

Community Mobilisation & VHSC Formation

Mobilization of community

Need

- Familiarisation of the village health services
- Compilation of baseline information to compare after the community monitoring process

Objective of community mobilization:

- To make the communities aware of their health related entitlement within NRHM.
- To have a shared understanding of the health issues of the community.
- To facilitate the formation or expansion of the Village Health and Sanitation Committee.
- Building ownership about public health service.
- Developing awareness about determinants of health.

Mobilization of community

Time: 3 days

Proposed Activities

(Assumption – the Block level organisation is familiar with the village)

- Distributing pamphlets to literate people
- Putting up posters in the common meeting places of the people (e.g. near temples, wells, market place, etc.)

Mobilization of community

- Informal meetings with key people (leaders of CBOs, women leaders, Pradhan, in the village) to get an idea about
 - General layout of the village
 - Different social groups in the village and where they stay
 - Key health problems of the community
 - Key service providers of the area
 - Expense related to health problems
 - Communities opinion and use of government health facilities and service providers
- Village meeting to share findings, share NRHM information and facilitate formation of VHSC
 - Share the Village health services profile in the village.
 - Inform community of NRHM and community monitoring in NRHM (share pamphlets and posters and leave multiple sets behind in the community
 - Elicit interest from members of the community about formation of village health and sanitation committee

Mobilization of community

Village Health Services Profile

- Outcome of the Mobilisation Process
- Should be used by the facilitators and the VHSC members to familiarise themselves before they start with the monitoring process.
- Will help in comparing the changes that will be brought about after the community monitoring process.
- Expected changes are improvement in services, increased utilisation of government services and decrease in health related expenditure.

VHSC

- Formed at the level of revenue village
- **Composition:**
 - Gram Panchayat members from the village
 - ASHA, Anganwadi Sevika, ANM
 - SHG leader, the PTA/MTA Secretary, village representative of any Community based organisation working in the village, user group representative
- Chairperson would be Panchayat member (preferably woman or SC/ST member)
- Convenor would be ASHA (if ASHA is not in position it could be Anganwadi Sevika of the village)

Roles & responsibilities of VHSC

- Create Public Awareness about the essentials of health programmes,
- Discuss and develop a Village Health Plan
- Analyse key issues and problems related to village level health and nutrition activities,
- Present an annual health report of the village in the Gram Sabha
- Health Mapping exercise to understand the health profile of the village
- Maintenance of a village health register and health information board/calendar
- Ensure that the ANM and MPW visit the village on the fixed days and perform the stipulated activity
- Get a bi-monthly health delivery report from health service providers during their visit to the village.
- Discuss the report submitted by ANM and MPW and take appropriate action

Formation & Strengthening of VHSC/PHC/Block/District Committees

- Formation of Committees
 - VHC
 - PHC M&PC
 - Block M&PC
 - District M&PC
- Strengthening of Committees
 - Orientation of VHC
 - Orientation of PHC M&PC
 - Orientation of Block M&PC
 - Orientation of District M&PC