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स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली-110011

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

D.O.Z-7(61)/2016 NHM-I

Dated the 21st July 2017.

Dear Sir,

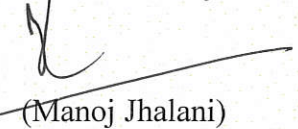
You are aware that the Swachh Bharat Mission is a national initiative aimed at, among others, promoting cleanliness and hygiene. In order to achieve the goal of 'Swachha Bharat, Swastha Bharat' various initiatives are being undertaken for convergent action on health and sanitation. Achieving effective synergies and inter-sectoral convergence across agencies and thematic areas to improve health and quality of life is critical to the success of our efforts. The Village Health Sanitation and Nutrition Committees (VHSNCs) are envisaged to serve as the fulcrum for such convergent community action.

2. To further strengthen the VHSNCs to play this role more effectively, a yearlong campaign, 'VISHWAS- Village Based Initiative to Synergise Health, Water and Sanitation' has been planned to be undertaken by VHSNCs in their village. A guidance note for roll out of campaign is attached, along with a Handbook for VISHWAS campaign. I may also inform you that NHSRC is in the process of organising TOTs for State Trainers and information related to training will be communicated soon.

3. May I request you to facilitate roll out of this campaign by all VHSNCs in your State/UT.

With regards,

Yours sincerely,


(Manoj Jhalani)

Encl: As above

To,
Additional Chief Secretary/Principal Secretary/ Secretary Health (Health and Family Welfare) -All States/UTs

Copy to:

- 1) Mission Director (NHM)-[All States/UTs]
- 2) Shri. Parameswaram Iyer, Secretary, Ministry of Drinking Water and Sanitation, 4th Floor, Paryavaran Bhawan, Lodhi Road, New Delhi 110003
- 3) ED, NHSRC

Guidance Note for Roll-out of VISHWAS – Village based Initiative to Synergise Health, Water and Sanitation - Campaign

The VISHWAS campaign is a year long systematic action oriented campaign led by VHSNC, to strengthen organized social mobilization for active participation of community in improving their health and create awareness on safe water, sanitation and hygiene practices, and related provisions and facilities available in different programmes.

Successful conduct of the campaign will enable strengthened community capacity to improve sanitation and hygiene behaviour and help in institutionalizing the collective process of behavior change and community participation in local decision-making. The inter-sectoral convergence that can be achieved in the process will improve community's access to available resources under various government programmes, and will strengthen efficiency.

Steps for roll-out of campaign –

1. The campaign will be year long, with the first month focused on the preparations for the campaign. In next 11 months one campaign day each on a selected theme will be organized, as per the VISHWAS Handbook.
2. Every VHSNC will conduct the campaign in its own area. Block and district level ASHA and community processes support structure will facilitate and manage the activities. ASHA Facilitator and Block Community Mobiliser will play a key role in supporting the campaign activities.
3. Two state trainers from every state / UT are being trained in Campaign Module in three days training by NHSRC in New Delhi. The state trainers will subsequently conduct three days training for a three to four member (preferably four) team of trainers from every district, who will in turn train the VHSNCs of their district in a two days training on the Campaign Module. The VHSNC training should preferably be conducted at block level, and should preferably be residential. They can be conducted at district level if required¹.
4. From every VHSNC, five members will be trained (four members + village ASHA). If the VHSNC has more than one ASHA, all of them will be trained. The

¹The criteria for selecting state and district level trainers - trainers should have been involved in past in VHSNC trainings. If such persons are not available within government programmes, those with relevant experience in community health programmes of Non Government Organisations (NGOs) can also be nominated provided they are available to conduct the subsequent training at next levels.

training load for state TOTs and training of VHSNCs in the districts, will be calculated accordingly.

5. For the state level TOTs, an indicative cost norm of Rs. 800 per person per day, is being suggested (in batches of 30). For training of VHSNC members at district and block level, a cost norm of Rs. 600 per person per day is being suggested (in batches of 30). The cost norms for resource person honorarium and other activity heads should generally adhere to the cost norms for ASHA training.
6. The funds required for conducting the state TOTs and district training, can be taken from the VHSNC training funds proposed and approved in the PIPs. The VHSNC trainings proposed on awareness building or orientation should be converted into the VISWAS Campaign training, as suggested above, and funds approved can be thus used. If no VHSNC training funds were proposed or / and approved, consolidated funds available with the state in Mission Flexi-pool training head can be used for this training, at cost norms suggested above. State can send to MOHFW, a supplementary PIP proposal for conduct of VISHWAS Campaign training, for approval.
7. For the conduct of the VISHWAS Campaign, at the village level, no funds are being approved separately, and states should use the untied funds of VHSNC, (given @ Rs. 10000 per VHSNC per year). It is suggested that an amount of Rs. 500 per campaign day for 11 monthly campaign days (total amount Rs. 5500) and Rs. 1000 overall for any other expenses, can be used for conduct of campaign. This money should be used only for type of expenses, which are included in the list of expenditures permissible from the untied funds of VHSNC, as per its guidelines (Community Processes Guidelines, 2013). If and when the available untied funds at VHSNC level are exhausted, states can ask for additional resources, as required.
8. The schedule of monthly campaign days should be followed as suggested in the VISWAS Module. Any changes should be made only at the state level, with due consideration of spirit of convergent action envisaged for the campaign, and its operational efficacy.
9. States / UTs should make efforts for Convergence with other key departments (Swach Bharat Mission), Panchayati Raj Department, Education Department and Department of Women and Child Development, for the campaign. Policy and operational convergence should be ensured at state and district level, and convergence in implementation at the village level. During each monthly campaign day, it should be ensured that the field functionaries of department / agency responsible for the activities related to the day's theme actively participate, so that both identification of problems and available resources can help in action planning and subsequent implementation. For example the Open Defecation Free Village Day (planned

as the third campaign day of VISHWAS), would be an appropriate platform for the Swach Bharat Mission and to ensure that village plans and works for achieving the ODF status. All resources available across agencies should be converged for one village plan, and the monthly campaign days under VISHWAS should also be used as platforms for this convergent action.

10. The concluding monthly campaign day, Gram Sabha Sanitation and Cleanliness, will take stock of the plans implemented and outcomes achieved under VISHWAS, and a collective community level decision will be taken about the course of the next year's campaign. The campaign can be repeated in same structure, next year, using the learning achieved in its implementation.