

A REPORT ON THE TRAINING CUM SENSITIZATION WORKSHOP AND RESTRUCTURING OF VHSNC AT SERCHHIP DISTRICT, MIZORAM

Place: CMO Conference Hall, Serchhip

Date: December 1-3, 2015

A training cum sensitization workshop was organized on December 1-3, 2015 by State Mentoring Group under the NHM. The programme started with registration of participants at 10.00 AM. Dr R Lalchhuanawma and his team conducted the training. The Mission Director Dr K Lalbiakzuala was the Chief Guest at the inaugural function.

Day One - December 1, 2015

Dr Laldawngliana, Chief Medical Officer of Serchhip district was the chair person. He gave an introduction on the programme and welcomed the chief guest and all other participant to the workshop. Then all the members were invited to introduce themselves. Out of the 46 VHSNCs in the District of Serchhip, 44 VHSNCs were represented with their president and the secretary. The VHSNCs from Keitum and Bungtlang were absent.

Chief Guest delivered his keynote address, which was focused on health issues concerning the state of Mizoram, especially the effect of tobacco causing cancer, importance of ANC, PNC and institutional delivery.

Fr Lawrence Kennedy, the director of Zoram Entu Pawl spoke on the roles and responsibilities of the VHSNC towards the health of the community. He stressed to make the health care system more functional, the community should own up the program and every VHSNC should be effective through the process of Community Action for Health. He also shared the experience of ZEP during the pilot phase of Community Action for Health. Following this, Mrs Angela made a presentation on the activities undertaken on community action for health in few villages.

Dr R Lalchhuanawma briefed on the achievements of community process in Mizoram. The queries on formation and functions of VHSNCs were clarified during the session. Dr Lalchhuanawma also gave an orientation on Community Action for Health shortly after which Ms Immanuel, the state trainer spoke on community participation and need for VHSNCs.

Ms T Laltanpari shared on VHSNC funds and its utilization.

Day Two - December 2, 2015

On the second day, ASHA mobilisers were also invited to the workshop. The day began with a PowerPoint presentation on Community Action for Health by ZEP, which focused on activities undertaken in 16 villages under Serchhip District during the pilot phase and the training of VHSNCs.

The State Trainer, Mr R Vanengmawia presented the report on formation of VHSNC and the role and responsibilities of VHSNC members. The key points from the discussions were:

1. The term of VHSNC
2. Change of ASHA, if found not committed
3. Appointment of VHSNC secretary
4. Mobilizer and her role in the committee
5. VHND programme - conducting and reporting, who, when and how to be done
6. Change of VHSNC member
7. Utilization of VHSNC fund, confusion regarding VHSNC and sub-centre fund
8. Incentive to ASHA and cash assistance of JSY
9. Use of Ambulance
10. If health provider is found not committed and not functioning properly whom to approach to set things right

While attending the above queries, Mr Vanengmawia and Dr Lalchhuanawma shared the following points with the participants –

- The term of VHSNC is 5 years
- ASHAs cannot be changed all of a sudden. Time will be given if needed
- If the ASHA cannot be the secretary, health worker will be the secretary. If any village is not having health worker, then anybody who is committed can play the role.
- ASHA mobilizers and the District Coordinators should be the committee members in their respective places. The committee meeting and VHND report will be submitted through the ASHA mobilizers.
- The number of VHSNC members should not be less than 15. Members can be more than 15. It is flexible to change provided they go with majority.
- The MO, CMO, Nurses, pregnant mothers can be included in the invitee list on need based.
- Incentives to ASHA for conducting meeting and VHND will not be taken from the committee fund. It will be given by the state directly crediting into particular ASHA's bank account.
- Use of ambulance was not made clear to the group for the moment. It will be cleared after consulting respective persons.

It was made clear to all the members that the Community Action for Health is a process by which the community itself takes the ownership of the health care delivery system and tries to improve the situation rather than merely fault finding. It is a process to work together to help one another towards

better health care systems. There is hence, a need to appreciate the good work done and if found any problems then the committee approaches the concerned authority or department to solve the problems.

It was followed by a presentation on Financial Management by Mr. Lalpeklawma. Subsequently, Ms Immanuel made a presentation on Monitoring. Some of the queries were:

- Anganwadi centre - to open daily
- Supply of nutrition on VHN Day
- Old age pension- whether regular and how often
- Mid-day meal – give nutritious food not only dhal and rice
- Ration through PDS

It was suggested that the VHSNC members will make effort at their level to solve the above issues.

The day ended with a group discussion on health issues. The members were divided into nine groups to discuss on the health issues and identify the health problems in their own villages and make a village health plan to solve the issues.

Day Three – December 3, 2015

On the third day, the Village Council Presidents (VCPs) were specially invited to join the workshop. The CMO welcomed and introduced ZEP staff to them. Then each group presented the village health plan based on the group discussions that had on the previous day.

Institutional delivery (100%) is not happening in Mizoram due to transportation problems especially from the interior villages. Considering safe delivery, the issues on inadequate facilities and lack of ANMs in the sub-centers of interior villages were also discussed during the meeting.

Dr Lalchhuanwawma shared the group that Serchhip district is taken as model district in Mizoram as it has the highest literacy rate in INDIA. He also stressed that the community should not merely depend on FUND and Government SCHEME but should work as a team to find out solutions for their health problems.

When a VHSNC member attends any joint committee meeting in the community/village, he/she should represent the meeting on behalf of the VHSNC and should stress to create more awareness among the village leaders.

The workshop ended with VHSNC reformation as per the new norms in the presence of VCPs. The list of all 44 VHSNC members out of 46 VHSNCs, was shared with the state and the district health department.





A view of participants



Dr Laldawngliana, Chief Medical Officer welcoming the participants



Participants of the workshop



Group presenting Village Health Plan