ANNEXURE- "A"

Village level

Village Health Sanitation and Nutrition Committee (VHSNC):

Constitution:

1. Sarpanch / Panch - Chairperson.
2. ASHA - Member Secretary

Members:

i. Panch of the village/ ward.

ii. Government employees and honorarium paid staff viz school teacher, ANM, Anganwari worker etc (should not be more than one third of its strength).

iii. A provision of at least 30% representation from the Non-Government Sector.

iv. Accredited Social Health Activist (ASHA) (If there are more than one ASHA in the village, all of them will be the members).

v. Representative of women self help group or other development related community based organization.

vi. At least 50% members in the Village Health and Sanitation committee should be women.

vii. Representatives of weaker sections especially SC, ST, and other backward classes.

viii. Adequate representation of the members of the Committee already constituted by other related departments at village (Education, rural development, Social welfare, etc.) so as to start the convergence at the desired level.

(The members of the Committee shall be nominated by Member Secretary with approval of Chairperson i.e. Sarpanch/Panch. However, the Committee should comprise a maximum of 8 to 10 members)
Functions of Village Health and Sanitation Committee:

1) Discuss and develop a Village Health Plan based on an assessment of the village situation and priorities identified by the village community.

2) To carry out cleanliness drives for health related activities, health awareness activities in schools and Anganwadi centres and conduct of household/health survey of families at village level. In addition to holding Village Health and Nutrition days at Anganwari centre, at least one health awareness and check up camp will be organized in every Government school once in a year.

3) To arrange transportation from home to hospitals for pregnant women and any child of below 30 days of age. The funds available as referral transport under Janani Shishu Suraksha Karayakaram (JSSK) shall be utilized for this purpose. They shall arrange the Govt. ambulances or private vehicles in case of non availability of Govt. ambulances on the standard rates fixed by the Department which shall be reimbursed by the Medical Officer / Block Medical Officer as per the guidelines.

4) To arrange transportation for carrying any patient in an emergent situation such as Road Accidents, Snake bite, electric shock, burn, or any other such incidence-falling into a well, falling from a tree etc. The payment shall be met out of the untied funds available with the VHSNC.

5) To mobilize relief during the natural calamities like Flood, Drought and earthquake etc.

6) To recommend the names of the eligible candidates for selection of ASHAs as per the guidelines.

7) Ensuring 100% registration of all births and deaths through village Chowkidars / Nambardars. However, ASHAs have to be involved for reporting of births and deaths to the Chowkidars / Nambardars. The committee shall ensure that the monthly reports of births and deaths are sent to the Block Medical Officer which shall be then compiled at block level for further submission to district/State as per the prescribed guidelines.

8) Ensure that the ANM and MPHW visit the village on the fixed days and perform the stipulated activities; oversee the work of village health and nutrition functionaries viz, MMPHW, FMPHW, ASHA and AWW.

9) To announce a prize for any courageous act performed by ASHA, ANM, Anganwadi Worker, any member of Women Group, local self-help group worker etc. who goes beyond the call of duty during the year.
10) Making arrangements for removal of dirty water, maintenance of cleanliness etc and to introduce sanitation related measures and spread information on simple but effective hygiene measures such as hand washing.

11) Monitoring and Supervision of Village Health and Nutrition Day to ensure that it is organized every month in the village with the active participation of the whole village.

12) Facilitate early detection of malnourished children in the community: tie up referral to the nearest health centre as well as follow up for sustained outcome.

13) Supervise the functioning of Anganwadi Centre (AWC) in the village and facilitate its working in improving nutritional status of women and children.

14) 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 Sarpanch/ANM.