

## **Programme Update on Community Action for Health in Himachal Pradesh**

### **Activities undertaken during 2014-16**

**Mapping of Community Support Structure:** The state Mission Director-NHM and the state nodal officer were invited to participate in the Regional Consultation on Community Action for Health organised in Delhi in 2015 in which they made a presentation on activities undertaken under CAH in the state. Subsequently, the AGCA Secretariat organised meetings with the State NHM Mission Director, Additional Mission Director-NHM and the State Nodal Officer-Community Processes in Shimla in November 2016 to map the community support structures in strengthening the CAH process. The state has the following existing structures:

**Community Processes Structures:** The state had a full time state programme officer (community processes) and a data entry operator at the state level. A programme officer (a doctor practicing in the government sector) was nominated at the district level to support the community processes. In addition, the state had recruited 7,553 ASHAs in 2015-16 and trained them on module 1-5 (induction module).

**Support Structures:** The state has no separate cadre for ASHA facilitators, block community mobilizers (BCMs) and district community mobilizers (DCMs) instead ANMs act as ASHA facilitators, Health Education and Information Officers (HEIOs) act as BCMs at the block level, and District Programme Officers act as district ASHA In-charge officers. The state had proposed for recruiting 400 ASHA facilitators in the PIP 2016-17, which was not approved by the MoHFW.

**Village Health Sanitation and Nutrition Committees (VHSNCs):** 3,243 VHSNCs were constituted at the gram panchayat level in 2006-07 with Female Health Worker (FHW) as its member secretary. An orientation on their roles and responsibilities was conducted in 2007. However, most of the members were changed after the panchayat election in February 2016. The VHSNC untied funds were routed through the Department of Panchayati Raj and the District Rural Development Authority (DRDA).

There was limited engagements with NGOs/CBOs in the state. Moreover, NGOs were not involved by the state government in the CAH processes. The existing government support structures were also not so active in implementing the programme.

### **Activities undertaken in 2017-18**

The state had constituted the Village Health Sanitation and Nutrition Committees (VHSNCs) at each village level. To sensitize its members on the roles and responsibilities of VHSNCs, the state had planned to conduct for VHSNC members, which was included in the state Programme Implementation Plan (PIP) in the FY 2017-18, which got approved by the Ministry.

Considering that the AGCA Secretariat held meetings with the State NHM Mission Director, Additional Mission Director-NHM and the State Nodal Officer-Community Processes in Shimla in October 2017 to discuss the plans in initiating the implementation of CAH processes in the state. As a result, the state had proposed to implement the CAH processes in 12 districts. Subsequently, a four-day state ToT was organised on 'VHSNC and CAH' between November 20-23, 2017 at the State Institute of Health and Family Welfare, Shimla.



*State level ToT in progress at Shimla on November 20-23, 2017*

The training saw the participation of ASHA Programme Officers, Health Information and Education Officers and District ASHA Assistants from all 12 districts. The first two days of the training were focused on VHSNCs and the next two days were on the CAH processes, which was facilitated by the AGCA Secretariat.

The training resulted in preparation of a detailed action plan to roll out the CAH processes in 12 districts.



*VHSNC training by HIEO in progress*

Subsequently, the Block Health Education and Information Officers (HIEOs) who were trained at the state level ToT, started activating 5 VHSNCs in their block every month. Also, they started mentoring VHSNCs individually with support from the Village ASHA and initiated activities like village cleaning, extra bushes cutting around narrow pathways in hills, etc. As a result, group cohesiveness has emerged in each of these 5 VHSNCs in one block of each district.

### **Activities undertaken in 2018-19**

District level training was organised by the state trainers in their respective districts. The AGCA Secretariat supported the state NHM in organising a district level training in Una district on June 12-13, 2018.

The state NHM with support from the AGCA Secretariat developed the state PIP FY 2018-19, which included a detailed training plan for the VHSNC members. The state decided to further scale-up the VHSNC training at the block level. 4 members from each VHSNC will be trained to take up forward the CAH process.

In the ROP FY 2018-19, the MoHW approved Rs 100 lakhs for VHSNC training. Districts were supposed to be developed a cadre of trainers at the district level and provided training to the

VHSNC members. A team comprising three officials (Block Medical Officer/Medical Officer-Community Processes; Health Educator; and Health Supervisor) was trained as block level master trainers along with a BCC Coordinator, who oversees the work of VHSNCs at the district level. As per the RoP approval, the VHSNC training was initiated and at the end of the year. 5,934 VHSNCs were trained out of 7,790 VHSNCs where in about 18,567 VHSNC members were trained.

With the change of the Nodal Officer, it was decided to take the stock of the field situations and organise another round of training to refresh their knowledge on VHSNC and Community Action for Health.

#### Training status on Community Action for Health

Master Trainers		People trained		Urban Area		
State	District	Block/Prakhand	Community Level	Cities	Wards	MAS
46	36	72	18,567			

Sl No	Year	Budget proposed (in Lakhs)	Budget approved (in Lakhs)	Activities Approved
1.	2015-16	21	21	<b>Activities Approved:</b> (a) Organise 200 workshops for training of VHSNC members in 4 High Priority Districts.
2.	2016-17	39.10	39.10	<b>Activities Approved:</b> (a) Health action plans at the state/district/block levels; and (b) training of 391 VHSNCs on community action for health.
3.	2017-18	116.82	113.84	<b>Activities Approved:</b> (a) Developing health action plan at state @ Rs. 10 lakhs, district @ Rs. 6 lakhs and block @ Rs. 10.95 lakhs; (b) Organise state ToT @ Rs. 1,99,100, 2 District ToTs @ Rs. 1,51,000, and 235 batches of VHSNC training @ Rs 46,310 per batch.
4.	2018-19	193.66	100.00	<b>Activities Approved:</b> Rs 1 crore towards VHSNC training
5.	2019-20	20.00	20.00	<b>Activities Approved:</b> organisation of block level trainings in the state.
6.	2020-21	22.40	12.40	<b>Approved Activities:</b> Rs 10 lakh is pending (block level training) for details under the supplementary PIP 2020-21. However, Rs 12.40 lakhs were approved as incentives for ASHAs in tracking high risk pregnancies and maternal death reporting.
	<b>Total</b>	<b>412.98</b>	<b>306.34</b>	

### **Activities undertaken in 2019-20**

A refresher training was organised on July 19-20, 2019 for Programme Officers, ASHAs, Mass Education and Information Officers (MEIOs), Health Education and Information Officers (HEIOs), Block IEC Coordinators, and the State Trainers of VHSNC trained by NHSRC from all the 12 districts. As a follow up of the training, rigorous persuasion was taken up with the state government to follow the VHSNC national guidelines where it has been mentioned that ASHAs need to be nominated as its Member Secretary.

State issued the revised VHSNC guidelines on August 18, 2019 where ASHA has been nominated as the Secretary of the VHSNC. State has issued orders to constitute the VHSNCs as per the revised guidelines in 15 days.

### **Activities undertaken in 2020-21**

All the ASHAs, ANMs and Health Education and Information Officers are involved in the door to door survey, educating and advocating awareness in fighting against the COVID-19 across the state.

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