GOVERNMENT OF PUNJAB  
DEPARTMENT OF HEALTH & FAMILY WELFARE  
Paryaas Building, 5th Floor, Sector 38 B, Chandigarh  
(No. 0172-4012011-12)  
NATIONAL RURAL HEALTH MISSION  

NO. NRHM/Pb/CCP/2011/026168 - 149  
Dated: 14/1/12

To

All Deputy Commissioners,
All Civil Surgeons

Subject: Expanding the role of Village Health and Sanitation Committee (VHSC) to Include the "Nutrition" within its ambit with the active participation of anganwadi Workers (AWW), ANMs and ASHAs and renaming the committees as Village Health Sanitation and Nutrition Committees (VHSNC).


2. Now the Government of India vide their letter no. Z.18015/8/2011-NRHM-II on dated 25-7-2011 has desired to broaden the mandate of these Committees.

3. The State Government, therefore in super session of notification on dated 21-10-2007 and dated 22-12-2008 hereby issues fresh guidelines enclosed (Annexure-1) for expanding the role of Village Health and Sanitation Committees (VHSC) to include the "Nutrition" within its ambit with the active participation of Aanganwadi workers (AWW), ANMs and ASHAs and renaming the committees as Village Health Sanitation and Nutrition Committees (VHSNC).

4. You are hereby requested to kindly rename the already existing Village Health Sanitation Committees (VHSCs) as Village Health Sanitation & Nutrition Committees (VHSNCs).

Mission Director
NRHM
Village Health Sanitation and Nutrition Committee

The State Government, in super session of notification on dated 21-10-2007 and dated 22-12-2008 hereby issues fresh guidelines for expanding the role of Village Health and Sanitation Committees (VHSC) to include the “Nutrition” within its ambit with the active participation of anganwadi workers (AWW), ANMs and ASHAs and renaming the committees as Village Health Sanitation and Nutrition Committees (VHSNC).

Its Composition, Activities and Powers are described as follows.

1. Constitution

1. Sarpanch/Member Gram Panchayat
2. Representative from Women Self Help Group
3. Representative from PRIs (SC/ST)
4. Representative from Weaker Sections of the Society
5. Representative from Ex-Serviceman
6. Retired Teacher / PTA Secretary
7. Representative from any NGO
8. ANM (AWW/ASHA in non-Sub-Center Village)
9. MPHW
10. Anganwadi Worker
11. ASHA

These committees will be constituted by District Health Society in a democratic and transparent manner. Efforts are to be made to enroll dynamic people as members. In this regard, decision of District Health Society will be final.

Note: (i) There shall be one VHSNC for every inhabited Revenue Village.
(ii) The selection of members of the VHSNC shall be made by District Health Society by involving the District Health authorities, Rural Development & Panchayat Department and Block level Health Committees. The members shall be selected in an open Gram Sabha Meeting, which will be held after giving atleast 15 days notice regarding
time and place of meeting shall be given. Thorough consensus will be generally encouraged but nomination by any authority shall not be permissible.

(iii) Committees may be constituted in such a way that women get at least 50% representation.

(iv) Every hamlet within the area of the VHSNC shall be given due presentation on the VHSNC to ensure that the needs of the weaker section especially Scheduled Castes, Scheduled Tribes, Other Backward Classes are fully reflected in the activities of the committee.

(v) Representative to women's Self Help Groups etc on the VHSNC shall be encouraged to enable the Committee to undertake women's health activities more effectively.

(vi) For deciding important matters, quorum shall be of 1/3rd members, in the event of a tie, the Chairman of the Committee shall have the right to casting vote.

(vii) If there is any vacancy, it shall be filled up promptly as per procedure in (ii) above.

2. Activities

(1) **Awareness:** Create Public Awareness about the essentials of health programmes, with focus on People's knowledge of entitlements to enable their involvement in the monitoring.

(2) **Preparing Village Health Plan:** Discuss and develop a Village Health Plan based on an assessment of the village situation and priorities identified by the village community.

(3) **Key Problem:** Analyze key issues and problems related to village level health and nutrition activities, give feedback on these to relevant functionaries and officials. Present an annual health report of the village in the Gram Sabha.

(4) **Participatory Rapid Assessment:** To ascertain the major health problems and health related issues in the village. Estimation of the annual expenditure incurred for management of all the morbidities may also be done. The mapping will also take into account the health resources and
(3) Member Secretary will maintain a register where complete details of activities undertaken, expenditure incurred etc. will be maintained for public scrutiny. Thus shall be periodically reviewed by the Chairperson.

(4) The committee will receive funds of Rs. 10,000 per year. This fund may be used as per the discretion of the VHSNC.

**Village Health Fund** - Every such committee duly constituted would be entitled to an annual untied grant of Rs. 10,000/-.

(1) 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.

(2) The untied grant shall be preferentially used for areas concerning Public Health, Nutrition, Education & Sanitation, and Environmental Protection.

(3) Some of the common activities for which funds are already put into use are village level cleanliness drive, sanitation drive, school health activities, ICDS/Anganwadi level.

(4) Health awareness activities or improvements of amenities in anganwadi, the conduct of household surveys, source reduction measures for vector control, the building of transport communication links that could be used to summon/ access emergency ambulance services, publication of IEC material or notices, etc.

Exceptions to the guidelines that the fund shall be used only for activities that benefit a group and not a single household are:

(1) When it is used as a revolving fund from which households could draw in times of need to be returned in installments thereafter.

(2) In extraordinary case of a destitute women or very poor or marginalized household or individual, where the Village Health & Sanitation Committee discusses and decides to make an exception. Every village is free to contribute additional grant towards the Village Health & Sanitation Committee.

(3) In village 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.

(4) 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.

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 Convener of the VHSNC along with the Chairman of Village Health & Sanitation Committee. The account maintenance of this joint account shall be the responsibility of the Village Health & Sanitation Committee especially the Convener of the Committee. She 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 or any other authority as notified.

4. Meeting of Committee -
The VHSNC shall meet at least once in a month and Convener shall keep a note of proceedings of all the meetings in a separate register.

5. Review of VHSNC
The Block Level Panchayat Samiti will review the functioning and progress of activities undertaken by the VHSNC.

6. Some yardsticks for monitoring at the village level
(1) Village Health Plan
(2) NRHM indicators translated into Village health indicators

7. Some tools for monitoring at the village level
(1) Village Health Register
(2) Records of the ANM
(3) Village Health Calendar
(4) Infant and maternal death audit
(5) Public dialogue (Jan Samvad)
If any stage, VHSNC is found to be acting not up to the mark, a report shall be sought by the District Health Society which by acting through Member Secretary of VHSNC and looking into the facts, may dissolve VHSNC and order re-selection within three months. In extreme cases, when VHSNC does not exist, the Member Secretary of VHSNC shall perform the duties & functions of the VHSNC.