

West Bengal

## West Bengal State Rural Development Agency

(An Agency of the Panchayats & Rural Development Department, Government of West Bengal.  
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State Public Health Cell

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Memo No. 183-SPHC/1S-2/08 (Pt.)

Dated Kolkata the 18<sup>th</sup> April, 2012

From: Sri. Goutam Bhattacharya  
Joint Chief Executive Officer,  
SPHC, WBSRDA  
& Joint Secretary to the Govt. of W. B.  
P. & R. D. Department

To: Dr. Rashmi Kamal, IAS  
Addl. Mission Director, NRHM  
& Joint Secretary to the Govt. of W. B.  
H & FW Department  
Swasthya Bhawan,  
GN-29, Sector-V, Salt Lake,  
Kolkata - 700 091

Sub: Report regarding action taken on the newly renamed VHSNC


Ref: No. HFW/NRHM/674/2012 dtd. 02/03/2012 of H&FW Department, Govt. of WB

Madam,

I am directed to send herewith the action taken report regarding expanding the role and functioning of VHSC and its renaming to VHSNC for your information and taking necessary action.

Yours faithfully,

[Enclosure: as stated above]

  
(Goutam Bhattacharya)

Joint CEO, WBSRDA  
& Joint Secretary to the Govt. of W. B.

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**Report on Action taken on the newly renamed**  
**Village Health Sanitation & Nutrition Committee (VHSNC)**

Eradication of malnourishment is one of the 5 prime focuses of the CHCMI and NRHM programme. The Gram Panchayats, being the lowest tier, are the nodal agency for implementing the public health related activities with the help of members of VHSNC and village level collectives such as women Self Help Groups (SHG), and emphasis is given on child health and nutrition, maternal health, water, sanitation, and communicable diseases.

CHCMI aims to strengthen preventive and promotive health care and also envisages strengthening the role of the community in improving accountability of the health and nutritional aspects. The Functional Committees on health of Gram Unnayan Samitis (GUS) acts as Village Health & Sanitation Committee (VHSC) newly renamed as Village Health Sanitation & Nutrition Committee (VHSNC) and plays an important role to implement and monitor the micro health plans and also involve the SHGs to expand community outreach.

For better and smooth implementation of the public health activities from the fund allotted at VHSNC level, several guidelines (vide Memo no. 2643(36)-RD/PH&S/PH/2F-1/06 dtd. 13.04.2007 and Memo no. 7665- RD/PH&S/PH/2F-1/06 dtd. 12.10.2007) have been issued from this Department. Monitoring and looking after the different aspects of nutrition at Samsad level is one of the primary activities of VHSNC. The VHSNCs along with the members of SHG are performing the activities and maintaining close liaison with the representatives of H&FW and WCD & SW Departments.

VHSNC is responsible for planning, supervision, monitoring & implementation of activities of CHCMI. The funds @ Rs. 10000 per VHSNC from NRHM have been allotted to all the districts of the state for undertaking works related to public health. They are also utilizing the funds to repair the platforms of tubewells, cleaning the drains etc. From a part of the VHSNC fund, Baby Spring Balance (Super Samson) Infant Weighing Scales dial type with spring (Hanging) have been procured in assistance with UNICEF and distributed to the SHGs for weighing the children regularly to assess the growth of the children and helping the AWWs to weigh the children.

CHCMI hinges upon effective mobilisation of the community in order to ensure that the communities take care of the basic health concerns, especially the promotive and preventive parts of it. Community awareness and convergent community action are the stepping-stones to develop and sustain the process. The basic communication strategy consists of one to one interaction at VHSNC level by the SHGs with the help of the members of VHSNC as well as GP level awareness campaigns. 4<sup>th</sup> Saturday meeting at GP level is one of the prime platforms of communication. Besides, Para Baithak and VHSNC level meetings are also playing a crucial role in the area of communication. The members of SHGs are also playing a pivotal role to promote CHCMI in the area concerned and their promotion mainly deals with wall writing.

Another area in strategic campaign is the development of IEC materials on CHCMI to highlight the goal and objectives and salient features of CHCMI along with the content and processes of different interventions undertaken. Two short feature films on the activities under CHCMI have been prepared and distributed to all the districts. The campaign is gaining momentum and some other publicity strategies are on process.

The SHGs are involved in survey of the households with the help of VHSNC members and H&FW and ICDS officials and identify the families requiring attention. They along with the members of VHSNC are motivating the families to prevent malnourishment by encouraging them to take their children to the Anganwadi centers and ensuring proper care. The VHSNCs are also giving publicity and arranging infrastructure for VHNDs also.

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In some districts, the members of SHGs with the active support of VHSNC and GP are preparing a low cost nutritional mixture for malnourished children, named 'Pushti', enriched with high food value. It is distributed as supplementary nutritional food for the child.

Some of the ZPs are organizing sensitization camps on nutrition. The VHSNCs are also initiated a campaign to distribute the seeds of vegetables from the own fund of GP. The malnourished families may grow the vegetables in their courtyard and that may help for better nourishment of mother and child health. The process is also monitored by the SHGs.

The members of SHGs are now assisting the ANMs and AWWs for organizing the Village Health and Nutrition Day. They are informing the local residents regarding the date and venue of VHND. The members of SHGs and ASHA of the area are playing a crucial role for better accountability of the health systems in the area. The VHSNCs are also making arrangements for providing logistic support.

CHCMI and NRHM has already created significant impact at the community level and has potential to empower people by making them central to micro-planning process at VHSNC level. Mainstreaming of this kind of community health micro-plan with overall village/GP plan and implementation of micro plan prepared by each VHSNC is now possible as a functional integration mechanism of ASHAs, AWWs, ANMs with the active involvement of VHSNC with support of PRI has been rolled out in the State.