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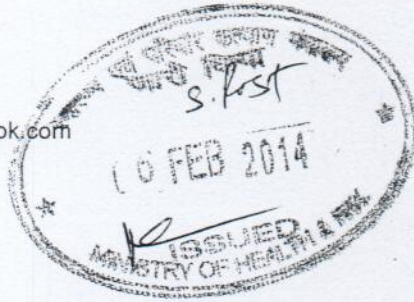
By Speed Post

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

Anuradha Gupta, IAS

Additional Secretary &
Mission Director, NRHM
Telefax : 23062157
E-mail : anuradha-gupta@outlook.com



DO No. 7(241)/2012-NRHM-I
Date 31st January,, 2014

Dear

I am writing with reference to strengthening the Village Health Sanitation and Nutrition Committees (VHSNC). As you are aware, VHSNC represent an important vehicle in the National Health Mission to promote action for community monitoring of public services, village health planning and local action, including action for social determinants of health.

2. As revised guidelines issued in July 2013 stipulate the support structure for ASHA must now be sensitized to also support VHSNC strengthening. Such support includes ensuring that the composition of the VHSNC is inclusive and in lines with the guidelines, training and supporting regular meetings to enable fulfilling their roles. Since the ASHA is seen as a fulcrum for VHSNC and to further strengthen community action, the two must be seen in synergy. Thus it would be important for the state to now consolidate the management and support structure for ASHA and VHSNC at all levels. The state nodal persons for VHSNC should become part of the state ASHA Resource Team. It may also be helpful to construct this as the State Community Processes Resource Centre or Team.

3. Periodic reviews and evaluation studies show that functionality and effectiveness of both ASHA and VHSNCs are closely dependent upon good support structures. The state should endeavour to ensure that the support structures for ASHA and VHSNC be established at state, district, block and sub-block levels and the personnel must be trained and equipped to undertake the task of strengthening community level interventions. This process should be completed by March 2014. While use of existing mechanisms to support the programme is possible, the key principle is that the job descriptions of the existing staff should be structured as to ensure that they are able to undertake regular visits to each ASHA and VHSNC (with a minimum of two meeting in a month). This is essential to provide supportive supervision and mentoring and particular attention to fund flows, incentive payments and performance monitoring.

4. The Ministry is in the process of developing a training strategy for VHSNC and training manuals. The National Health Systems Resource Centre will undertake the training of the National and State Trainers and will be available to you for addressing any difficulties. I would appreciate a letter from you in confirmation of the merging of support mechanisms for all community processes interventions.

With regards,

Yours sincerely,

All State/UTs Mission Directors (NHM) (Odisha, Uttar Pradesh, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Karnataka, Punjab, Delhi, Sikkim, Gujarat)
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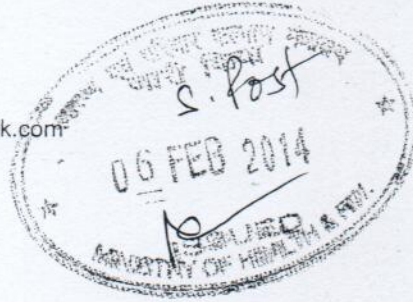
Sd/ Speed Post

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Anuradha Gupta, IAS

Additional Secretary &
Mission Director, NRHM
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E-mail : anuradha-gupta@outlook.com



D O No. 7(241)/2012-NRHM-I
3rd February, 2014

Dear

I am writing with reference to strengthening the Village Health Sanitation and Nutrition Committees (VHSNC). As you are aware, VHSNC represent an important vehicle in the National Health Mission to promote action for community monitoring of public services, village health planning and local action, including action for social determinants of health.

2. As revised guidelines issued in July 2013 stipulate the support structure for ASHA must now be sensitized to also support VHSNC strengthening. Such support includes ensuring that the composition of the VHSNC is inclusive and in lines with the guidelines, training and supporting regular meetings to enable fulfilling their roles. Since the ASHA is seen as a fulcrum for VHSNC and to further strengthen community action, the two must be seen in synergy. Thus it would be important for the state to now consolidate the management and support structure for ASHA and VHSNC at all levels. The state nodal persons for VHSNC should become part of the state ASHA Resource Team. It may also be helpful to construct this as the State Community Processes Resource Centre or Team.

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4. The Ministry is in the process of developing a training strategy for VHSNC and training manuals. The National Health Systems Resource Centre will undertake the training of the National and State Trainers and will be available to you for addressing any difficulties. I would appreciate a letter from you in confirmation of the merging of support mechanisms for all community processes interventions.

With regards,

Yours sincerely,

(Anuradha Gupta)

All State/UTs Mission Directors (NHM) (Andhra Pradesh, Jammu & Kashmir, Kerala, Tamil Nadu, West Bengal)

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Anuradha Gupta, IAS

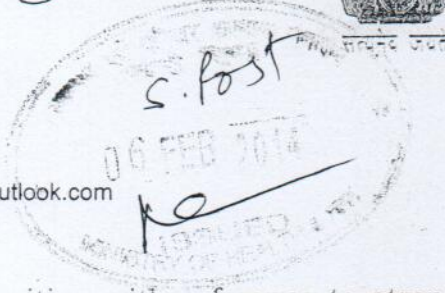
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निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health & Family Welfare

Nirman Bhavan, New Delhi - 110011

DO No. 7(241)/2012-NRHM-I

3rd February, 2014

I am writing with reference to strengthening the Village Health Sanitation and Nutrition Committees (VHSNC). As you are aware, VHSNC represent an important vehicle in the National Health Mission to promote action for community monitoring of public services, village health planning and local action, including action for social determinants of health. Under the NRHM, the state has already created a support structure at the sub-block, block, district and state levels to strengthen the ASHA Programme.


2. As revised guidelines issued in July 2013 stipulate the support structure for ASHA must now be sensitized to also support VHSNC strengthening. Such support includes ensuring that the composition of the VHSNC is inclusive and in lines with the guidelines, training and supporting regular meetings to enable fulfilling their roles. Since the ASHA is seen as a fulcrum for VHSNC and community action, the two must be seen in synergy. Thus it would be important for the state to now consolidate the management and support structure for ASHA and VHSNC at all levels. The state nodal persons for VHSNC should become part of the state ASHA Resource Team. It may also be helpful to construct this as the State Community Processes Resource Centre or Team.

3. Periodic reviews and evaluation studies show that functionality and effectiveness of both ASHA and VHSNCs are closely dependent upon good support structure. The state should endeavour to fill in all vacant positions within the support structure, and the personnel must be trained and equipped to undertake the task of strengthening community level interventions. This process should be completed by March 2014.

4. The Ministry is in the process of developing a training strategy for VHSNC and training manuals. The National Health Systems Resource Centre will undertake the training of the National and State Trainers and will be available to you for addressing any difficulties. I would appreciate a letter from you in confirmation of the merging of support mechanisms for all community processes interventions.

With regards,

Yours sincerely,


(Anuradha Gupta)

All State/UTs Mission Directors (NHM) (Bihar, Chattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, Uttarakhand, Assam, Tripura, Maharashtra, Haryana)

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