

**GUIDELINES FOR VILLAGE HEALTH AND SANITATION
COMMITTEES, SUB CENTRES, PHCs AND CHCs**

**MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA**

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

GUIDELINES REGARDING CONSTITUTION OF VILLAGE HEALTH AND SANITATION COMMITTEES AND UTILIZATION OF UNUTILIZED 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 women 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 VHCSs by the DPMUs.

**GUIDELINES FOR USE OF
SUB-CENTRE (SC) FUNDS UNDER
NRHM**

GUIDELINES FOR USE OF SUB-CENTER (SC) FUNDS UNDER NRHM

1. As part of the National Rural Health Mission, it is proposed to provide each sub center with Rs.10,000 as an untied fund to facilitate meeting urgent yet discrete activities that need relatively small sums of money.
2. The fund shall be kept in a joint bank account of the ANM and the Sarpanch
3. 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 center is not co-terminus with the Gram Panchayat (GP) and the sub center covers more than one GP, the VHC of the Gram Panchayat where the SC is located will approve the Action Plan. The funds can be used for any of the villages, which are covered by the sub center.
4. Untied Funds will be used only for the common good and not for individual needs, except in the case of referral and transport in emergency situations.
5. Suggested areas where Untied Funds may be used include:
 - Minor modifications to sub center- curtains to ensure privacy, repair of taps, installation of bulbs, other minor repairs, which can be done at the local level
 - Ad hoc payments for cleaning up sub center, especially after childbirth.
 - Transport of emergencies to appropriate referral centers
 - Transport of samples during epidemics.
 - 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.
 - Payment/reward to ASHA for certain identified activities
6. Untied funds shall not be used for any salaries, vehicle purchase, and recurring expenditures or to meet the expenses of the Gram Panchayat.

**GUIDELINES FOR UTILIZATION OF
UNTIED FUND AND ANNUAL
MAINTENANCE GRANT FOR
PRIMARY HEALTH CENTRES
(PHCs)**

GUIDELINES FOR UTILIZATION OF UNTIED FUND AND ANNUAL MAINTENANCE GRANT FOR PRIMARY HEALTH CENTRES (PHCS)

Health sector reforms under the National Rural Health Mission (NRHM) aims to increase functional, administrative and financial resources and autonomy to the field units under which every PHC will get Rs. 25,000/- p.a. as untied grant for local health action. Similarly every PHC will get an Annual Maintenance Grant of Rs.50,000/- for improvement and maintenance of physical infrastructure. Provision of water, toilets, their use and their maintenance has to be the priorities. In addition, every PHC is being strengthened with provision of three staff nurses as against one at present and provision of two doctors (one male, one female) and Ayush practitioner.

2. Necessity of untied fund has been felt mainly due to unavailability of funds for undertaking any innovative Centre-specific need-based activity, as the allotment of funds to the States has traditionally been of the nature of tied funds for implementing a particular activity / scheme and this hardly left any funds with the public health facilities. This centralized management and schematic inflexibility in the use of funds allotted to the States, did not provide any scope for local initiative and flexibility for local action at block and down below level. Also it has been observed that most of the Primary Health Centres have not been maintained properly due to lack of steady fund, available locally for repair/refurbishing of infrastructure and basic facilities.

3. Since there would be substantial fund flow to the districts to be utilized for the Centres under NRHM / RCH-II and other programmes, the untied funds should not duplicate what is / can be taken up under other programmes. Each activity planned by the Centre should have clear rationale so that the impact of the untied fund can be distinctively assessed. A separate register be maintained in the PHC giving sources of funds clearly for various activities.

4. PHC untied fund shall be kept in the bank account of the concerned Rogi Kalyan Samitti (RKS)/ Hospital Management Committee (HMC). PHC level Panchayat Committee/Rogi Kalyan Samiti will have the mandate to undertake and supervise the work to be undertaken from Annual Maintenance Grant. Both the funds will be spent and monitored by RKS.

5. Suggested areas where Untied Fund may be used include:

- Minor modifications to the Center- curtains to ensure privacy, repair of taps, installation of bulbs, other minor repairs, which can be done at the local level

- Patient examination table, delivery table, DP apparatus, hemoglobin meter, copper-T insertion kit, instruments tray, baby tray, weighing scales for mothers and for newborn babies, plastic/rubber sheets, dressing scissors, stethoscopes, buckets, attendance stool, mackintosh sheet
- Provision of running water supply
- Provision of electricity
- Ad hoc payments for cleaning up the Center, especially after childbirth.
- Transport of emergencies to appropriate referral centers
- Transport of samples during epidemics.
- Purchase of consumables such as bandages in the Center
- Purchase of bleaching powder and disinfectants for use in common areas
- Under the jurisdiction of the Centre.
- Labour and supplies for environmental sanitation, such as clearing or
- Larvicidal measures for stagnant water.
- Payment/reward to ASHA for certain identified activities
- Repair/operationalising soak pits

6. The following nature of expenditures **should not be incurred** out of the untied fund:

- Purchase of Office Stationery and equipments, training-related equipments, Vehicles etc.
- Engagement of full time or part time staff and payment of honorarium / incentives / wages of any kind.
- Purchase of drugs, consumables and furniture.
- Payments towards inserting advertisements in any Newspaper / Journal / Magazine and IEC related expenditure.

- Organizing “Swasthya Mela” or giving stalls in any Mela for ostensible purpose of awareness generation of health schemes / programmes.
- Payment of incentives to individuals / groups in cash / kind.
- Meeting any recurring non-plan expenditure.
- Taking up any individual based activity except in the case of referral and transport in emergency situations.

7. The Centers are not required to take prior approval before implementing the schemes from the untied funds but shall have to send quarterly SOE and UC.

**SUGGESTED GUIDELINES FOR
IMPLEMENTATION OF INDIAN
PUBLIC HEALTH STANDARDS
(IPHS) IN SUB-CENTRES (SC),
PRIMARY HEALTH CENTRES
(PHCs) AND COMMUNITY HEALTH
CENTRES (CHCs)**

SUGGESTED GUIDELINES FOR IMPLEMENTATION OF INDIAN PUBLIC HEALTH STANDARDS (IPHS) IN SUB-CENTRES (SC), PRIMARY HEALTH CENTRES (PHC) AND COMMUNITY HEALTH CENTRES (CHC)

Although a large number of Sub-centres, Primary Health Centres and Community Health Centres have been established to provide comprehensive promotive, preventive and curative services to the rural people in the country, most of these institutions, at present are not able to function up to the level expected of them due to varied reasons. National Rural Health Mission (NRHM), launched by the Hon'ble Prime Minister on 12 April 2005, envisages to get these institutions raised to the level of optimum availability of infrastructure, manpower, logistics etc. to improve the quality of services and the corresponding level of utilization. Through wide consultation with various stakeholders, Indian Public Health Standards (IPHS) for these centres have been framed. The key aim of the Standards is to underpin the delivery of quality services which are fair and responsive to clients' needs, which should be provided equitably and which deliver improvements in health and well being of the population. Each PHC and CHC, as part of IPHS, is required to set up a Rogi Kalyan Samity / Hospital Management Committee, which will bring in community control into the management of public hospitals with a purpose to provide sustainable quality care with accountability and people's participation along with total transparency.

To bring these centres to the level of Indian Public Health Standards, is no doubt, a challenge for most of the States and also may require a detailed institution specific facility survey to find out the gaps. However, considering the dynamic process of setting up of the standards and the current manpower availability, there is a need to bring these centres to IPHS in a phased manner as the existing institutions are having different level of functional status. Some are at very rudimentary stage, some are just functioning minimally and the others with little more input could come up to the level of IPHS. Taking these points into consideration, a set of guidelines has been framed to enable the States / UTs to bring these centres gradually to the IPHS level.

National Rural Health Mission (NRHM) envisages a fully functional sub-centre in coordination with the village level functionaries such as Anganwadi workers, ASHA, and the Village Health and Sanitation Committee. Similarly, all the PHCs should function as 24-hour PHCs in a gradual manner. NRHM also envisages a functional 30-bedded rural hospital at the block level providing emergency obstetric care and neonatal care in the first instance as FRU and gradually strengthen further to provide other specialists services as per the details in the IPHS. The guidelines for achieving standards for IPHS centre wise are as below:

Sub-centre:

- ◆ Conduct a facility survey and identify the gaps.
- ◆ Ensure that all the existing Sub-centres should be posted with one ANM immediately. The vacant post may be filled up on contractual basis. There should be an in-built plan to take care of vacancies arising out of retirements, long leave, and other emergency situation so that the services of ANM are available without any interruption.
- ◆ The appointment of second ANM as envisaged in the IPHS for each Sub-centre is to be made locally on contractual basis as per the demand, phase wise. The most difficult areas such as hilly and tribal areas may be given priority.
- ◆ The services of a Male Health Worker (MPW-M) is also necessary at the Sub-centre. The states should take steps to fill up the post of these MPWs (M) in a phased manner. The training capacity in the State for these MPWs also need to be enhanced.
- ◆ Utilization of untied fund for strengthening the functioning of Sub-centres.
- ◆ All the existing Sub-centres buildings should be made environment friendly, disabled friendly, with a good source of water supply, electricity / solar power / other alternative energy sources. This can be ensured with the help of Panchayat and related sectors.
- ◆ Utilization of Annual Maintenance Grant for strengthening of infrastructure and basic necessities of the Sub-centres.
- ◆ The States may declare the names and the number of existing Sub-centres that have been made functional as per the IPHS for the purpose of showing achievements under NRHM and information to the public.

Primary Health Centre (PHC) - 24 Hours Service Delivery Centre with emphasis on Institutional Delivery:

NRHM envisages that all the Primary Health Centres (20,000-30,000 population) should function as a 24x7 centre in a phased manner to improve the institutional deliveries conducted at these centres. The steps that may be needed are as follows:

- ◆ Conduct an institution specific facility survey and identify the gaps.
- ◆ In order to make the PHC 24x7 delivery of services, the services of Staff Nurses are essential. It must be ensured that there should be at least 4 Staff Nurses to perform rotation duties round the clock. In order to improve the institutional deliveries, appointment of at least three Staff Nurses may be recruited on contractual basis to fill the gaps. A labour room with appropriate equipments and drugs with round the clock referral transport support either managed by the PHC or by the NGOs / CBOs for referring patients in case of emergency is essential. The States may take stock of the situation of the training capacity and the facilities available in the training institutions for turning over the required number of Staff Nurses.
- ◆ Appointment of two Medical Officers (MBBS) (preferably one lady MO), and one AYUSH practitioner, either by relocation or on contractual basis. All effort should be made, such as contractual appointment or walk-in interviews, making the District Cadre for Medical Officers and even appointment of retired MBBS doctors on contractual basis, and other incentives provided by the State government to see that all the PHCs have the Medical Officers.
- ◆ All the existing Primary Health Centres buildings as far as possible should be made environment friendly, disabled friendly, with a good source of water supply, electricity / solar power / other alternative energy sources and telephone. Rain water harvesting should also be promoted in the PHC building. This can be ensured with the help of Panchayat and related sectors such as water supply sanitation, horticulture etc. All the proposed new buildings should have these components in their construction plan.
- ◆ Utilization of untied fund for strengthening the functioning of PHCs.
- ◆ Utilization of Annual Maintenance Grant for strengthening the infrastructure and basic necessities
- ◆ Each PHC must have a Rogi Kalyan Samity and display of the Citizens' Charter.
- ◆ Once a specific PHC has achieved the 24x7 / IPHS status, the district authority / state authority should declare the institution as 24x7 / IPHS.

Community Health Centre (CHC) – First Referral Unit (FRU) Assured Services:

NRHM envisages a 30-bedded fully functional block level rural hospital. The greatest challenge of bringing these CHCs to FRU / IPHS is the non-availability of the specialists especially the critical ones like obstetric/gynecologist, anesthetist and pediatrician. The following steps may be taken up:

- ◆ Conduct an institution specific facility survey and identify the gaps.
- ◆ The bringing up the CHC to the level of the IPHS may be carried out in stages. First stage:- It must be ensured that all the CHCs provides 24x7 services with appropriate referral transport service. The basic requirement for making it 24x7 service delivery, there should be four General Duty Medical Officers and seven Staff Nurses, one ANM and one LHV along with other support services and physical facilities. Each CHC must be certified by the State Government / District Authority that this is functioning as a 24x7 service delivery.

Second stage:- All the CHCs, declared as 24x7 may be upgraded to First Referral Units (FRUs). The Minimum requirement of FRUs including manpower, i.e. gynecologist, anesthetist, pediatrician, and round the clock services of nurses and general duty officers should be ensured. Blood storage facility and other supportive services such as laboratory, X-ray, OT, labour room, laundry, diet, waste management system, referral transport etc. must be ensured. Each CHC should be clearly demarcated as FRU. CHCs, as FRU, will provide the 24 Hours delivery services including normal and assisted deliveries, emergency obstetric care including surgical intervention like cesarean section and other medical intervention, newborn care, emergency care of sick children, full range of family planning services including laparoscopic services, safe abortion services, treatment of STI/RTI, availability of blood storage unit or effective linkage facilities with blood banks, and referral transport services.

Third stage (IPHS):- Once the CHCs are qualified for FRU, next step would be to post adequate number of other specialists and support manpower as per the IPHS. Once these existing gaps in relation to manpower, equipments, drugs, supplies and other support services, are filled up, the CHCs can be declared to have achieved IPHS. The CHCs declared as IPHS, apart from above mentioned services by FRU, also must provide the following services:

- ◆ Care of routine and emergency cases in surgery

- ◆ Care of routine and emergency cases in medicine
- ◆ Services of a Public Health Manager
- ◆ Delivery of all National Health Programmes including communicable and non-communicable diseases and RCH services.

Manpower:

- ◆ Appointment of specialists may be made on contractual basis. All out efforts should be made, such as contractual appointment or walk-in interviews, making the specialist cadre in the State and even appointment of retired specialists on contractual basis, public private partnership, and other incentives provided by the State government. Short term training course on anesthesiology and emergency obstetric care to the existing serving general duty doctors may also be undertaken, to see that all the CHCs have requisite manpower depending on the bed occupancy level.
- ◆ Appointment of Public Health Programme Manager on contractual basis.
- ◆ Appointment of Eye Surgeon (one for five CHCs) on contractual basis.
- ◆ Appointment of nine Nurses Midwives / Staff Nurses on contractual basis.
- ◆ All the existing Community Health Centres buildings as far as possible should be made environment friendly, disabled friendly, with a good source of water supply, electricity / solar power / other alternative energy sources and telephone. Rain water harvesting should also be promoted in the CHC buildings. This can be ensured with the help of Panchayat and related sectors such as water supply sanitation, horticulture etc. All the proposed new buildings should have these components in their construction plan.
- ◆ Dislocation of the existing centres for the sake of achieving the Standards may not be required, unless compulsory due to unavoidable circumstances. In that case, they could be resettled to an accessible place where the original client group could easily get the services.

As far as manpower is concerned, optimum strength should be taken into consideration.

Others

- ◆ Utilization of untied fund for strengthening the functioning of CHCs
- ◆ Utilization of Annual Maintenance Grant for strengthening the infrastructure and basic necessities
- ◆ Utilization of fund for up-gradation of CHCs to IPHS

Implementation of achieving the Standards should keep into account the linkage of the referral system right from Sub-centre to Community Health Centres and to higher up institutions from CHCs.

