले में जिस स्वयं सेवी संस्थानों ने ग्राम स्वास्थ्य समिति का गठन एवं सहिया चयन का कार्य किया है उससे मदद ली जा सकती है।

Phone : 91 . 351 -2491033, 2490563
2261050 (6 Lines)
Fax : 91 - 651 , 2490314, 2260361



झारखण्ड सरकार

झारखण्ड सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
नेपाल हाऊस, डोरण्डा रांची 834 002
Government of Jharkhand
ministry of Health & Family Welfare
Nepal House, Doranda, Ranchi 834 002

पत्रांक.....

दिनांक.....

सेवा में.

सभी उपायुक्त
सभी निदेशक
उपनिदेशक प्रशिक्षण
सभी क्षेत्रीय उपनिदेशक
सभी सिविज सर्जन झारखण्ड
सभी प्रभारी चिकित्सा पदाधिकारी, झारखण्ड
सभी संबंधित स्वयं सेवी संस्थान
स्वास्थ्य एवं परिवार कल्याण विभाग, झारखण्ड सरकार

विषय :- राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के अर्न्तगत सहिया प्रशिक्षण हेतु दिशा निर्देश के संबंध में।

महाशय,

झारखण्ड सरकार गुणवत्तायुक्त मूलभूत स्वास्थ्य सेवाएं, विशेषकर प्रजनन एवं शिशु स्वास्थ्य संबंधी सेवाओं को झारखण्डवासियों के प्रत्येक घर के प्रत्येक व्यक्ति तक पहुंचाने के लिए कृतसंल्पि है। इस संकल्प को पूरा करने हेतु ग्राम स्वास्थ्य समिति के गठन एवं समुदाय आधारित महिला स्वास्थ्य कार्यकर्ता-सहिया के प्रशिक्षण हेतु दिशा निर्देश भेजा जा रहा है।

सहिया प्रशिक्षण

- (1) सभी जिला में सहिया चयन का कार्य **NGOs** की मदद से सम्पन्न हो चुका है। सभी **NGOs** को दिशा निदेश दिया जा चुका है कि सहिया चयन संबंधी विस्तृत विवरणी जिला प्रशासन, सिविज सर्जन एवं राज्य स्तर पर उपलब्ध करायेंगे।



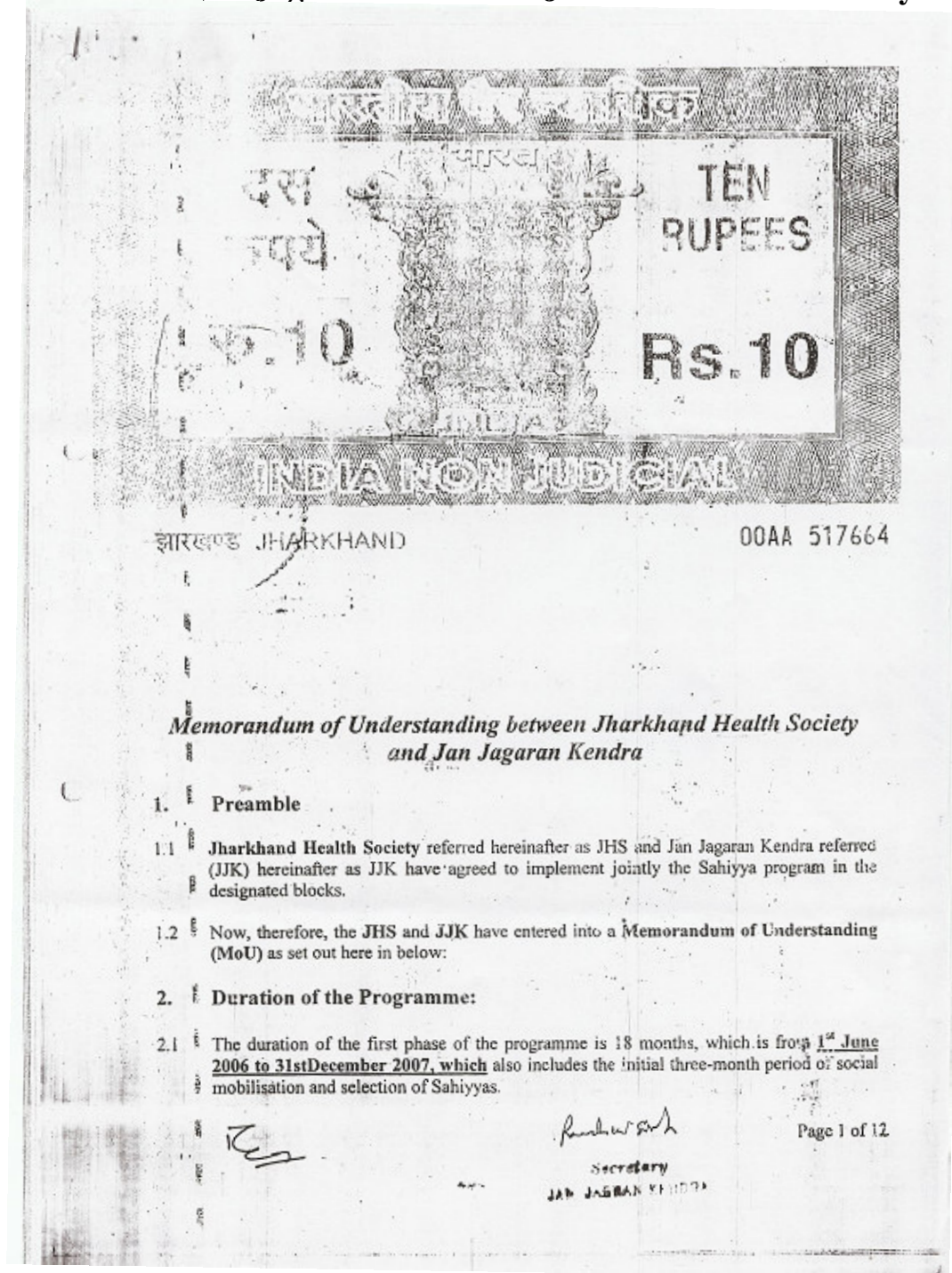
- (2) सहिया प्रशिक्षण के कार्य उन्हीं **NGOs** के द्वारा किया जाएगा जिन्होंने ग्राम स्वास्थ्य समिति के गठन एवं सहिया चयन का कार्य अपने कार्यक्षेत्रों में किया है।
- (3) सहिया कार्यक्रम हेतु चिह्णित जिला एवं प्रखण्ड स्तरोप नोडल पदाधिकारी ही सहिया प्रशिक्षण का समन्वय करेंगे।
- (4) जिला प्रशासन एवं समिति सर्जन संबंधित **NGOs** के प्रशिक्षण का मूल्यांकन करेंगे एवं दिशा निर्देश अपने स्तर में भी देंगे।
- (5) संबंधित **NGOs** सहिया प्रशिक्षण में गठित ग्राम स्वास्थ्य समिति का निश्चित रूप से सहयोग लेंगे। इस पूरी कार्रवाई में जिला प्रशासन, प्रखण्ड प्रशासन के तहत स्थानिय प्रदाधिकारियों/कर्मचारियों की पूर्ण सहभागिता सुनिश्चित करेंगे।
- (6) सहिया का प्रशिक्षण कुल 6 माइयुल में होना है। इस प्रशिक्षण के क्रियान्वयन हेतु निम्न रणनीति बनाई गई है:
 - राज्य स्तर पर जिला प्रशिक्षण का दल तैयार करना।
 - जिला स्तर पर प्रखण्ड प्रशिक्षकों का दल तैयार करना।
 - प्रखण्ड स्तर पर तैयार प्रशिक्षक सहिया को प्रशिक्षण देना।
- (7) सहिया प्रशिक्षण हेतु प्रखण्ड स्तरीय प्रशिक्षकों का प्रशिक्षण आवासीय होगा परंतु सहिया प्रशिक्षण गैर आवासीय होगा।
- (8) संबंधित **NGOs** मासिक कार्य प्रगति प्रतिवेदन संबंधित जिला प्रशासन एवं सिविल सर्जन को उपलब्ध करायेंगे।

सहिया कार्यक्रम के पशिक्षण का स्वरूप

- (1) संबंधित **NGOs** प्रत्येक प्रखण्ड में सहिया प्रशिक्षण हेतु अधिकतम 16 प्रखंड स्तरीय प्रशिक्षकों का चयन करेंगे परन्तु प्रशिक्षण के उपरोक्त उनमें 10 श्रेष्ठ प्रशिक्षकों को रखेंगे।
- (2) चयनित 10 प्रखंड स्तरीय प्रशिक्षकों को प्रति दिन 100 रु0/. प्रति कार्यदिवस (कुल 112 कार्यदिवस) के दर से भुगतान किया जाएगा। राशि का भुगतान किये गये कार्यदिवस एवं निर्धारित लक्ष्य पाप्ति के आधार पर किया जाएगा।
- (3) प्रति प्रखंड सहियों प्रशिक्षण हेतु एक प्रखंड समन्वयक अनुमान्य होगा और यदि एक जिला में 05 अधिक प्रखंडों में एक **NGOs** कार्य कर रहे हों तब एक जिला समन्वयक अनुमान्य होगा।
- (4) सहिया प्रशिक्षण हेतु प्रति चयनित सहिया को 2196 रु0/. (सभी 6 माइयुल हेतु) की दर में **NGOs** को भुगतान देय होगा। राशि का भुगतान किए गए कार्यदिवस एवं निर्धारित लक्ष्य प्राप्ति के आधार पर किया जाएगा।
- (5) सहिया प्रशिक्षण की प्रक्रिया चार माह एवं पंद्रह दिनों में पूरी कर ली जाएगी (विस्तृत बजट संलग्न है प्रपत्र.1)

Annexure XI

MoU between Jan Jagran Kendra and Jharkhand Health Society



- 2.2 This MoU is valid for an 18-month period (1st June 2006 to 31st December 2007) from the date of signing and further extension of the programme would be mutually agreed upon after a review on the mutual agreement of all the signatories.

3. Content of Programme:

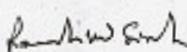
- 3.1 That JJK agrees to implement the Sahiyya programme on behalf of the JHS in 5 blocks, i.e., Chis, Bermo, Peterwar, Nawadih and, Gomia of district Bokaro of Jharkhand State.
- 3.2 That JJK undertakes to facilitate the formation of Village Health Committees and mentor them in every village and identify, select and train community health Workers (hereinafter referred to as 'Sahiyya') in every hamlet of the above-mentioned areas.
- 3.3 That JJK undertakes to follow processes for the selection, training and supporting the Sahiyya as mutually agreed between JJK and JHS and as outlined in Operational Guideline.

4. Monitoring & Evaluation:

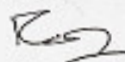
- 4.1 A strategic planning workshop will be conducted with JJK, which will be the basis of monitoring and evaluation.
- 4.2 A monthly review meeting will be held at block level on rotatory basis in which a previous monthly plan will be reviewed problems arising in the implementation will be discussed and next months planning would be done. Block Health Staff will also attend this meeting.
- 4.3 Two-field visit will be conducted by JHS in a month, to gather the field inputs for monitoring purposes.
- 4.4 JJK will submit a Quarterly programme report to JHS.
- 4.5 A six monthly process review would be done by JHS
- 4.6 The monitoring plans will be developed by JHS. JHS will organise baseline, midterm and final evaluation activities of the project. JJK agrees to maintain openness for monitoring visits to project area by JHS and its authorised consultants and Government officials, whenever required; such plans of visits will be co-ordinated / facilitated by JJK
- 4.7 The support that the JHS shall provide to the JJK would include logistical support, financial management support and data compilation support, which are deemed necessary for the smooth functioning of the programme.
- 4.8 JJK shall in turn provide information to JHS as per the format outlined in Annexure IV, and facilitate field visits as and when necessary.

5. Financial Norms

- 5.1 The total budget outlay (maximum) for all the five blocks is Rupees **Fifty-one Lakhs Twenty Six Thousand Six Hundred and Twenty Two Only**. But all payment will be made against actual expenditures, as per the agreed norms.
- 5.2 That the project will be carried out by JJK, in conformity with sound financial practices within the time schedule as mentioned above.
- 5.2.1 That Secretary, of JJK, will be responsible for the implementation of the project and will, therefore, be responsible for administering the funds received exclusively for the project
- 5.2.2 That Secretary, of JJK, will use funds in accordance with the agreed Financial Plan outlined in Budget outlay (Annexure I). Any funds that are not utilised in accordance with this Agreement shall be returned to the JHS, within the 15 days of the completion of this project.
- 5.2.3 That Secretary, of JJK will use funds received under this Agreement exclusively for the purpose of the project as agreed under this Agreement and will not use the funds for any other purpose.
- 5.2.4 That JJK will get all payment against actual expenditures. VHC facilitators and Block Coordinator will work exclusively for Sahiyya Program. They are being shared with other programs, allocation will be proportionate.
- 5.2.5 That Secretary, of JJK will not use the Sahiyya Programme funds available for this project for activities financed by another donor/agency.
- 5.2.6 That Secretary, of JJK will segregate the funds received under the project in its separate bank accounts. Receipt and expenditure of such funds should be shown separately in all accounting records.
- 5.2.7 That Secretary, of JJK will maintain separate records and vouchers in support of funds claimed and expended under this Agreement for the inspection by the officials/ nominees as and when required. Such records shall be maintained by Accounts Department; of JJK till the JHS states so in writing.
- 5.2.8 That Secretary of JJK will provide a monthly income and expenditure statement, which will include opening and closing balance, Income if any and expenditures of the month to JHS.
- 5.2.9 That Secretary of JJK will provide the Quarterly financial report to JHS, in the prescribed format.
- 5.2.10 That the Secretary of JJK will get its project accounts audited and furnish audited financial statements including receipt of the amounts as well as expenses, to JHS during the financial audit


Secretary
JAN JAC RAN KENDRA

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- 5.2.11 That Secretary, of JJK will preserve financial as well as other documents pertaining to the project for at least five years after completion of the Agreement.
- 5.2.12 That the interest earned out of the Sahiyya programme funds, if any, will belong to the project and its use will be decided jointly by Secretary, of JJK and on the behalf of JHS.
- 5.2.13 That the, Chairman JHS, will determine the satisfactory completion of mutually agreed objectives and outputs and will be final judge of the work and output.
- 5.2.14 The fund would be released as follows (also mentioned in Annexure III)

Release of funds

Type	Prerequisite	Time frame	Total Cost For Five Blocks
First instalment	MoU signed -	June-06	10,25,324.00
Second instalment	Expense report for June- December 2006 Performance appraisal	December-06	12,81,656.00
Third instalment	Expense report for Jan-June 2007 Performance Appraisal	June-07	12,81,656.00
Fourth instalment	Expense report for- July-September 2007	September-07	2,56,331.00
Fifth instalment	18 months income and expenditure report with review and evaluation report	December-07	12,81,656.00
Total Cost			51,26,622.00

Forwards to

Secretary

JHK D-6/11-11-11

6. Commitment of JHS

- 6.1 JHS hereby commits to ensure the co-operation and support of health functionaries of the Department of Health & Family Welfare, Government of Jharkhand at the Block and District level. This support is deemed necessary since the successful implementation of the programme is dependent on the active participation of the Auxiliary Nurse & Midwives (ANMs), PHC & Add. PHC staff and Medical Officers In charge (MoIC).
- 6.2 The JHS is committed to provide logistical and training material to JJK -for the implementation of this programme.
- 6.3 JHS also undertakes to provide any administrative and monitoring and mentoring support to the JJK as is deemed necessary for the smooth implementation of the programme.
- 6.4 The JHS commits itself to ensure co-operation and support of other departments like ICDS, Drinking Water and Sanitation, Education and AYUSH to ensure intradepartmental coordination. This support is deemed necessary since the programme depends on the inputs and active participation of these departments.
- 6.5 The JHS also undertakes to ensure the smooth disbursement of funds to the JJK in the implementation of the programme.

7. Commitment of JJK:

- 7.1 JJK commits to implement the Sahiyya programme in the Blocks mentioned above and ensure that the VHCs are formed and Sahiyyas selected in accordance with the process outlined in operational guideline.
- 7.2 JJK undertakes to implement the programme in the agreed time schedule and ensure that the first phase of the programme is completed within 18 months of the signing of this MoU.
- 7.3 JJK is also committed to ensuring that the monitoring schedule is adhered to as provided for in Annexure I and that all financial/ accounting information related to the programme is provided to the JHS periodically so as to ensure that this information is compiled, analysed and passed on by the JHS to the RCH Society.

8. Suspension

- 8.1 Both the parties will be having rights to withdraw from the commitments through this MoU, on Non-compliance of the commitments contained in Para 6 and 7 above and/ or unsatisfactory progress of agreed programme, by giving a prior notice of one month.

8.2 The Secretary of JJK agrees that if JJK fails to meet the standards measured against progress towards milestones and intermediate objectives and the processes expected of it as planned in strategic planning workshop, this Agreement may be terminated by JHS. On the termination of the Agreement, the unused funds already provided by JHS shall be returned to JHS within the week after termination.

8.3 The final verdict on the termination of Agreement rests with the Chairman, JHS.

Agreed and signed on this _____ day of May 2006.

On behalf of JJK

Rancho w. Singh

Secretary
JAN JAGRAH K

On behalf of JHS

[Signature]
सचिव सचिव
इ.स.स.स. वि. वि. एवं प. क. विभाग
भारतखण्ड, राँची

Witness (Signatures)

1. [Signature]

1. _____

Name: SATYENDRA KUMAR Singh
Address: ANRMAN ASSISTANCE
ASSOCIATION
Bandarsoni Chowla
Dumka.

2. [Signature]

Name: [Signature]
Address: [Signature]
[Signature]
[Signature]

Witness (Signatures)

1. [Signature]

Name: SUBIR KUMAR
NGO Co-ordinator
Address: RCH Directorate, Namkum
Ranchi

2. [Signature]

Name: Vijay Puri Pandey
Address: Sahitya working group
RCH Namkum

Rancho w. Singh

Secretary
JAN JAGRAH K

Detailed Budget for the five blocks.

Budget for Five Blocks				
Task	Explanation	Calculation	Cost for Blocks	Cost for Five blocks
Component I -social mobilization and VHC Formation				
VHC Formation and Sahiyya selection				
Training of VHC facilitators	Food & Lodging	10persons*Rs.90for food & lodging *4days	3600	18000
	Training Material	10persons*Rs.100	1000	5000
VHC Formation and Sahiyya selection	Facilitators salary	5 persons*Rs.2000per month *18 months	180000	900000
	Facilitators travel	5 persons*Rs.500 per month*18 months	45000	225000
Total of component I			229600	1148000
Component II Sahiyya Training				
Training of Sahiyya 25 days training in 7 sessions	Travel for Sahiyya to attend 25 days training to and from	300persons *Rs.20*25	150000	750000
	Food	300 persons*Rs.30*25days	225000	1125000

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	Training Material & contingencies	300persons*Rs.75	22500	112500
	25 days training for each batchX 2 trainers per dayX 12 batchesX Rs. 100per trainer per day	12 batches*2 trainers*25days*Rs.100	60000	300000
Honourarium for trainers	Boarding and lodging expenses during training	10persons*Rs.100*30days	30000	150000
Training of Trainers			487500	2437500
Total of Component II				
Component III- VHC Sahiyya Mentoring				
Training of VHC office bearers (3 members from each of the 150 VHCs)	Travel to attend 6 days training to and from	450 persons*Rs.20*6 Days	54000	270000
	Food	450 persons *Rs.30*6 days	81000	405000
	Training material and other contingencies	450 persons *Rs.50	22500	112500
	Documentation & Communication(photographs, reports etc.)	150 VHC*Rs.100	15000	75000
	Sahiyya Sammelan	1 annual sammelan *Rs.3000	3000	15000
	Block Health Official Sensitization	Rs.3000	3000	15000

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Annexure II

BUDGET & FINANCIAL MECHANISMS FOR TRAINING SAHIYYA

A block will have an estimated 150 VHC and 300 Sahiyya.

Head	Task	Time frame	Cost per block (Rs)	Total Cost for five blocks
Component I	Social Mobilisation and VHC Facilitation	June 2006 to July 2006	229,600.00	1148000.00
Component II	Sahiyya Training	August 2006 to June 2007	487,500.00	2437500.00
Component III	VHC- Sahiyya Mentoring	June 2006 to December 2007	288,120.00	1440600.00
Component IV	Administrative Cost		20,104.00	100522.00
Total:				51,26,622.00

Total Cost: Fifty One Lakh Twenty Six thousand Six Hundred and Twenty Two Only

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Annexure II

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Total:				51,26,622.00

Total Cost: Fifty One Lakh Twenty Six thousand Six Hundred and Twenty Two Only

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RELEASE OF FUNDS

Type	Prerequisite	Time frame	Total Cost For five blocks
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Total Cost			51,26,622.00

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MONTHLY REPORTING FORMAT

Month : 2006

Name of NGO : District :

Sl No	Name of the Block	Total No of Village	No of Village	No. of VHC Formed		No. of Sahitya Selected		No of Sahitya Trained	No of VHC Monthly meeting held	No. of VHC meeting attended by Panch
				Completed	In Process	Selected	In Process			
01										
02										
03										
04										
05										
TOTAL										

*** Issues Emerged in the Meeting :

BLOCK	Programmatic / Field	HR	Finance
I			
II			
III			
IV			
V			

*** If required please attach separate sheet.

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Annexure XII

Letter from Administrative Officer Namkum, Ranchi to NGOs for submission of expenditure statement



To,
The Secretary,

JJK,

Hazaribagh

Dated: 19.06.2007

Sub: Disbursement of Funds for implementing Sahiyya Program in the new blocks

Dear Sir,

As per the decisions taken in the meeting held in RCH, Namkum, on 21.05.07, under the chairmanship of the Secretary, Health & Family Welfare, the NGOs must have already taken up the left out blocks for implementing the Sahiyya program.

The sanctioned expenditure guideline is enclosed herewith for your reference. Expenditure has to be incurred as per the guideline.

You are requested to submit the expenditure statement and the progress report of the same so that there can be early disbursement of the funds.

Thanking you,

Yours faithfully,

Gopaljee Tiwari
(Administrative Officer cum OSD)
RCH, Namkum, Ranchi

Sanctioned Budget & Expenditure Guideline

VHC formation and Sahiyya selection				
Component	Unit Cost	No. of Person / Unit	Days	Total (In Rs.)
Orientation of new facilitators				
Fooding & Lodging	90	15	2	2700
Training Material	50	15	1	750
Honorarium of facilitators	100	15	30	45000
Total				48450

- The ratio of facilitators and Sahiyya is 1: 20 ie 1 facilitators for 20 Sahiyya. The honorarium. will be fixed accordingly @ 100/-per day.
- Payment will be made as per the number of days worked.
- Payment will be made on actual expenditure only.



Reference:

1. Jan Swasthya Abhiyan: Report one Rural Health Watch, 15-6-2007
2. NRHM Framework for Implementation 2005-2012
3. Record of Proceedings of the National Programme Coordination Committee (NPCC) (No. 10 (1)/ 2006-NRHM-I)
4. State Programme Implementation Plan for 2007- MoHFW NRHM-I, 22.6.07
5. State Programme Implementation Plan for 2008- MoHFW NRHM
6. The National Rural health Mission Status Report, 7-9-2007
7. Operational guidelines for village health and sanitation committee, Chhattisgarh- February 2008.
8. NHRM's Common Review Mission, November 2007
9. Guidelines for Village Health and Sanitation Committees, sub centres, PHCs and CHCs, Ministry of Health and Family Welfare, Government of India
10. Manual on community based monitoring of health services under National Rural Health Mission prepared by task force on Community Monitoring of Advisory Group on Community Action; Mission Directorate, MoHFW, Government of India
11. Draft Booklet on 'Toward a people's alternative health plan', Jan Swasthya Abhiyan (<http://phm-india.org/>)

Public Health Resource Network
A Programme of Sharing Technical Resources to Strengthen District Health Programmes

Public Health Resource Network
5A, Shahpur Jat
Jungi House
New Delhi-110049

Telephone: 011-26499564
Email: phrc.delhi@gmail.com
Contact: Dr Vandana Prasad
www.shsrc.org

