COMMUNITIZATION: EXPERIENCES OF THE FIRST YEAR

सत्यमेव जयते

Government of Nagaland
Department of Health & Family Welfare

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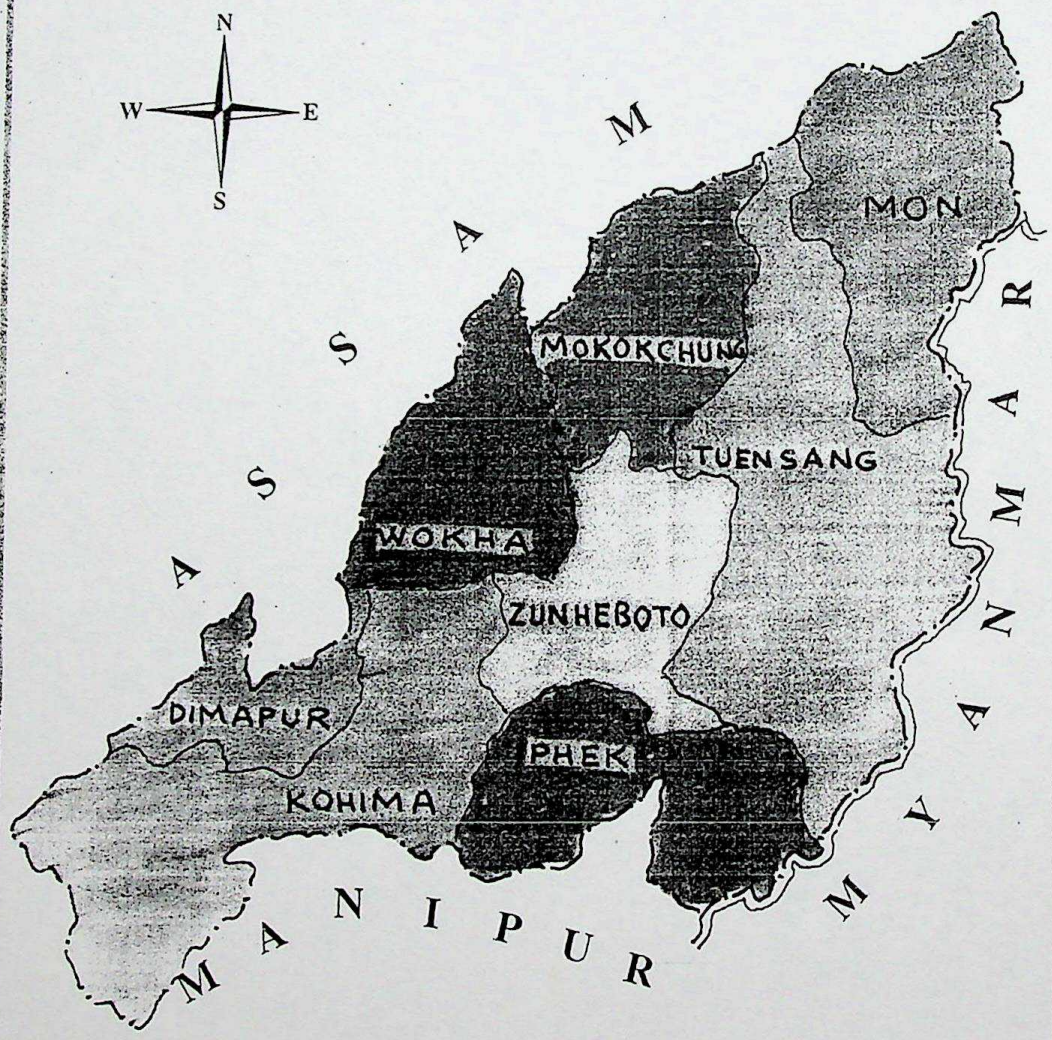
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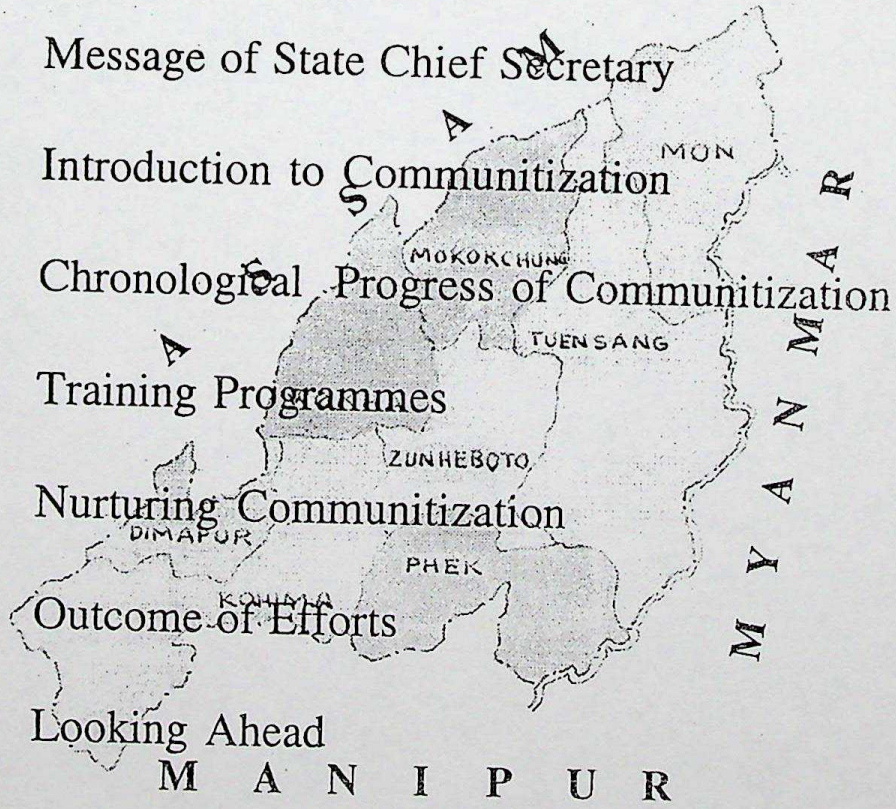


सत्यमेव जयते

Shri Thenucho

MINISTER
HEALTH & FAMILY WELFARE
Dated 16th May 2003.

MESSAGE

I am happy to learn that the Department is bringing out a publication on the experiences of Communitization in the first year, including its genesis, the progress made so far, and the future plans of action.

Whatever religious affiliation one may adhere to, all of us pray for good health, which is our greatest wealth. Having intellingence, academic qualifications or riches have no meaning without good health. But health is greatly dependent on what you and I make of it. Therefore, individual and community participation in health promotion and its maintenance assumes the greatest importance. Particularly, for Christians, one may have faith, hope and love, but the greatest of these virtues is 'love'. And love can best be demonstrated by contributing to the good health of everyone around us through active participation in health promotion and disease prevention.

I wish every success to the publication and pray that all who come across it would benefit from it.

(THENUCHO) 16/5/2003

सत्यमेव जयते

CHIEF SECRETARY
NAGALAND, KOHIMA

MESSAGE

It is an immense pleasure to know that the Department of Health & Family Welfare is bringing out a publication highlighting the initial experiences of Communitisation covering the genesis of Communitization concept, the initial steps TAKEN to implement it and the progress made in the first year including the Department's vision for future. This Department and that of School Education were the first to implement the Nagaland Act on Communitisation of Public Institutions and Services, 2002.

By tradition and culture, Nagaland has very rich human resource in the form of community spirit and community action as a way of life. In the past, this collectivity was so strong that the Community controlled every aspect of village life, and individual members had to submit to its authority. However, for various reasons, this veritable resource began to lose its grip over the years. Communitisation is a way of reviving this tradition so that the available resources could be gainfully used for all round development of the people and the society.

I congratulate and put on record my deep appreciation of the rank and file in the Department for accepting the challenge to be among the pioneers in implementing the concept of Communitisation. In spite of the teething difficulties and problems, the Department has done extremely well, and I can say with confidence that Communitization in the health sector is on the right track, moving in the right direction. I must also put on record my deepest gratitude to the community/villagers for their ready response and cooperation to make communitization a reality in their lives.

It will now be necessary to consolidate the gains made so far, and to move ahead to achieve the goal of making communitization ' a people's movement' and 'a way of life'. I have full confidence that with the kind of commitment, sincerity and enthusiasm shown by the officers and staff of the Department during the initial phase, the proposed plans and activities in the future will be met with even greater success. To that end I convey my best wishes and support.

2.5.2003

(R.S. PANDEY)

COMMUNITIZATION : EXPERIENCES OF THE FIRST YEAR

I. Introduction

The topic of formal and informal interactions in Govt. circles during the later part of the year 2001 and the whole year of 2002 was the unique concept of Communitization and its implementation, be it in individual conversations, in workshops/ seminars, within the Departments implementing it or outside, even on the streets and in the villages. The topic even did a whirlwind tour outside the State, to the Ministries in the Govt. of India, to the Planning Commission, to the International Organizations/Agencies, such as the UNICEF, UNDP etc.

a. What Communitization means:

What then, is Communitization all about? Communitization literally means 'that which is made a property of the community.' Therefore communitization of public institutions and services means making the community own such facilities and using them to get maximum benefit. It is also a way of decentralizing Govt. powers to the people by tapping the existing vast manpower resources in the community for all round development of society. Communitization is an invitation extended to the people, by the Government, to come forward in partnership for holistic development.

b. Communitization in Health Sector:

In the health sector, communitization means making the health institutions the property of the community, including their proper maintenance and management. It also means the active participation of communities by way of preventive action and promotive collaboration, and contributing their share to make health a reality in their own villages and communities. The

concept of Communitization blends very well with the idea of community participation in health care, which is the back-bone of all Public Health Programmes. This was also the basis of the Primary Health Care Approach, which was adopted to achieve the declared goal of 'Health for All by 2000 AD' made at Alma-Ata in 1978.

c. Health Centres communitized

Following the enactment, in the early part of the year, of 'Nagaland Communitization of Public Institutions and Services Act, 2002', the Health & Family Welfare Department decided to communitize the first level of health institutions, namely, the Health Sub-Centres in the first go. Out of 330 Sub-Centres existing in the State **at the time of launching of Communitization,** 302 of them were communitized, leaving out the 28 urban-based centres.

Health Institutions, as per National Pattern, are established on the basis of the population to be covered by a certain Health Centre at any level of health care. Each level is connected to the other by a chain of command/supervision and referral services in a pyramidical form. The existing Health Centres in the State as on 1/3/2003 are as under:

Health care level	*Population covered*	*No. in the State*
Sub-Centre (1st level)	3,000	350
Primary Health Centre (Intermediate level)	20,000	68
Community Health Centre (Referral level)	80,000	14

d. Strategy adopted for communitization

For communitization of Health Sub-Centres, the strategy consisted of two sets of Committees, namely, (1) Village Health Committee (VHC) in every village, and (2) Common Health Sub-Centre Committee (CHSCC) for every Sub-Centre that covers more than 1 (one) village.

(i) *Village Health Committee (VHC)*

The Village Health Committee (VHC) would be a subordinate body of the Village Council, with members drawn from the Village Council itself; the VDB Secretary; the 2 Sub-Centre Health Workers, one of whom will be nominated as Member Secretary; 2 representatives from the Women Health Committee and some nominated members. The main functions of the VHC shall include:

- Management and maintenance of the Sub-Centre and its staff;
- Promotion of health through preventive action and education;
- Popularizing indigenous/traditional system of medicine.

A Village Health Committee without a Sub-Centre will do health promotion activities and popularization of traditional system of medicine, while a Village Health Committee with a Sub-Centre shall also manage and maintain the Sub-Centre and its staff.

(ii) *Common Health Sub-Centre Committee (CHSCC)*

This Committee is a federation of all Village Health Committees located around a common Sub-Centre. It is the controlling body under whose direction, supervision and control, the VHC in whose village the Sub-Centre is located, will manage and maintain the common Sub-Centre and its staff.

(iii) *Coordination*

For any activity there must be someone, somewhere to oversee its smooth execution and successful outcome. For this, every District will have a District Coordination Committee headed by the Deputy Com-missioner of the District with around 10 members to plan, monitor, review and improve upon Communitization in the District.

e. Communitization, a joint partnership

Being a joint venture and partnership, each partner in communi-tization, (the Govt. and the community) must contribute its share in all matters in order to achieve the common goal of improving the functioning of the Health Sub-Centre and of promoting health care services.

(i) *Govt./Department's contribution*

- Posting of Health Workers in every Sub-Centre;
- Provision of yearly funds for purchase of medicines;
- Provision of funds, whenever possible, for maintenance of buildings;
- Provision of technical guidance, support, direction and supervision in all matters.

(ii) *Community's contribution*

- Accept Govt.'s invitation as a challenge
- Take total ownership of health institutions and services
- As a partner, understand that it must contribute its share of resources in cash or kind to supplement the resources given by the Govt.
- Welcome the Health Workers and take full advantage of their presence in the Sub-Centre.
- Take communitization as an opportunity for self-help and a revival of traditional community action/spirit.

2. Highlights of Communitization progress

a. Birth of the concept:

Starting from 1998-99, the Department, with the aim of giving new direction as well as to fall in line with the national pattern of health care delivery system, has been working to actualize Primary Health Care Approach, by creating avenues for community participation in health care delivery. This effort of the Department received a booster dose, when in the later part of 2001, the State Chief Secretary, Shri R. S. Pandey, initiated a novel method of getting community participation and

circulated a 'Concept Paper on Communitization', which primarily aimed at harnessing the vast potential of manpower resources in the State and promoting Government-Community partnership for all round development, and requested all Departments to develop and bring out a working paper for their respective Departments.

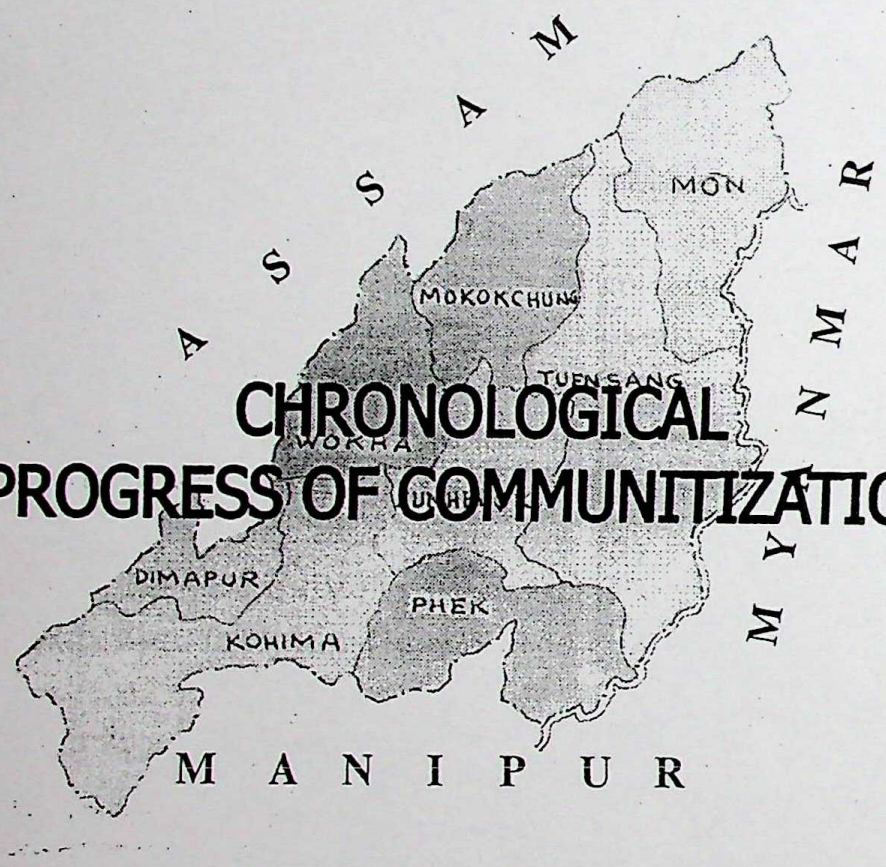
To the Department and those working to actualize the Primary Health Care Approach in the State, this was a real blessing. And therefore, the Department rolled up its sleeves and got down to work in right earnest. Initially, it was decided that the Departments of Health & Family Welfare and School Education would implement the concept of Communitization, and other Departments would follow in due course, based on the experiences gained by these two Departments. Several write-ups and papers were prepared, which were later revised and re-revised after consultations and subsequent modifications. The Home Department was made the Nodal Department to coordinate Communitization. The guidelines for implementing Communitization were worked out together with the Nodal Department, the Finance and Law & Justice Departments.

Towards the fag end of 2001 both the Departments of Health & Family Welfare and School Education could bring out a final draft on the guidelines for their respective Departments. Meanwhile, the concept received formal recognition, when the State Cabinet gave its approval and later, an ordinance titled "The Nagaland Communitization of Public Institutions and Services Ordinance 2002' received the State Governor's assent on 24th January 2002. When the Bill was introduced and passed in the State Assembly during its sitting in March 2002 the Ordinance became an Act. The Government Notification of the Act is appended in Annexure - 42

In the meantime, the State Govt., through the Home Department (Local Self Government), issued Notification declaring the 15th February 2002 as the date on which the Ordinance on Communitization would come into force in respect

of public services and activities of the State Government connected with Education and Health. This Notification is appended in *Annexure-2*. Shri R. S. Pandey, Chief Secretary, accompanied by a team of officers from both School Education and Health & Family Welfare Departments formally launched Communitization at Phek District Headquarter on 15/7/2002.

Thus , the scheme of Communitization, conceptualized and pioneered by the State Chief Secretary, Shri R.S. Pandey evolved and took shape through wide consultations and threadbare discussions at various levels of bureaucracy before receiving formal Govt. approval. It has evoked welcome response from different sections of society and is well set to become a major strategy for galvanizing Government institutions and services in different sectors, such as, rural health services, rural elementary education, rural water supply, rural tourism , rural electricity supply etc.



CHRONOLOGICAL PROGRESS OF COMMUNITIZATION

3. CHRONOLOGICAL PROGRESS IN THE DEPARTMENT

a) Consultations - I

On 8th February 2002, a departmental consultative meeting was held at the Directorate Conference Hall, with all Civil Surgeons, Medical Superintendents, District Family Welfare Officers and Sub-Divisional Medical Officers. In this meeting, Shri V. Sakhrie, Secretary (Health & FW) explained that the idea behind Communitization is to consolidate the decentralization process by handing over to the community, the powers and functions of managing and maintaining public institutions, so as to decrease their dependence on the Government for their well being and development.

The need of community participation in health care services and the final draft on the modalities worked out for implementing Communiti-zation were explained and deliberated upon. The observations, suggestions and opinions expressed by the District officers were taken for incorporation into the final guidelines. Major decisions taken at this consultation include :

1. Declaration of Civil Surgeon as Head of Office in every District to ensure proper control, supervision and coordination.
2. Proper redeployment of Health Workers, especially Female Health Workers and Male Health Workers in all Sub-Centres, and detachment of all Health Workers from units where they are unauthorisedly attached.
3. Redesignate Pharmacists now posted to Sub-Centres to that of Male Health Workers for the purpose of Communitization until proper Male Health Workers are trained and posted.
4. A proper District level Coordination Mechanism with involvement of District Administration and other allied Departments should be put in place.

Accordingly, the final 'Guidelines on Communitization of Health Sub-Centres' were prepared. Similarly, Rules to implement the Act were framed in consultation with the Nodal Department as well as Law & Justice Department. These Rules were published through a Government Notification on 25th March 2002 (See Annexure -43). These Rules and the guidelines were put together and published in a booklet form and circulated to all the Officers and staff in the Department as well as to other Departments in the State and also to the Govt. of India, UNICEF, UNDP etc.

b) Further consultation

On 12th April 2002 senior officers of the Department under the chairmanship of Shri V. Sakhrie, Secretary (Health & Family Welfare) met to further review the progress on Communitization made till then.. The draft Action Plan was reviewed and suitable modifications made. The final Action Plan is appended in *Annexure-1*. Major decisions taken at this meeting include :

a. To plan, monitor and coordinate the implementation of Communiti-zation, a Departmental Committee would be constituted with the following officers :

a.	Dr. Sashimeren Aier, Joint DMS	Convener
b.	Dr. N. Yanthan, Joint DHS	Member
c.	Addl. DHS and HOD	Member
d.	Director of Medical Services	Member
e.	Dr. Rose Chakhesang, Dy. DHS	Member
f.	Shri Z. Mesen, Senior AO	Member
g.	Shri R. R. Chasie, Dy. Director (IEC)	Member Secretary

A formal Govt. Notification was issued for this on 30/4/ 2002. Similarly, Govt. Notifications were also issued for constitution of District Co-ordination Committees, on 14/5/ 2002, redesignation of Pharmacists as Male Health Workers on 26/4/2002, and declaration of Civil Surgeon as Head of Office

in the District on 30/4/2002. Copies of these orders are appended in *Annexures 3-8.*

The meeting also decided to undertake sensitization of District level officers and administrative officers in May 2002 and District level officers, in their turn, would sensitize Medical Officers, Health Workers, Village Councils and VDBs. It was also decided to give a Citation and cash award to individuals excelling in implementing Communitization at every level, and also to the best performing Districts and Village Health Committees.

c) Consultation - II

On 21st May a one-day workshop on Communitization was held with Deputy Commissioners/Addl. Deputy Commissioners and District Officers of the Department at Hotel Japfü, Kohima. Shri A.S. Bhatia, Secretary (Home) and Shri W. Lee, Director of Treasuries and Accounts were the resource persons who briefed the gathering on the modalities of Communitization that has been worked out. The modalities, Action Plan, and responsibilities of different officials/ committees at different levels, including the training of Village Health Committees and motivational requirements of the community were discussed in depth. The program of this day can be seen at *Annexure-9.*

d) Consultation-III

At the State level Communitization Committee meeting held on 5/6/2002, decisions were taken to open a Departmental Bank Account for Communitization to be jointly operated by the Convener and Member Secretary; to undertake a massive exercise of identifying Doctors and Health workers to man different Health Centres and to submit a detailed proposal to the Govt. for issue of redeployment orders; and to let Civil Surgeons use the District Planning Board meetings to brief the

District Administrative Officers on the mechanism of communitization of Health Sub-Centres. Decision was also taken to immediately send proposals for sanction of the budgeted money of Rs.49.50 lakhs under Communitization for purchase of medicines and training.

e) Consultation – IV

i) Selection of Trainers/Supervisors

On 22/7/2002 the Directorate officers met and decided to assign the Districts/Sub-divisions among themselves for the purpose of supervision, monitoring, training and fostering of communitization as indicated under :

S.No	District/Sub-Division	Officer(s) assigned
1.	Kohima sadar	Dr. Zakievotso
2.	Peren	Dr. K. Solo
3.	Dimapur	Dr. Neiketou & Dr. Khanlo Magh
4.	Mokokchung	Dr. M. Sashi & Dr. Temsüla Jamir
5.	Wokha	Dr. N. Yanthan (Later Dr. Khanlo was assigned)
6.	Mon	Dr. K. Sophie & Dr. K. Sorhie
7.	Zunheboto	Dr. M. A. Ezung & Dr. K. Asumi
8.	Tuensang	Dr. Tiasunup Pongoner & Dr. Yankho
9.	Kiphire	Dr. John Sweyievisa (later Dr. Rose was assigned)
10.	Phek	Dr. Rose Chakhesang (later Dr. Tako was assigned)
11.	Tseminyu	Dr. V. Sekhose (later Dr. Kevichüsa was assigned)
12.	Longleng	Dr. Nganshimeren & Dr. Ashikho

The time-schedule for completing the constitution and training of Village Health Committees and supplying minimum stationery items to be given to VHCs were also discussed and

finalized. It was also decided that the staff salaries would be given by VHCs starting from the salary of September 2002, payable on 1st October 2002.

f) Consultation - V

On 8/8/2002 a joint meeting of all officers in the Directorates of both Health & Medical Services to review the progress made in respect of communitisation and to plan out future action was held under the chairmanship of Shri V. Sakhrie, Secretary (Health & FW). Shri Menukhol, OSD (Finance) and Shri W. E. Lee, Director (Treasuries & Accounts) were the Resource Persons who explained the modalities of financial transactions, while Shri Kikheto Sema, Sr. A. O. from School Education shared his Department's experiences and proposed actions. Shri R. S. Pandey, Chief Secretary also joined the meeting to further explain the concept of Communitisation and to clarify doubts as well as offer solutions to practical problems being faced in the field. Some of the important decisions taken at this meeting included:

a. OSD (Finance) informed that Finance Department has issued a Notification requiring communitized Institutions to open 2 (two) Bank Accounts, namely, Current Account to credit staff Salaries and Saving Account to credit other grants given by Govt.
b. Sr. AO of the Department will attend the 'role-play training' on financial transactions being organized by School Education on 16/8/2002 and to bring out financial guidelines on the model of that Department in consultation with OSD (Finance) and Director (Treasuries & Accounts) and finalized by 21/8/2002.
c. Though the Civil Surgeon is the Head of Office of the District, the present arrangement of multiple DDOs drawing salaries for Health Sub-Centre (SC) staff will continue, but the Civil Surgeon is to be kept informed.

d. The Chief Secretary read out the circular of Deputy General Manager of SBI, asking all SBI branches to allow VHCs/ VECs to open their Bank Accounts (Current and Savings) and to waive the rules requiring minimum balance stipulated for opening of accounts.

e. All DDOs of Health & FW Department will attend the training on financial transactions being arranged for Treasury Officers at the Zonal Council Hall on 21/8/2002.

f. To concretize implementation of communitization and to finalize training schedules, (1 day only) and contents (administrative matters, technical matters, financial matters) all DDOs and MOs of PHCs/ CHCs shall meet on 22/8/ 2002 at the Directorate Conference Hall, Kohima.

g. For the time being, 28 Sub-Centres located in urban areas will not be taken up for communitization, since they require different modality/ mechanism of functioning.

h. Similarly, because of time constraint and also because VHCs without SCs will not be dealing with financial matters, for the time being, VHCs will be set only in villages where SCs are located. VHCs for other villages will be set up later on.

In the meantime, the State Government, through the Finance Department, had issued Notification to relax CTR 217 to draw the staff salaries for 3 (three) months in advance as well as other financial transaction rules under Communitization. The Finance Department's Notification can be seen at *Annexure-10*.

Similarly, the State Bank of India, at the request of the State Govt., had allowed the Village Health Committees to open their Bank Accounts with the SBI Branches and instructions were issued to waive the stipulated minimum amount required for opening Accounts with the SBI. The circular issued by the Deputy General Manager, SBI is appended at *Annexure-11-12*.

g) Consultation - VI

An opportunity came on 21/9/2002 to highlight the concept as well as the progress of Communitization of Health Sub-Centres to the members of Kohima District Planning Board and members from the civil society in Kohima District during the workshop on 'Good Governance' at the Administrative Training Institute, Kohima. Extracts of the points raised at the meeting and response given by the Department are given at *Annexure-13*

TRAINING PROGRAMMES

4. DIFFERENT TRAINING PROGRAMMES

a. Training of DDOs and Medical Officers

On 21st August 2002, all DDOs attended the training on financial matters at the Zonal Council Hall, Kohima along with Treasury Officers. On the same day, Medical Officers from CHCs/PHCs were briefed on the modality of implementing Communitization and the use of the training materials to train Village Health Committees (VHCs).

On 22nd August 2002 all DDOs and MOs jointly reviewed the progress of implementing communitization with Secretary (Health & FW) and the Directorate Officers. After all Civil Surgeons had presented the status reports of their respective Districts the training contents and dates for training of VHCs at the District were finalized as under :

b. Training contents:

1. Management of Sub-Centre
   a. Administrative matters b. Technical matters
   c. Financial matters
2. Preventive health care
3. Promotion of indigenous/traditional medicine
4. Mobilization of local resources

c. The training dates finalized:

District/Sub-division	*Date*
Kohima sadar and Tseminyu	31/8/2002
Mokokchung/Wokha	6/9/2002
Kiphire/Longleng	10/9/2002
Phek	11/9/2002
Mon	12/9/2002
Tuensang sadar/Noklak/Peren	13/9/2002
Zunheboto	14/9/2002
Dimapur	16/9/2002

It was also decided to organize a one-day training programme at Kohima for all Accountants and Cashiers of all DDOs in the Department on 5/9/2002. The Cashiers and Accountants will in turn train the VHC Member Secretaries on financial matters.

* **In between review meet**

On 23rd August 2002, the Chief Secretary met with the State Communitization Committee in which the decisions taken on 21st and 22nd August 2002 were reviewed. In particular, the position of redeployment of staff to Sub-Centres as well as sanctioning of funds for communitization were discussed and modality for speeding up these issues were finalized.

d. Training preparations

In the meantime, training materials such as Communitization charts, showing in graphic form the entire concept and strategy of Communitization, guidelines on communitization etc. and stationery items, such as Cash book, Salary Register, Stock Register, guidelines on how to fill up these Registers, formats for reporting salary deductions etc. were prepared and supplied to the Districts through the State Resource Persons. These are appended in *Annexures-14-17.*

e. Training of Accountants/Cashiers

The training of all Accountants and Cashiers of all DDOs in the Department was held on 5/9/2002 as scheduled. Shri R. R. Chasie, Deputy Director (IEC) briefed them on the general concept and modalities of implementing Communitization, while Shri Z. Mesen, Senior Accounts Officer gave a detailed briefing on all aspects of the manner in which financial transactions are to be carried out. Doubts were cleared and questions answered on the spot, during the interaction sessions.

f. Training of VHCs at District Headquarters

In a like manner, the District level training for Village Health Committees (VHCs) was also carried out as per schedule decided and agreed upon. The following Table indicates salient aspects of the training programme:

Sl. No	District	Resource Persons	No. of Participants	Date
1	Kohima sadar & Tseminyu	CS Kohima/Dy. Dir.(IEC), Dr. Khriezotuo and Senior Accounts Officer.	97	31/8/2002
2	Wokha	CS Wokha, Dr. Khanlo Magh	153	6/9/2002
3	Mokok-chung	CS Mokokchung, Dr. Sashimeren, Dr. Temsula	128	6/9/2002
4	Kiphire	SDMO Kiphire, Dr. Rose, Dr. D. Kapfo	44	10/9/2002
5	Longleng	Dr. N. Meren, Dr. Ashikho	26	10/9/2002
6	Phek	CS Phek, Dr. Zakievotso	141	11/9/2002
7	Mon	CS Mon, DIO Mon, Dr. K. Sorhie, Dr. K. Sophie	245	12/9/2002
8	Peren	CS Kohima/SDMO Peren,	18	13/9/2002
9	Tuensang (except Longleng/ Kiphire)	Dr. K. Solo Dr. Tiasunup, Dr. Yankho, CS Tuensang	239	13/9/2002
10	Zunheboto	CS Zunheboto, Dr. K. Asumi, Dr. M. A. Ezung	175	14/9/2002
11	Dimapur	CS Dimapur, Dr. Neiketou	99	16/9/2002

NURTURING COMMUNITIZATION

REGULAR REVIEW OF PROGRESS WITH CHIEF SECRETARY

Shri R. S. Pandey, Chief Secretary meticulously followed the progress of communitization through regular and continuous review meetings with the State Committee on Communitization.

a. Review meet on 24/9/2002

At this meeting the progress made till then was reviewed with the Chief Secretary in which Shri N. Putsure, DC, Kohima and Ms. Akhotsolu, Project Director, NRC Kohima were also present. After discussing the feedback on the training programmes organized thus far, some problems, such as difficulty in opening Bank Accounts by VHCs in some places were highlighted and solutions to them discussed. Some of the decisions taken at the meeting include:

a. drawing up district-wise list indicating the status of VHCs formed, Bank Accounts opened and Health Workers in position at their posting places;
b. assigning State/District level officers to do spot supervision of VHCs;
c. application of 'no work, no pay' principle and asking transferred staff to join their new posting places.

Then Shri N. Putsure, Deputy Commissioner, Kohima told about the setting up of a Committee on Communitization of Health Sub-Centres by the District Planning Board and adoption of Merema Sub-Centre by this Committee. He further requested the Department to extend support in the following areas:

a. Prepare a 2-page write -up on the concept of Communitization for further translation and distribution in Kohima District;
b. Provide some funds for awareness activities on Communitization;

c. Nominate one officer to associate with the Kohima District Committee on Communitization. (Mr. R. R. Chasie was nominated to the Committee).

d. Make the Department's organization and field officers known to villagers. (It was decided to prepare organizational flow chart indicating the names Health Centres and Officers/staff and circulate to all Sub-Centre villages).

e. Have a Core Committee to examine and consider the comments and suggestions of the District Committee on Communitization. (The Departmental Committee on Communitization was assigned to take care of this.)

The report of Shri Toshi Aier, Mentor Secretary for Phek District, regarding problems faced by the villagers, namely the following were also discussed:

i/ Non-availability of doctors in PHCs. (The Department will monitor the joining of doctors in their new posting places.)

ii/ Need of supervision and monitoring. (The Department will assign specific officers to supervise and monitor progress of communiti-zation.)

iii/ Need for rotational posting of staff. (The Department will take up the matter for policy decision.)

Following this review, a format for reporting the progress of Communitized Sub-Centres and Health Centres' jurisdiction at various levels were prepared and instructions sent to all Civil Surgeons and other DDOs to furnish updated status of communitization in their respective jurisdictions/areas. These formats/charts are given at *Annexure-18*

b. Review meet on 3/10/2002

At this meeting the status of VHCs formed, Bank Accounts opened by them, staff salaries drawn and credited to the Bank Accounts and release of salaries by VHCs was reviewed. The problems faced by the Department in

implementing staff redeployment and transfers were also discussed and decisions taken.

For release of money to purchase medicines, it was decided that funds shall be given to the Sub-Centres that fulfill the following criteria:

a. VHCs have been formed;
b. Bank Accounts are opened; and
c. Sub-Centre staff are in position.

An important decision taken at this meeting was for the State level Supervising Officers to check on the following points of progress during their inspection visits/tours:

a. Functioning of District Coordination Committee
b. Bank accounts opened and being operated properly
c. Payment being made by DDOs and VHCs
d. Method (s) followed for purchase of medicines by VHCs
e. Whether Communitization as well as Health Centre jurisdiction charts are hung on the walls.

❖ **Visit of the Hon'ble President of India**

The visit of the Hon'ble President of India to Nagaland on 26/10/2002, especially his visit to Kohima and Khuzama, to see for himself the progress of Communitization galvanized the entire Govt. machinery at Kohima as well as Khuzama villagers. In particular, his visit to the communitized School and Sub-Centre at Khuzama kept the officers of Health & FW and School Education on their toes. Following the directions of the Chief Secretary during the review meeting held on 18/10/2002 the Department arranged for the VHC Chairman of Khuzama to give a brief report of the communitized Health Sub-Centre and the reaction of the villagers; arranged for the Sub-Centre staff to be ready to answer any queries by the Hon'ble President; the SC jurisdiction chart was hung on the walls; medicines were bought and the list displayed at the Sub-Centre and the SC was given a face-lift by cleaning its surroundings. The visit went off

smoothly and remains a memorable event especially for the village community.

c. Review meet on 17/10/2002

At this review meeting, the progress made on all aspects of Communitization was reviewed with all Civil Surgeons/ District Family Welfare Officers and Sub-divisional Medical Officers at the Directorate Conference Hall, Kohima. All DDOs gave the status report for their respective jurisdictions. After assessing the position of SCs who have fulfilled the required criteria, funds for purchase of medicines by the VHCs were released to the DDOs. The position of reported communitized Sub-Centres and funds for medicines released for them as on 17/10/2002 are shown below :

Sl. No	District	SCs Communitized	VHCs functioning	VHCs yet fully functioning	Medicine funds released
1.	Kohima	37	22	15	22
2.	Mokokchung	42	34	8	34
3.	Tuensang	60	34	26	34
4.	Mon	48	31	17	31
5.	Wokha	29	29	-	29
6.	Dimapur	17	17	-	17
7.	Phek	33	33	-	33
8.	Zunheboto	36	30	6	30
	Total	302	230	72	230

d. Review meet on 18/10/2002

This meeting, held in the office chamber of the Chief Secretary took stock of the progress made till date. In particular, the position of VHCs formed (302 already formed), Bank Accounts opened (230 already opened) and Sub-Centre staff (FHW) in position were reviewed. In view of the President's visit to Khuzama, the meeting decided to keep the Sub-Centre

as well as Village Health Committee of the village prepared. That the success of Communitization would heavily depend on (1) SC staff in position; (2) Bank Accounts opened; (3) medicines purchased by the Village Health Committees was reiterated at this meeting.

e. Review meet on 22/10/2002

By the time of this review meeting, the Department had already released money (on 17/10/2002) to the VHCs for purchase of medicines, since most of the Sub-Centres had already fulfilled the criteria decided upon earlier. The ones left behind were mostly due to non-joining of staff, particularly from Naga Hospital, Kohima and Dimapur Civil Hospital. At this meeting, it was decided to take up the following points of action:

a. Prepare District-wise Health Centres jurisdiction charts for the whole State;
b. Adopt a system of monthly supervision/inspection routine by Civil Surgeons and State level officers and written reports be submitted to see the difference between pre and post communitization;
c. Take early policy decision on rotational transfer/posting of staff;
d. Prepare a comprehensive proposal for repair/renovation of Sub-Centre buildings for submission to DONER.

Later in the meeting, the Chief Secretary also unveiled his vision for the next step in communitization, which consisted of the following :

a. Community's contribution and resource mobilization to supplement the funds given by the Govt./Department.
b. Health Education and preventive health action by the community so as to make health promotion a people's movement and to reduce incidence/ prevalence of diseases, improve people's health seeking behaviour and sanitation in villages.

c. Popularizing indigenous/traditional system of medicine as a way of encouraging alternative system of health care. Their practices could be compiled and documented for future reference and further research.

f. **Review meet on 31/10/2002**

In this meeting, apart from reviewing the progress made till then, a decision was taken to send out State level officers for spot supervision/inspection on the following points, give spot training to VHCs and to report back within 15/11/2002.

- VHCs formed and Bank Accounts opened;
- VHCs formed and Bank Accounts opened;
- Regular meetings of VHCs and their planning;
- Provision of modified medicine list by Civil Surgeons; medicines purchased by VHCs and entries made in Stock Registers;
- Communitization chart/SC jurisdiction chart hung on SC walls;
- VHCs have really understood their responsibilities;
- Reaction of the people to Communitization;
- Inform community about the next step in the vision of Communitization.

- **Reports of State level Liaison Officers**

Accordingly State level officers were directed to proceed to respective Districts and make spot assessment of the field situation. The Officers could not visit as many Sub-Centres as they would wish, for reasons of time constraint, poor road condition and others. Also because they were otherwise engaged in official works, the tours were spread over a period of over a month. However, the reports were informative and revealing. The direction given to undertake the tours and a brief highlight of the tour reports are given in *Annexures-19 and 21.*

g. **Review meet on 15/11/2002**

In this meeting with the Chief Secretary some of the State level officers who had already undertaken their inspection tours were also present.

The tour reports for Mokokchung, Zunheboto, Longleng and Tuensang were presented and discussed. The problems being faced by VHCs were highlighted and modalities for their solution discussed. The State level Liaison Officers to asked to assess

a. the 'basics' of communitization: position of staff joining, Bank accounts opened, staff salaries released by VHCs, VHCs holding their quarterly meetings, modified medicine list sent out by Civil Surgeons, medicines purchased by VHCs, proper maintenance of Registers, and charts hung on SC walls; and

b. the 'process' of communitization: improvement in staff attendance & medicine availability, regularity of visits to SCs/villages. by Medical Officers and other Health Workers, identification of genuine indigenous/ traditional system of medicine, and people's contribution in kind/cash.

The decision of the Department to utilize the funds made available to the District AIDS Committees for awareness on Communitization in combination with that of HIV/AIDS (please see Annexure-20) and the proposal seeking UNDP support, already submitted to Planning Department were also reviewed.

The following action points to be jointly taken up by the villagers and the Department as the next step in Communitization were adopted:

a. Popularizing indigenous system of medicine
b. Mobilization of local resources
c. Health education (A Committee was set up to prepare short write-ups on common diseases in the State. This is to be translated and circulated for use by VHCs).
d. Compilation of success stories.

❖ **Follow-up action**

To take stock of the progress in the 'basics' and 'process' of Communitization as well as to plan for the future, a common format was prepared and circulated to all DDOs on 22/11/2002. This format can be seen vide *Annexure-22.*

h. Review meet on 4/12/2002

A review of the progress in Communitization on this day was done with Shri Alemtemshi, Development Commissioner. The progress made till then, along with the problems faced by Department in re-deployment of SC staff and fund constraints to meet travel expenses for supervision/ monitoring the progress of communitization were highlighted. While appreciating the problems faced by the Department, the Development Commissioner said that Communitization was a big step towards moving away from the old system, structure and manner of working, and which called for a new mind-set in the Govt. functionaries. The earlier proposal of the Department seeking UNDP support was reviewed and suitable modifications suggested for resubmission. This was done on 5/12/2002. A request for allotment of funds from the State Corpus Fund to defray TA/DA expenses was also submitted to the Planning Department on 11th December 2002.

i. Review & Consultation on 18/12/2002

At this meeting held under the leadership of Shri V. Sakhrie, Secretary (Health & FW), a detailed review of the action points brought out at the 15/11/2002 meeting with Chief Secretary was done. The ground realities were highlighted and solutions to the problems faced therein were adopted for each item of action. Some of the important decisions taken at this meeting include :

a. VHC Member Secretary, not VHC Chairman should collect the monthly staff salaries, so that TA expenses of VHC Chairman will not arise.

b. Earned leave application of SC staff without recommendation of VHC shall not be entertained.

c. Re-sensitization of VHCs must be done from time to time.

d. SC staff transfers should be done only at the beginning or end of the Quarter for which salaries are drawn in advance and credited to VHC accounts. This will avoid difficulties of withdrawal and redepositing the salaries in different accounts. Transfers should be done only during the early part of December, March, June, and September every year.

e. To avoid misuse of deducted salaries, VHCs will keep the deducted amount in their Current Accounts. The DDOs, on receipt of 'salary deductions' accounts at the end of 3 months will convert this into 'grant-in-aid' and credit the same to the VHC Savings Account. DDOs will further issue sanction orders for any amount beyond Rs.500/- for the use by VHCs.

f. DDOs will purchase medicines for the 28 SCs located in urban areas.

The position of SCs with staff in position as reported on this day, as compared to the position in October 2002 is shown below:

Sl. No	State	Total SCs communitized	SCs with staff as on 17/10/2002	SCs with staff as on 18/12/2002
1.	Nagaland	302	230	274

One area of common concern was the lack of funds for TA/DA as well as vehicles for the Medical Officers in-charge of PHCs/CHCs to undertake regular supervision and inspection visits to the Sub-Centres and Village Health Committees. Furthermore, the need to properly sensitize all Medical Officers in the field, preferably at the State Directorate, was also expressed.

All DDOs were also asked to prepare a comprehensive Action Plan on the following points and submit it to the Directorate by 15/01/2003 :

a. Health education activities by VHCs and the community;
b. Popularizing indigenous/traditional system of medicine and its practitioners;
c. Mobilization of local resources;
d. Formation and function of Common Health Sub-Centre Committees;
e. Improvement in the functioning of Mahila Swasthya Sanghs (MSS).

❖ **Health Education Leaflets and translations**

In pursuance of the decisions taken earlier to get the guidelines on Communitization translated into Naga dialects the work was done through the help of Language Officers of the Directorate of School Education and others. As of now the guidelines have been translated, printed and distributed in 8 languages, while the rest are in the process of completion. Similarly, in view of the plan to make the community/VHCs undertake health education activities in their respective villages, a Departmental Committee was constituted to bring out short leaflets on various health topics and diseases for translation into local dialects. This Committee's formation is given at *Annexure-23*.

j. Review meet on 15/01/2003

The next review meeting with the State Chief Secretary on 15/01/2003 discussed the overall progress made by the Department on communitization. Apart from reviewing all aspects of Communitization, the following suggestions were considered for future Plan of Action:

a. Working out criteria for rewarding better performing VHCs and expanding communitization;
b. Communitization of urban Sub-Centres;
c. Communitization of PHCs/SHCs/Big Dispensaries;
d. Decentralization of powers/duties etc. to Districts and below;

e. Exposure of Media Persons to Communitization progress in selected areas;
f. Collection and compilation of success stories.

k. Review meet on 29/01/2003

The latest review meeting on Communitization was held with all Civil Surgeons, District Family Welfare Officers, Sub-divisional medical Officers, State level officers assigned to look after Districts along with the two Directors and Secretary (Health & FW) at Kohima in which the State Chief Secretary also joined the discussions. The review took stock of the following major areas of concern:

a. Staff position in Communitized Sub-Centres
b. Money released and medicines purchased by VHCs
c. Improving physical/infrastructure facilities
d. Action Plan on key areas
e. Planning for the future

Beside others, the meeting also decided to :

a. bring out a booklet on the experiences of the first year of Communitization process; and
b. sensitize all medical Officers during March 2003

❖ **Follow-up action**

In pursuance of the decision taken at the review meeting held on 18/12/2002 and directions given by the State Chief Secretary at the meeting held on 15/1/2003, the district-wise list of Sub-Centres numbering 281, whose buildings require repairs and renovations along with a rough estimate of funds required was worked out and given to the Engineering Wing of the Department to prepare a comprehensive proposal for submission to DONER through the State Government.

Similarly, in pursuance of the decisions taken at earlier review meetings, the sensitization of all Medical Officers of PHCs/CHCs/SHCs/ Dispensaries in the State was undertaken

at the State Headquarter in two batches on 5th March 2003 and 12th March 2003. In all, a total of 65 Medical Officers attended the sensitization training. The District-wise break-up batch-wise details are indicated below:

Sl.No.	District	1st batch	2nd batch	Total
1.	Kohima	-	10	10
2.	Mokokchung	9	3	12
3.	Tuensang	3	8	11
4.	Mon	2	2	4
5.	Phek	5	3	8
6.	Wokha	4	3	7
7.	Zunheboto	1	3	4
8.	Dimapur	1	8	9
	Total	**25**	**40**	**65**

❖ **Monitoring mechanism**

In order to keep close touch with the progress of Communitization, certain monitoring indicators in the hierarchy of health care have been worked out as guidelines for field officers and circulated. Similarly, monthly reporting formats for Village Health Committees, Medical Officers of PHCs/CHCs and Civil Surgeons have also been prepared and circulated to all concerned. An idea of these developments can be perused vide *Annexure-36-40*

OUTCOME OF EFFORTS

5. SUCCESS STORIES

a. The Community

Though very humble and small beginning, Communitization has definitely brought out the inventiveness in people. Very simple, but innovative measures, such as collecting Rs.10/- per household in the village, growing vegetables and fruits to get income to buy medicines, fixing annual village cleanliness drive day, donating community built houses for Sub-Centres and staff quarters, making bamboo fencing of Sub-Centre premises, private medical practitioners volunteering their services free on fixed days in the Week etc. have been reported. Although not all Districts have reported markedly significant success stories, the people from all the Communitized Sub-Centre villages have welcomed Communitization and expressed their willingness to contribute their share in the management and maintenance of the Health Centres as well as to the promotion of their own health. Staff attendance as well as availability of medicines in the Sub-Centres have definitely improved and use of indigenous system of medicine is being similarly promoted. Reports of success stories received from the Districts till the time of publication of this book have been compiled, the highlights of which are given in *Annexure-24*.

Report have been received that in some communitised Health Sub-Centres the Village Health Committees, exercising the power given to them through Communitization, have deducted the salaries of SC staff who were unauthorisedly absent and negligent in their duties.

b. The Government/ Department

Earlier, the area of coverage (jurisdiction) of different health Centres was not specified anywhere. It was only in April 2001 that the first exercise in this direction was finalized and a tentative list of Health Centres' jurisdictions was published. However, with the launching of Communitization and setting up of village Health Committees and Common Health Sub-

Centre Committees, the specific areas of jurisdiction of different Health Centres could be made more comprehensive, specific and complete.

In the past, there were instances of many health centers without staff posted to them due to lopsided posting of staff as well as health personnel entrenched in urban areas reluctant to move out to rural areas. Therefore posting of staff to these centers was a herculean task. Under Communitization however, there was pressure from the community as well as the obligation of the Government /Department to post trained manpower to all health centers. This enabled the Department to identify the staff posted to rural health centers but attached elasewhere; lopsided posting of staff resulting in excess staff in some places, and take corrective measures through transfer of posts and redeployment of health workers. Through this exercise, posts and staff have now been made available to all communitised Sub-Centres. In this connection, community pressure on the one hand, and support from higher echelons of the bureaucracy and the political leadership on the other, were responsible for its success.

The assignment of District Mentors to oversee all aspects of the implementation of Communitization in various sectors also played a positive role in ensuring its success. Senior Officers at the level of Secretaries voluntarily took up the job of District Mentors to keep track of Communitization in all sectors. These Mentors have no administrative authority in the Districts assigned to them, but their individual moral support, guidance and advice helped the programme to grow and take roots.

6. POSITION OF MEDICINES PURCHASED

Beginning from 17th October 2002, funds for purchase of medicines by the Village Health Committees (VHCs) were released to DDOs in the Districts/Sub-Divisions. Out of the prototype list of medicines given to them by the State

Headquarter, individual Civil Surgeons prepared a modified list of medicines for their respective Districts, taking into account the special needs of their Districts and disease prevalence. The modified lists of medicines thus circulated to the Village Health Committees by them are appended in *Annexures-25-34.*

The position of funds released and medicines purchased by the Village Health Committees is shown in the table below:

Sl. No.	*District*	*Communi-tized SCs*	*Fund released (17/10/2002)*	*Fund released (31/3/2003)*	*No. of VHCs which purchased medicines*
1	Kohima	37	22	37	37
2	Mokokchung	42	34	42	42
3	Tuensang	60	34	57	57
4	Mon	48	31	43	43
5	Wokha	29	29	29	29
6	Dimapur	17	17	17	17
7	Phek	33	33	33	33
8	Zunheboto	36	30	36	36
	Total	**302**	**230**	**295**	**295**

7. PRESENT STATUS OF COMMUNITIZATION

The implementation of the concept of Communitization has had a chequered journey over the past months. It was at first greeted with curiosity, and later buffeted with both positive and negative reactions. In the midst of all that, Communitization, as of today, has reached a stage, from where one can look back with a sense of satisfaction, at the visible marks it has made on its journey.

The staff in position at the Communitized Sub-Centres as on 28/01/2003 and 01/03/2003 is shown below:

Sl. No.	State	Total SCs Com-muni-tized	Sub-Centres (28/1/2003)		Sub-Centres (1/3/2003)	
			Staff in posi-tion	Staff not yet in Position	Staff in position	Staff not yet in Position
1.	Nagaland	302	285	17	295	7

However, the present status of Communitization can best be assessed by looking at the position of its ***'basics'*** and the ***'process,'*** that has taken place till date as indicated in the following tables.

a. Position/status of the 'basics' (as on 1/3/2002)

Sl. No.	Basics of communitization	Sub Centres	
		Yes	No
1.	Staff are in position	295	7
2.	Bank Accounts opened	295	7
3.	Salary released by VHCs	295	7
4.	VHCs holding their quarterly meetings	295	7
5.	Modified medicine list circulated	302	-
6.	VHCs purchased medicines	295	7
7.	Communitization chart hung on SC wall	302	-
8.	SC jurisdiction chart hung on SC wall	302	-

b. Position/status of 'process' (as on 1/3/2003)

Sl. No.	Process of Communitization	Out of a total of 8 Districts in the State		
		Yes	No	Remarks
1.	Staff attendance improved	8	-	-
2.	Medicine availability improved	8	-	-
3.	PHC doctors regularly visits SCs	8	-	-
4.	Other Health Program Workers visit villages regularly	8	-	-

5. Genuine indigenous medicine practitioners are available	6	2	Being identified
6. If yes, are they recognized and honoured	1	7	Modalities being worked out.
7. People's contribution in cash and or kind available	8	-	

c. Action Plan on key areas

The Civil Surgeons and other District and Sub-Divisional Officers have also drawn up their respective Plan of Action on the following areas/points:

1. Health Education for disease prevention and health promotion;
2. Mobilization of local resources by the community;
3. Popularizing indigenous/traditional system of medicine;
4. Awareness activities to spread the concept of Communitization;
5. Intensive training/capacity building to make Communitization a people's movement;
6. Capacity building and improving the functioning of Mahila Swasthya Sanghs (MSS)
7. Compilation of success stories and innovations brought about by Communitization;
8. Improving infrastructural facilities of the Sub-Centres; and
9. Ensuring sustainability of Communitization.

The highlights of the Action Plan is given in *Annexure-35.*

8. PROBLEMS AND DIFFICULTIES ENCOUNTERED

Since Communitization was a new concept being implemented for the first time, there was no possibility for anyone to foresee every difficulty or problem that might arise at the field level. An so, literally, from the word 'go', the Department encountered difficulties and problems of

varying nature, of differing degrees, and from various corners and sides. At least three major causes for these problems are worth mentioning:

1) Communitization, a demanding challenge:

Communitization, by its very name and nature demanded a change in the mind-set of both Government officials and the community. It also demanded new ways of working relationships, that of equal partnership between the Government and the community, with consequent requirements of co-ownership of Institutions and services, and co-responsibilities and so on. Man, by nature, resists any change. Therefore, it was expected that Communitization would surely bring about resistance with accompanying problems and difficulties.

2) Giving way to a new system:

Communitization called for, among other things, true commitment, sincerity and a high degree of self-discipline on the part of Health Care Providers. It also meant sharing of powers and responsibilities, rights and duties, providing and being provided for etc. Entrenched as they were in the old mind-set, it was difficult for the rank and file in the Department to actually give up what was thought to be only their domain. This made it difficult to understand and appreciate the noble concept of Communiti-zation.

Moreover, everyone had been so used to working in a comfortable way that it was difficult to even think of working in any other way. Pressures and interference from various quarters, particularly on the issue of redeployment of staff, did not help matters.

Very limited delegated powers, fund constraints and poor transport facilities, especially in the peripheries, also roughened the smooth progress of Communitization.

3) Lay man to take charge of technical matters?

There were two lines of thought on this issue. On the one side, a wrong under-standing of the nitty-gritty of

Communitization lead to the false belief that with it, all matters, general and technical, were to be handed over the community whose members are 'mere farmers'. This was unthinkable, not to speak of actually implementing it.

On the other hand, the people were overwhelmed by what was happening. First of all, it seemed that the Government was shedding its responsibilities, and secondly, they had no time or capability to take over the responsibilities and that too, on a voluntary basis.

9. POSITIVE OUTCOME OF COMMUNITIZATION

In the midst of difficulties and confusion encountered, quite a number of discernible positive effects of Communitization have also resulted. Some of these, as reported by Civil Surgeons, include the following:

a) Staff attendance everywhere has improved;
b) Medicine availability has improved;
c) Staff salaries are disbursed regularly and on time;
d) Submission of monthly reports is more regular;
e) The wider spectrum of health and the need for collaborative efforts to promote and maintain it are beginning to be understood and appreciated;
f) People, in general, are happy with Communitization; and
g) Thanks to Communitization, people's participation, a pre-requisite for 'health for all' is becoming a reality in Nagaland.

10. LESSONS LEARNT FROM THE INITIAL PHASE OF COMMUNITIZATION

Some of the lessons and learning experiences gained from the first year of Communitization are mentioned below :

1) Any new thing introduced will invite opposition and stiff resistance, but once it is understood properly, it is appreciated and accepted.
2) Not only change in practice, but more importantly, change in thinking results in growth and development.

3) A mere thought, which is pregnant with innovations, can revolutionize the thinking, perception and behaviour of a whole people/society.

4) Any person/community is, at heart, open to change and growth, and capable of accepting and importing that which is beneficial and good.

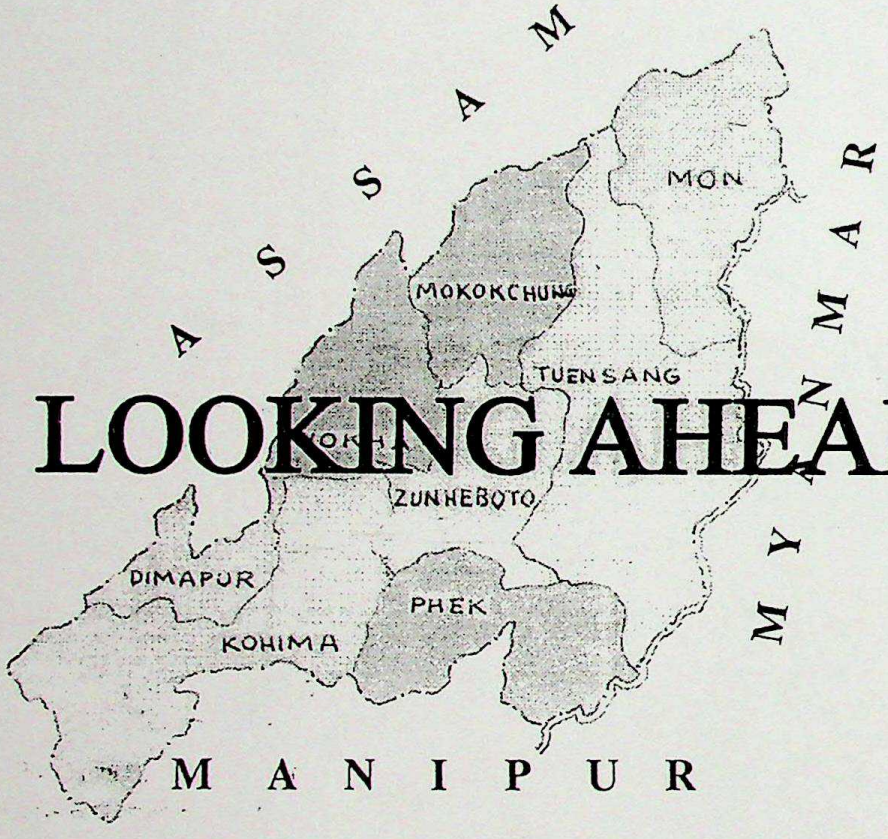
5) Encouragement and steadfast support from people who matter, together with a strong political will, can make all the difference in overcoming seemingly insurmountable problems and difficulties.

6) Any common endeavour necessarily requires coordination of efforts and a certain amount of commitment on the part of everyone who has a role to play in achieving the aims of that endeavour.

7. Two things are vital for the survival and success of Communitization :

   a. Continual capacity building of the Community/ Village Health Committee through training, exposure to new ideas/ practices, sharing of information etc.

   b. Adequate supervision, regular visits and continued support by the Govt./ Department.



LOOKING AHEAD

11. LOOKING TO THE FUTURE

In spite of the problems and difficulties that the Department has had to encounter over the past months, and some of which are still throwing dust in the air, Communitization in the Health Sector has certainly taken roots. After knowing the real meaning of the concept, the people have now begun to appreciate and accept it. In their own humble way, people have begun to come out with innovative support and collaborative efforts.

However, the Department has just touched the tip of the aims and objectives of Communitization iceberg. Only the first real hurdle has been crossed, while the real iceberg of Communitization still remains to be uncovered and melted/ conquered. To that end the Department is looking forward and making plans. For the future, the following steps, to be taken up gradually, are contemplated:

1. Make the present communitized sub-centre villages function fully and effectively.
2. Constitute Village Health Committees in the villages that do not have a Sub-Centre so that they can take up Health Promotional Activities through preventive education and action.
3. Form Common Health Sub-Centre Committees, wherever not yet formed, and make those already formed function, as they should.
4. Communitize the Sub-Centres located in urban areas.
5. Encourage, help and support to spread health literacy on a wide scale with the active participation of Village Health Committees and other existing community based social organizations in the villages.
6. Popularize and promote indigenous/traditional system of medicine, so as to offer the people an alternative and supportive health care system that is beneficial and effective. The State is rich in gifted healers in the form of

herbal practitioners, bone-setter, masseurs and others. Although it is difficult to document their practices due to the strict trade secrecy main-tained by practitioners, efforts will be made to motivate them to open up.

7. Encourage and recognize the contributions made from various quarters, by way of putting in place a system of giving cash award to the best performing Districts, Village Health Committees, and Common Health Sub-Centre Committees as well as individuals excelling in implementing Communitization.

12. CONCLUSION

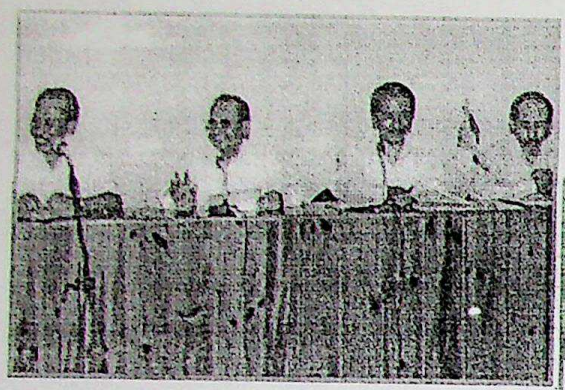
It has been a pleasure, a privilege as well as a challenge to be among the first to launch a totally new endeavour, such as the concept of Communitization. Journeying through the path traversed by Communiti-zation over the past months has been an exhilarating, exciting and a very rich learning experience indeed. At every corner, peak and valley of the path, new sceneries and new situations as well as the unexpected have been encountered, which have offered demanding challenges, rewarding experiences, great satisfaction and a sense of achievement.

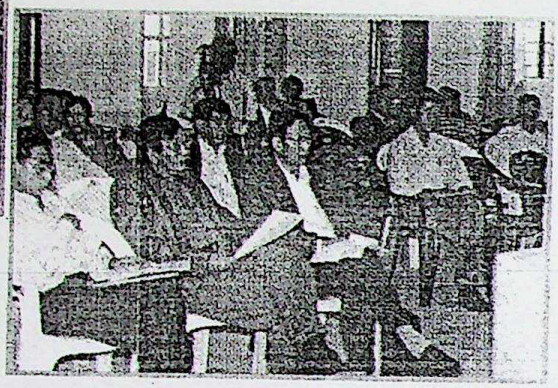
Given the good will and ready cooperation of the people in general; greater self-dedication, sincerity and commitment of the rank and file in the Department; backing of the general administration and a strong political will of the Government; there is no reason why Communitization should not be able to achieve what it aims at and be the lighted torch to show the way into the future. Particularly in the Health Sector, Communitization is poised to usher in a healthier and happier Nagaland than at any other time in her history.

PHOTO SECTION

PHOTO SECTION

Review meetings



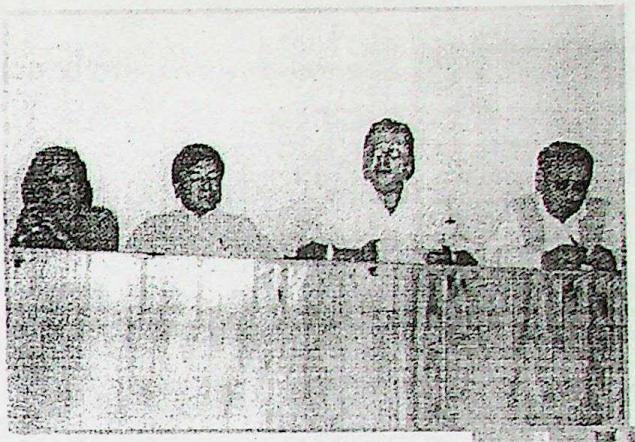


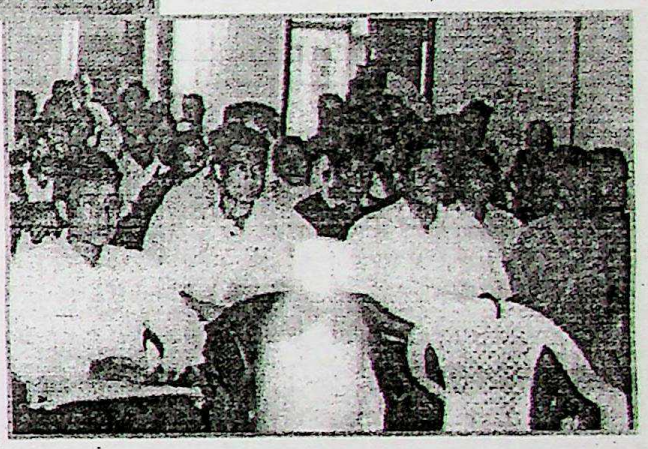
8th August 2002

22nd August 2002

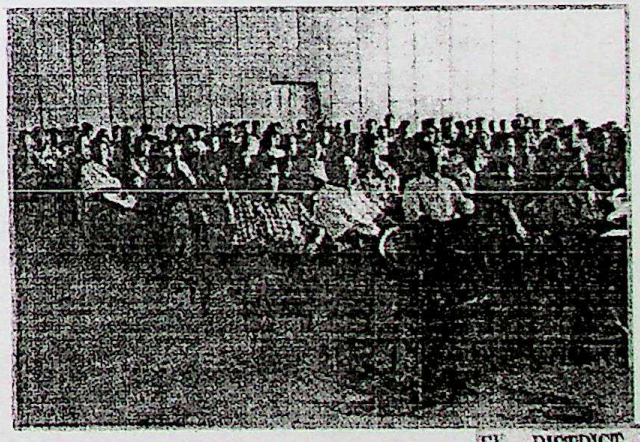
29th January 2003

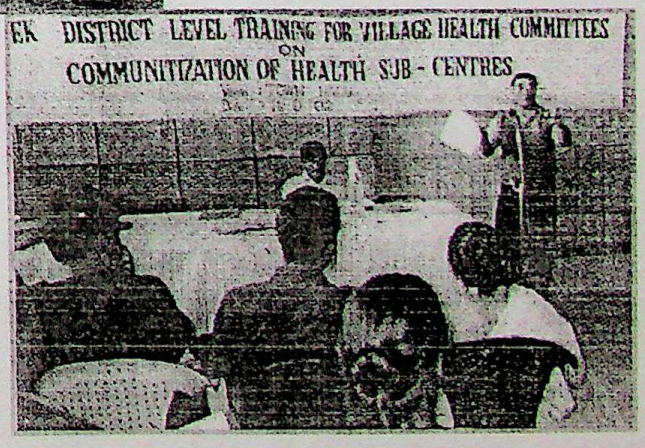
Training Programmes





VHC Training, Kohima District
(31st August 2002)

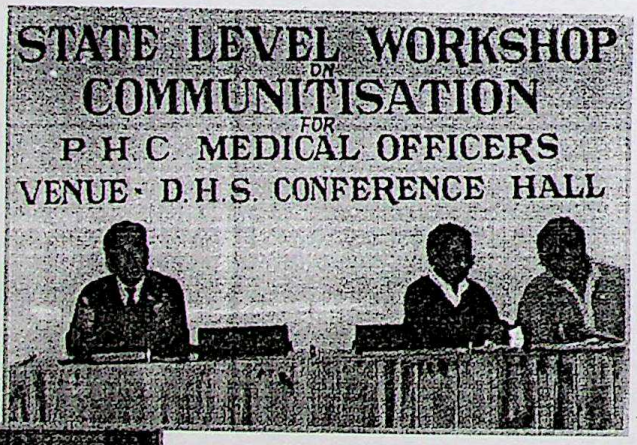




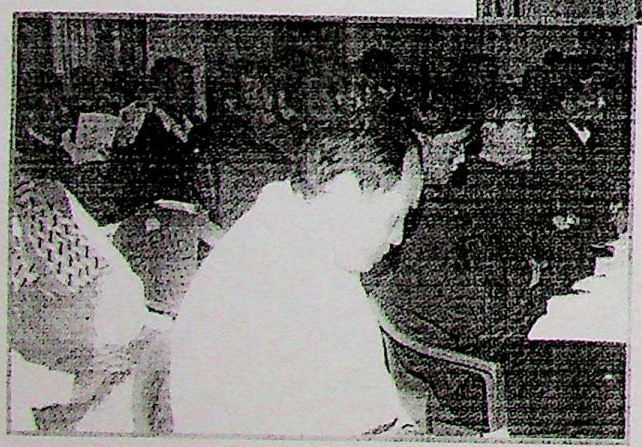
VHC Training, Phek District
(11th September 2002)

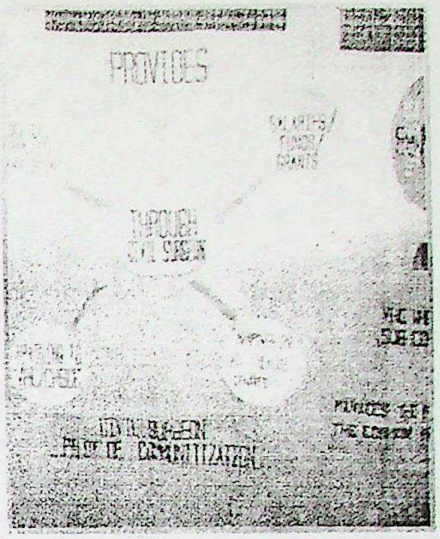
Training Programmes

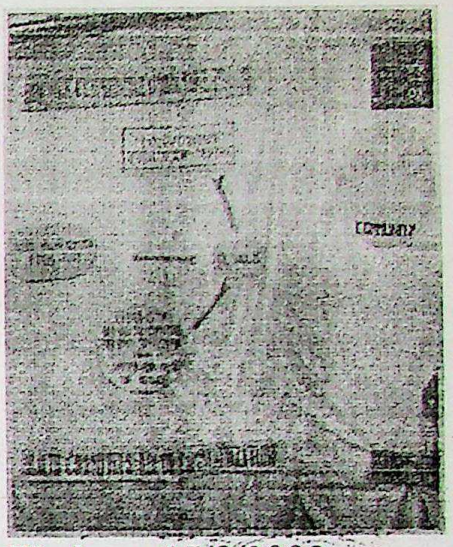
Training of
Medical Officers
(21st August 2002)



Training of
Medical Officers
(12th March 2003)

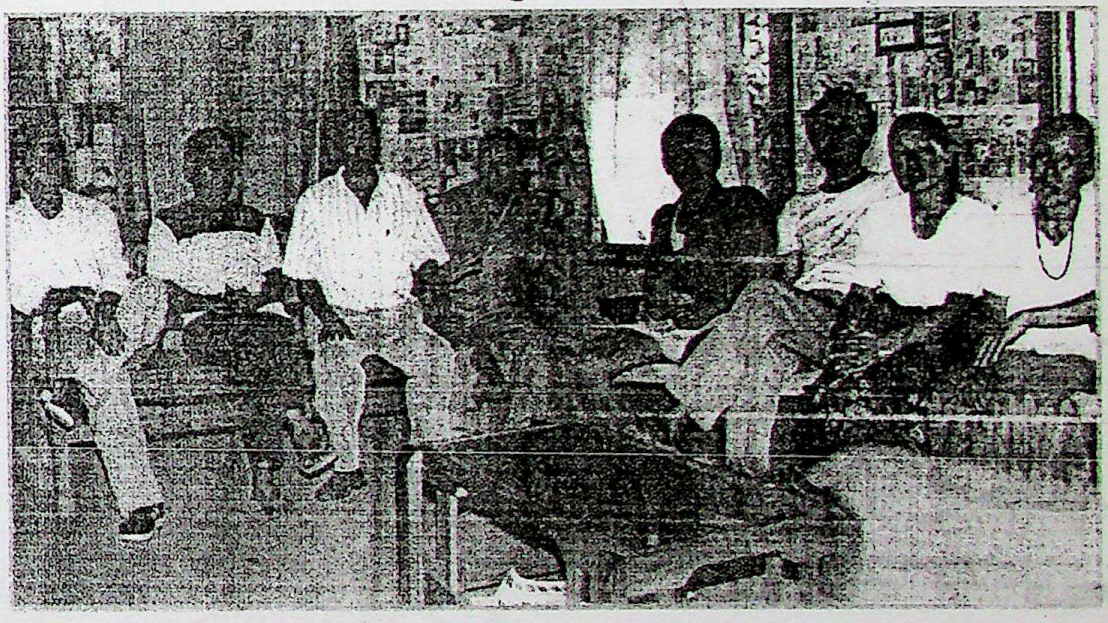




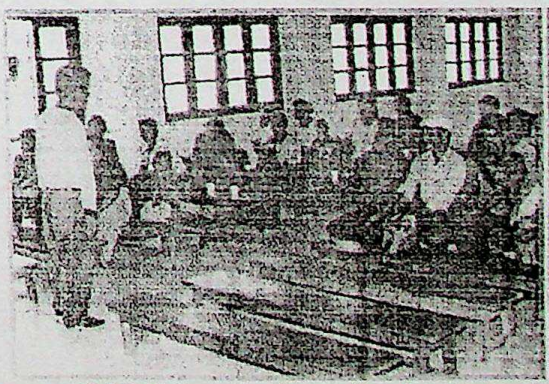


Communitization exhibition at Phek on 15/8/2002

Planning for Health



VHC Meeting (Rüzaphema)



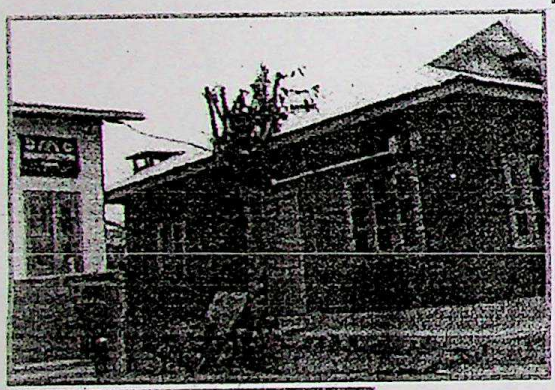
CHSCC meeting (Peducha)

VHC meeting (Tsiepama)

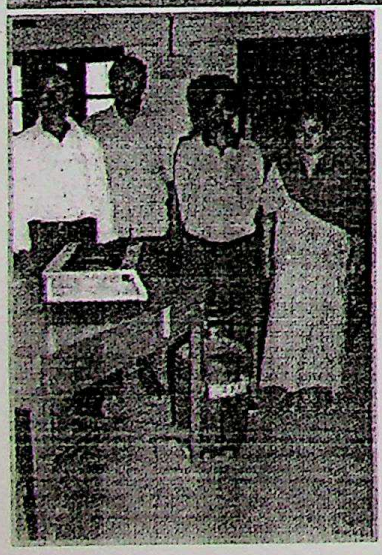
Giving basic
health service (Khuzama)
(Communitization
Chart on the wall)

Community Support/inventiveness

Growing potatoes
to buy medicine with
the sale proceeds
(Khuzama)



Donation of building for
staff quarters (Meriema)

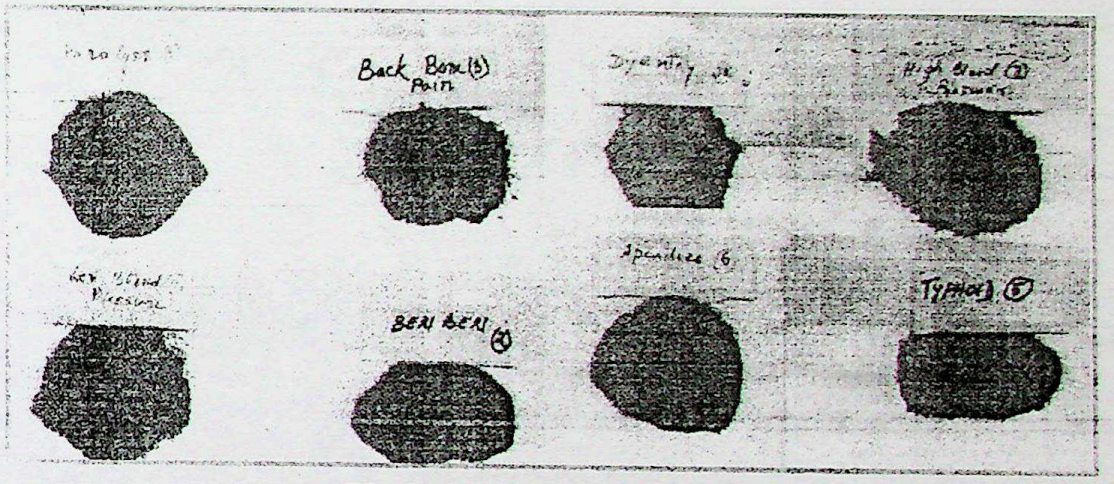


Buying cooking Gas
cylinder with sale
proceeds of fire wood
(Peducha)

Volunteers
(MSS members)
helping SC staff
(Rüzaphema)

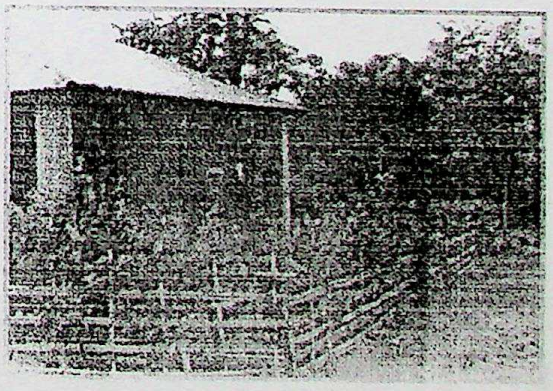
Promoting Alternative System of Medicine

Indigenous medicine practitioners (Rüzaphema)
L to R : Leso Kehie, Lhoulavotuo Kuotsu, Vihituo Sechü, Neisakuo Kuotsu



Herbal medicine samples

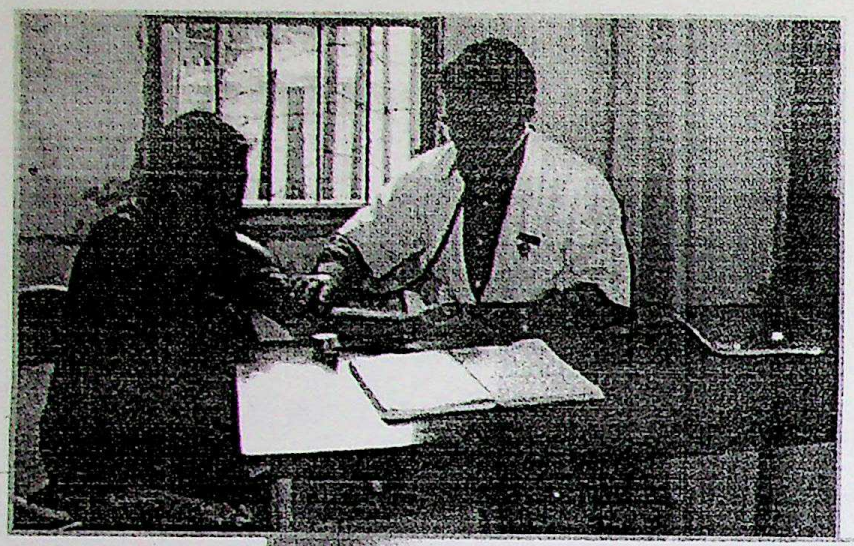
VHCs: the mainstay of Communitization

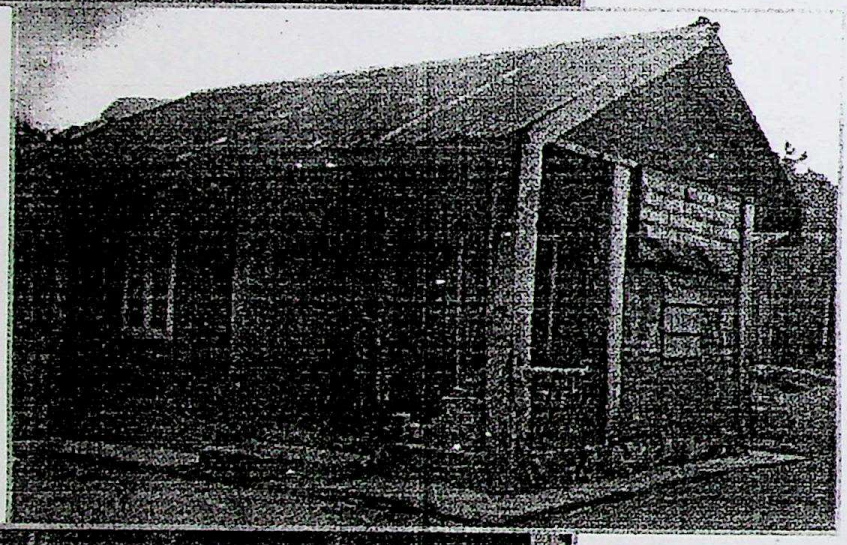


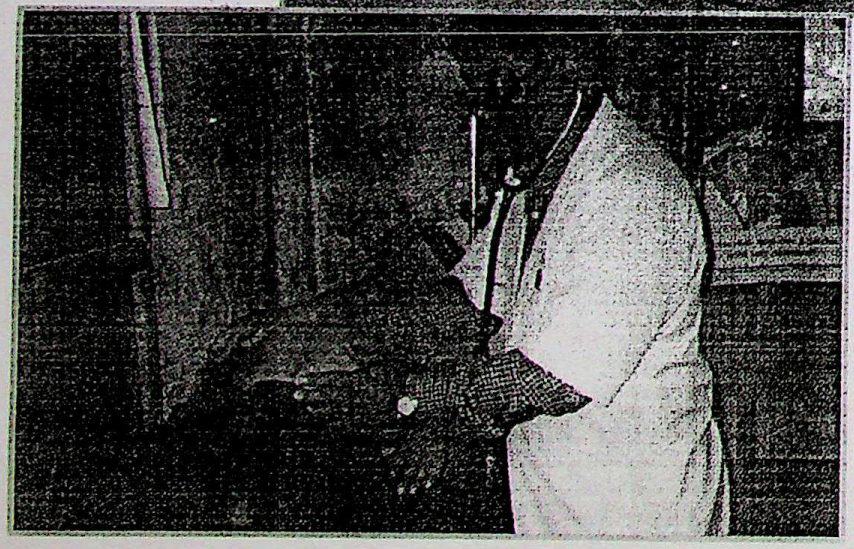
Rüzaphema SC

Some of Rüzaphema VHC members

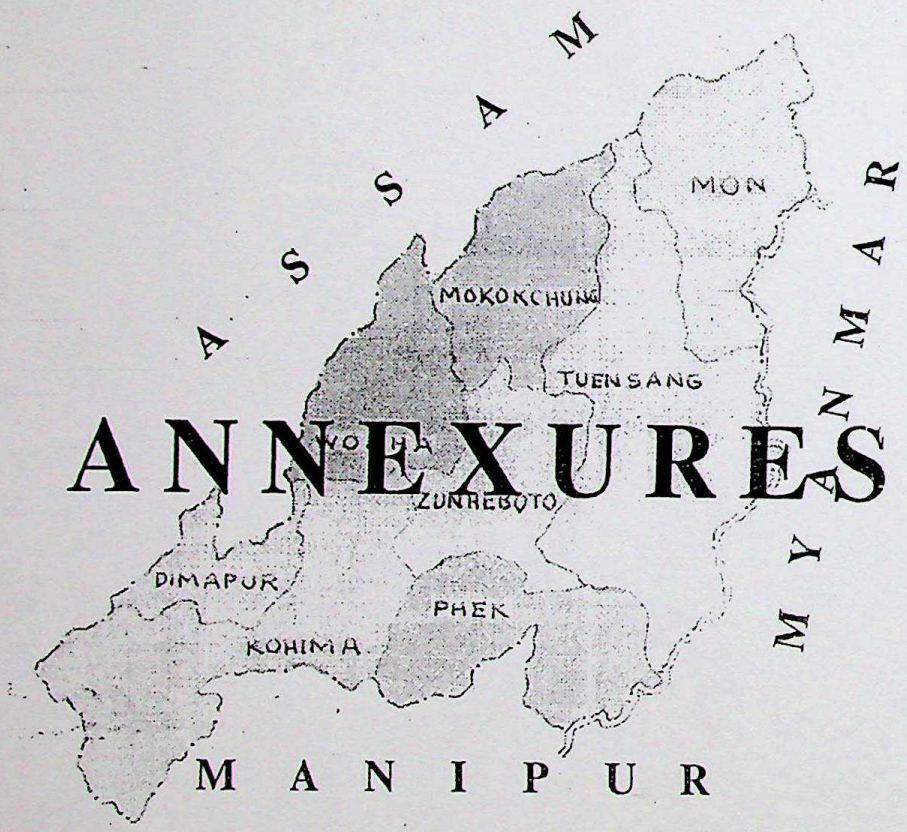
Voluntary service rendered







Dr. Chumben Murry, Gynaecologist of Wokha Civil Hospital gives ANC at Wokha Village SC once a month on his own volition.


ASSAM
MON
MOKOKCHUNG
TUENSANG
ZUNHEBOTO
DIMAPUR
PHEK
KOHIMA
MANIPUR
MYANMAR

ANNEXURES

Annexure -A

Chronology of Communitization

Date/Month	Event/Milestone
July-Aug. 2001	Chief Secretary circulated to all Govt. Departments a 'concept paper on Communitization' as a novel method of getting community participation for all round development.
November 2001 (21/11/2001)	Consultation held with Chief Secretary, senior bureaucrats and special invitees to discuss and finalize the draft modalities worked out by the Departments of School Education and Health & FW on Communitization of respective Departments' Institutions.
	Committee headed by Shri A.S.Bhatia, IAS, Secretary (Home) with representatives of School Education, Health & FW, Finance & Treasuries, Law & Justice Departments worked out the draft rules/guidelines on communitization of Primary Schools and Health Sub-Centres.
December 2001	Consultation held in Chief Secretary's Conference Hall and discussed the outcome of Committee's work. School Education & Health & FW Departments asked to give the final touches.
	All Deputy Commissioners briefed on Communitization and their role in its implementation in the Commissioner's Conference Hall, Kohima.

	Both Departments of School Education and Health & FW brought out the final draft guidelines on Communitization.
24/01/2002	'The Nagaland Communitization of Public Institutions and Services Ordinance 2002' received the State Governor's assent.
8/2/2002	First consultation on Communitization held with all Drawing & Disbursing Officers of Health & FW Department. Modalities of implementing the concept discussed and finalized.
14/2/2002	State Govt. (Home) notified 15th February 2002 as the day on which Communitization came into force for Education & Health Institutions and Services in the State.
March 2002	Rules for Communitization in the Health sector notified on 25th March 2002.
	"The Nagaland Communitization of Public Institutions and Services Act 2002" passed in the State Assembly.
April 2002	Review meet on 12/4/2002 decided to set up Departmental Committee on Communitization; declare Civil Surgeon as Head of Office in the District; re-designate Pharmacists as Male Health Workers; sensitize lower level officers/staff in May 2002 and give awards to best performing Districts/Committees and individuals.

May 2002	Joint consultation of Departmental officers and Deputy Commissioners held at Hotel Japfü on 21/5/2002 where modalities, Action Plan and responsibilities of different officials/ committees, including training of VHCs were discussed and finalized.
June 2002	State level Communitization Com-mittee met and decided to open Departmental Bank Account, re-deploy doctors/health workers; finalized training modalities and financial requirements.
July 2002	State level Officers met and allocated Districts/Sub-Divisions to themselves for supervision, monitoring, training and fostering of Communitization.
	Finance Department issued notification on 10/7/2002 to relax Rule 217 of CTR allowing the advance drawal of staff salaries in communitised institutions and modalities of other financial procedures.
	Training materials, such as charts, guidelines etc. on Communitization for VHCs training along with items of stationery: Cash book, Salary Register, Stock Register etc. were got ready.
August 2002	Discussed modalities of financial transactions under Communitization at Directorate Conference Hall, Kohima with Shri Menukhol, OSD (Finance) and Shri W.E. Lee, Director (T&A) as

Resource Persons. Shri R. S. Pandey, Chief Secretary joined the discussion and further explained the concept as well as clarified doubts.

State Bank of India (SBI) issued circular allowing Village Health Committees to open Current Account and Saving Account in SBI branches.

All DDOs in the Department attended the training on financial matters under Communitization organized by Finance and Treasuries & Accounts Departments on 21/8/2002 at Zonal Council Hall, Kohima. On the same day Medical Officers of CHCs/PHCs were briefed on communitization and the use of training materials at the Directorate Conference Hall.

Joint consultation of Directorate officers, DDOs and MOs of CHCs/ PHCs on 22/ 8/2002 finalized VHCs training contents, schedules and dates. The training of Accountants/Cashiers was fixed on 5/9/ 2002 while that of VHCs between 31/8/ 2002 to 16/9/2002.

September 2002

Training of Accountants/Cashiers of all DDOs took place on 5/9/2002.

Training of VHCs done as per schedule starting with Kohima District on 31/8/ 2002 and ending with Dimapur District on 16/9/2002.

	Communitization in the health sector was highlighted to the Kohima DPB members and those of civil society of Kohima District at the workshop on 'Good Governance' at the ATI, Kohima on 21/9/2002.
	Review meet with Chief Secretary on 24/9/2002 took stock of the progress made till then and decided to prepare formats for reporting progress of Communitization by Districts. Shri N. Putsüre, DC Kohima informed about adoption of Meriema Sub-Centre by DPB's Committee on Communitization.
October 2002 (3/10/2002)	Review meet decided to release money for buying medicine to SCs where VHCs were formed, SC staff were in position and Bank accounts opened, and also finalized the salient points to be checked by State level Liaison Officers during inspection tours. Preparatory activities for the visit of the Hon'ble President of India to the State were also discussed.
17/10/2002	Review meet discussed progress reports from all DDOs and medicine money released for 230 SCs.
18/10/2002	Reviewed the progress made till then and further fine-tuned the action points for the visit of the President of India to Khuzama village on 26/10/2002.
22/10/2002	Review meet decided to have District-wise jurisdiction charts of Health Centres

	and prepare comprehensive proposal for repair/renovation of SC buildings for submission to DONER. Also decided to take on (a) mobili-zation of local resources by com-munity; (b) health education by VHC/community; and (c) popularizing traditional system of medicine as the next step in communitization.
26/10/2002	Visit of President of India took place as scheduled and at Khuzama he was briefed about the progress of Communitization. The visit remains a memorable event for the villagers.
31/10/2002	Review meet decided to send out State level officers for spot verification and retraining and to report back by 15/11/2002.
November 2002	Discussed with Chief Secretary the (15/ 11/2002) tour reports of Tuensang, Mokok-chung, and Zunheboto Districts and Longleng sub-division. State level officers were further asked to take stock of the 'basics' and 'process' of Communitization. Also decided to further activate (a) health education by community (b) mobilize local resources (c) popularize traditional medicine practitioners and (d) compiling of success stories.
December 2002	Discussed with Development Com- (4/ 12/2002) missioner the progress made and problems faced by the Department. Proposal for UNDP support for capacity building was finalized.

18/12/2002	Discussed practical problems faced by DDOs for salary collection, salary deductions, staff transfers and the need to re-sensitize VHCs etc. Lack of funds/ vehicles for MOs to do supervision and the need to properly sensitize them were also discussed. All DDOs were also asked to prepare comprehensive Action Plan and submit by 15/01/2003.
January 2003 (15/01/2003)	Meeting with Chief Secretary took stock of the overall progress made till then. Areas such as (a) rewarding better performing VHCs, (b) com-munitizing urban SCs and PHCs/SHCs (c) decentralizing powers/duties (d) collection of success stories (e) exposing media persons to selected communitised centers were suggested for future action.
29/01/2003	Meeting with all DDOs reviewed the progress made on (a) staff positioning in SCs (b) medicine purchased by VHCs (c) improving infrastructure facilities (d) Action Plan on key areas and (e) Planning for the future. The meeting also decided to (a) bring out a booklet on experiences of first year of Communitization, and (b) re-sensitize MOs in March 2003.
March 2003 5 & 12 March 2003	Altogether 65 Medical Officers from CHCs/PHCs/SHCs/Dispensaries attended the re-sensitization program on these two days.

Annexure-I

TIME SCHEDULE OF ACTIVITIES

Activities	*Duration*	*Date/ Month*	*Place/level*	*Person(s) responsible*
Opening Departmental Bank Account	Within 2 Weeks	April 2002	State/Govt.	Secretary/ DHS/DMS
Redesignation of Pharmacists to MHW	-do-	-do-	-do-	-do-
Declaring CS as head of District	-do-	-do-	-do-	-do-
Notifying which staff to be i/c of Sub-Centre	-do-	-do-	-do-	-do-
Designation of Committee on Communitisation	-do-	-do-	-do-	-do-
Redeployment of HWs to man every SC	-do-	April-July 2002	-do-	-do-
Re-sensitization of CS/SDMO DFWO/Dist. Adm. Officers	1 day	7th May 2002	State HQ.	DHS/DMS
Constitution of District Coordination Committee through Govt. Notification	1 Week	1st Wk. June, '02	State/Govt.	Secy. (H&FW)
Sensitization of MOs/Block level Adm. Officers	1 day	3rd Wk. May, '02	Dist. HQs.	CS/DFWO/ SDMO/DC
Sensitization of HWs/Village Councils/VDBs	1 day	4th W. May to 1st Week June '02	Block HQ.	SDMOs/MOs/ Dist. officers
Procurement of Cash Book,stationery items for VHCs	4 Weeks	June 2002	District	CS/DFWO/ SDMO
Constitution of Village Health Committees	8 Weeks	June-July 2002	All villages	-do- / MO/ Adm. Officers/ VCs
Training of Village Health Committees	2 days	July-Aug. '02	Block HQ.	-do- /VCs

Provision of Cash Book, Registers & stationery items	2 Weeks	Aug./Sept. '02	Block HQ., PHC/CHC	CS/DFWO/ MO PHC
Opening of Bank Account by Village Health Committees	4 Weeks	Aug.-Sept. '02	Where there are Banks	VHC, MOs Adm. Officers
Release of staff salaries by VHC	-	September '02 onwards	Villages/ SCs	Village Health Committees
Review of implementation by CS in respective districts	4 Weeks	October '02	Villages/ SCs	CS/DFWO/ SDMO
Review by State level officers through spot visits	4 Weeks	November '02	District, SCs, Villages	State level Officers
Spot supervision, monitoring by State/District level officers & identify best 3 districts for award	8 Weeks	Jan. & Feb. '03	Villages/ SCs	State/District level officers
Final Review/Evaluation	4 Weeks	March 2003	All Districts	Evaluation Dept.

Annexure -2

GOVERNMENT OF NAGALAND
HOME DEPARTMENT
(LOCAL SELF GOVERNMENT)

NOTIFICATION

Dated Kohima, the 14th February 2002.

NO.HOME/VC/14/2002 : : In exercise of the powers conferred by sub-section 3 of Section 1 of the Nagaland Communitisation of Public Institutions and Services Ordinance, 2002 (Nagaland Ordinance No. 1 of 2002), the State Government of Nagaland hereby appoints the 15th February 2002 on which the above said ordinance shall come into force with respect to the public services and activities of the State Government of Nagaland connected with Education and Health.

Sd/- (C. P. GIRI)
Special Secretary to the Govt. of Nagaland
. . . . . th February 2002.

Copy to :

1. The Spl. Secretary to the Governor, Nagaland, Kohima.
2. The addl. C.S. & Principal Secretary to CM, Nagaland, Kohima.
3. The Sr. P.S. to Speaker, Nagaland Legislative Assembly, Kohima.
4. The OSD to Home Minister, Nagaland, Kohima.
5. All Sr. P.S. to Ministers/Ministers of State, Nagaland, Kohima.
6. All Principal Secys/Commr&Secys/Secys to the Govt. of Nagaland.
7. The Secretary, Nagaland Legislative Assembly, Kohima.
8. All Heads of Departments.
9. The Accountant General, Nagaland, Kohima.
10. All DCs/ADCs/SDO (Civil) in Nagaland.
11. The Publisher, Nagaland Gazette, Kohima for publication.
12. Guard file.

14/02

Sd/- (C. P. GIRI)
Special Secretary to the Govt. of Nagaland

Annexure - 3

GOVERNMENT OF NAGALAND
DEPARTMENT OF HEALTH & FAMILY WELFARE

NOTIFICATION

Dated Kohima, the 30th April, 2002.

NO.MED/COMMTZN/SC/2001:: In order to ensure effective implementation and co-ordination of the programmes/activities relating to Communitization of Sub-Centres, the Governor of Nagaland is pleased to constitute a Departmental Committee consisting of the following Officers with immediate effect:

1. Dr. Sashimeren Aier, Jt. DMS - Convener
2. Dr. N. Yanthan, Jt. DHS - Member
3. Director of Health Services - Ex-officio Member
4. Director Medical Services - Ex-officio Member
5. Dr. Rose Chakhesang, Dy. DHS - Member
6. Senior Accounts Officer - Member
7. Shri R. R. Chasie, Dy. Director (IEC)- Member Secretary

/

(V. SAKHRIE)
Secretary to the Govt. of Nagaland

NO.MED/COMMTZN/SC/2001 Dated Kohima, the 30th April, 2002

Copy to :

1.The Addl. CS & Principal Secretary to CM, Nagaland.
2.The P.S. to Minister (H&FW) for kind information of Hon'ble Minister.
3.The Sr. P.S. to Chief Secretary, Nagaland.
4.The Addl. Chief Secretary & Commissioner, Nagaland.
5.The Principal Secretary & FC, Nagaland.
6.The Principal Secretary & Development Commissioner, Nagaland,
7.The Home Commissioner, Nagaland.
8.The DMS/DHS, Nagaland for necessary action.
9. All concerned.
10. Office copy

(V. SAKHRIE)
Secretary to the Govt. of Nagaland

Annexure - 4

GOVERNMENT OF NAGALAND
DEPARTMENT OF HEALTH & FAMILY WELFARE

NOTIFICATION

Dated Kohima, the 14th May, 2002.

NO.MED/COMMTZN/SC/2001: : In the interest of public service, the Governor of Nagaland is constitute a District Coordination Committee to plan, monitor, review and improve upon the whole exercise of Communitization of Health Institutions in the State consisting of the following officers:

1. Deputy Commissioner	- Chairman
2. Civil Surgeon	- Member
3. Medical Superintendent	- Member
4. District Education Officer	- Member
5. Deputy Inspector of Schools	- Member
6. Project Director, DRDA	
7. District Welfare Officer	- Member
8. Block Development Officer (Senior-most in the District)	- Member
9. District Planning Officer	- Member Secretary

2. The Chairman of the Committee shall convene the Committee at least once in three months.
3. In case of serious defaults/mismanagement, the District Coordination Committee shall make a report to the Government.
4. In case of any report of misappropriation of funds, the responsibility of recovery shall lie with the Village Health Committee. On receipt of a report of misappropriation and after due enquiry into the report, the Chairman of the District Coordination Committee shall take all necessary steps to recover the fund so misappropriated.

This Notification comes into force with immediate effect.

/

(V. SAKHRIE)
Secretary to the Govt. of Nagaland

NO.MED/COMMTZN/SC/2001 Dated Kohima, the 14th May, 2002

Copy to:

1. The Addl. CS & Principal Secretary to CM, Nagaland.
2. The P.S. to Minister (H&FW) for kind information of the Hon'ble Minister.
3. The Sr. P.S. to Chief Secretary, Nagaland.
4. The Addl. Chief Secretary & Commissioner, Nagaland.
5. The Principal Secretary & FC, Nagaland.
6. The Principal Secretary & Development Commissioner, Nagaland,
7. The Home Commissioner, Nagaland.
8. The DMS/DHS, Nagaland for necessary action.
9. All concerned.
10. Office copy.

(V. SAKHRIE)

Secretary to the Govt. of Nagaland

Annexure - 5

GOVERNMENT OF NAGALAND
DEPARTMENT OF HEALTH & FAMILY WELFARE

NOTIFICATION

Dated Kohima, the 26th April, 2002.

NO.MED/COMMTZN/SC/2001: : In the interest of public service, the Governor of Nagaland, as per guidelines of Govt. of India is pleased to order redesignation of Pharmacist posted in Sub-Centres as Male/Female Health Worker with im-mediate effect.

(V. SAKHRIE)
Secretary to the Govt. of Nagaland

NO.MED/COMMTZN/SC/2001 Dated Kohima, the 26th April, 2002

Copy to:

1. The Addl. CS & Principal Secretary to CM, Nagaland.
2. The P.S. to Minister (H&FW) for kind information of the Hon'ble Minister.
3. The Sr. P.S. to Chief Secretary, Nagaland.
4. The Addl. Chief Secretary & Commissioner, Nagaland.
5. The Principal Secretary & FC, Nagaland.
6. The Principal Secretary & Development Commissioner, Nagaland,
7. The Home Commissioner, Nagaland.
8. The DMS/DHS, Nagaland for necessary action.
9. All concerned.
10. Office copy.

(V. SAKHRIE)

Secretary to the Govt. of Nagaland

Annexure - 6

GOVERNMENT OF NAGALAND
DEPARTMENT OF HEALTH & FAMILY WELFARE

NOTOFICATION

Dated Kohima, the 30th April, 2002

NO.MED/COMMTZN/SC/2001 : : In the interest of public services, the Governor of Nagaland is pleased to notify that in order to streamline the line of control and chain of authority, the Civil Surgeon of the District, being the senior-most Officer, is declared as Departmental Head and all activities/programmes of the Depart-ment in the District shall be canalized through him. Henceforth, all DDOs under Health Services in the District shall function under him. This will come into force with immediate effect.

/

(V. SAKHRIE)
Secretary to the Govt. of Nagaland

NO.MED/COMMTZN/SC/2001 Dated Kohima, the 30th April, 2002

Copy to:

1. The Addl. CS & Principal Secretary to CM, Nagaland.
2. The P.S. to Minister (H&FW) for kind information of the Hon'ble Minister.
3. The Sr. P.S. to Chief Secretary, Nagaland.
4. The Addl. Chief Secretary & Commissioner, Nagaland.
5. The Principal Secretary & FC, Nagaland.
6. The Principal Secretary & Development Commissioner, Nagaland,
7. The Home Commissioner, Nagaland.
8. The DMS/DHS, Nagaland for necessary action.
9. All concerned.
10. Office copy

(V. SAKHRIE)
Secretary to the Govt. of Nagaland

Annexure - 7

GOVERNMENT OF NAGALAND
DEPARTMENT OF HEALTH & FAMILY WELFARE

NOTIFICATION

Dated Kohima, the 26th April, 2002.

NO.MED/COMMTZN/SC/2001: : In the interest of public service, the Governor of Nagaland is pleased to notify that henceforth the senior-most Health Worker posted in the Sub-Centre will be the Staff-in-charge of the Sub-Centre.

/

(V. SAKHRIE)
Secretary to the Govt. of Nagaland

NO.MED/COMMTZN/SC/2001 Dated Kohima, the 26th April, 2002

Copy to:

11. The Addl. CS & Principal Secretary to CM, Nagaland.
12. The P.S. to Minister (H&FW) for kind information of the Hon'ble Minister.
13. The Sr. P.S. to Chief Secretary, Nagaland.
14. The Addl. Chief Secretary & Commissioner, Nagaland.
15. The Principal Secretary & FC, Nagaland.
16. The Principal Secretary & Development Commissioner, Nagaland.
17. The Home Commissioner, Nagaland.
18. The DMS/DHS, Nagaland for necessary action.
19. All Concerned
20. Office copy.

(V. SAKHRIE)
Secretary to the Govt. of Nagaland

Annexure -8

GOVERNMENT OF NAGALAND
DEPARTMENT OF HEALTH & FAMILY WELFARE

NO.MED/COMMTZN/SC/2001 /Dated Kohima, the 30th April, 2002.

To

The Director of Health Services,
Nagaland, Kohima.

Sub: Opening of Bank A/C on Communitization of Sub-Centres in the Directorate of Health Services and by Village Health Committees-Govt. decision thereof.

Sir,

With reference to the subject above I am directed to say that for successful/effective implementation of Communitization of Sub-Centres intro-duced recently in the State, the Govt. have decided that Bank Account thereof shall be opened by the Departmental Committee so constituted for the purpose in the Directorate and by Village Health Committees for existing Sub-Centres to be jointly operated by Chairman/ Convener and Member Secretary of respective Committees. All Cash/Grants received on account of Communitization shall be credited to this account and expenditures thereof shall be incurred accordingly.

You are therefore, requested to issue suitable instructions to all concerned as per time schedule already communicated to you vide even No. dated 12/4/2002 without fail.

Yours faithfully,

/

(V. SAKHRIE)
Secretary to the Govt. of Nagaland

NO.MED/COMMTZN/SC/2001 Dated Kohima, the 30th April, 2002

Copy to :

1. The Addl. CS & Principal Secretary to CM, Nagaland.
2. The P.S. to Minister (H&FW) for kind information of the Hon'ble Minister.
3. The Sr. P.S. to Chief Secretary, Nagaland.
4. The Addl. Chief Secretary & Commissioner, Nagaland.
5. The Principal Secretary & FC, Nagaland.
6. The Principal Secretary & Development Commissioner, Nagaland,
7. The Home Commissioner, Nagaland.
8. The DMS/DHS, Nagaland for necessary action.
9. All concerned.
10. Office copy.

(V. SAKHRIE)

Secretary to the Govt. of Nagaland.

Annexure -9

SENSITIZATION OF DISTRICT LEVEL OFFICERS ON COMMUNITISATION OF HEALTH SUB-CENTERES IN NAGALAND

Venue : Conference Hall, Hotel Japfü, Kohima.
Date : 21st May, 2002
Time : 1.00 p.m.

Chairperson : Shri V. Sakhrie, Secretary (Health & Family Welfare), Kohima.

PROGRAMME

1. Introduction	: Chairperson
2. Role of Home Department (Nodal Department) in Communitisation of Public Institutions/Services	: Shri A.S. Bhatia, IAS, Secretary (Home),Kohima.
3. Financial procedures/guidelines in Communitisation	: Shri W.E. Lee Director,Treasuries & Accounts
4. An introduction to Communitisation of Health Sub-Centres in Nagaland	: Dr. D. Kapfo, Addl. Director, Health Services
5. Open discussion	: All participants
6. Final words	: Chairperson

Annexure -10

GOVERNMENT OF NAGALAND
FINANCE DEPARTMENT

NOTIFICATION

Dated Kohima, the 10th July, 2002.

NO.FIN/TA/1-25/92: : In exercise of the powers conferred by Section 7 & 8 of the Nagaland Communitisation of Public Institutions and Services Act, 2002 (Act No. 2 of 2002), the Governor of Nagaland is pleased to issue the following instructions in the matter of financial transactions of the communitised institutions:-

1. All the records and pages regarding drawal of money made by the concerned DDOs of Communitised Institutions should be maintained properly and separately in the DDOs office to facilitate audit by the office of the Accountant General.
2. Rule 217 of the Central Treasury Rules are hereby relaxed, allowing the concerned DDOs of the Communitised Institutions to draw the pay and allowances of the Government officials serving in the communitised institutions in advance for/up to 3(three) months at a time. While passing such bills, the Treasury Officer should ensure that such bills are supported by the relevant notifications covering the institutions under the communitisation Act. This relaxation will be open in operation as long as the communitisation scheme is continued or until further orders. This relaxation will automatically lapse on the event of communitisation scheme being withdrawn/discontinued from a particular institution.
3. The salaries drawn in advance shall be paid/disbursed on or after the last day of the month.
4. The amount drawn for salaries will have to be kept in the Current Account of the Village Committee of the Communitised Institution which will be jointly operated by the Chairman and Member Secretary of the Committee.
5. In the event of recoveries arising due to half pay leave/ extraordinary leave availed by the staff of the communitised

institution(s), the details shall be brought to the notice of the concerned DDO by the Village Committee for adjustment in the subsequent pay bills.

6. In case of transfer/promotion, the concerned Village Committee should submit the salary drawn in advance to the concerned DDOs. The DDO shall then deposit the same to the Government account through treasury challan and a copy should be submitted to the HOD for record.

7. In the event of death/resignation/termination etc., the details shall be submitted to the concerned DDOs by the Village Committees. The DDO shall in turn submit the details of deductions of GPF/GIS/HBA/ MCA etc. to the HOD with a copy to the Accountant General for necessary adjustments.

8. The grants received for buildings, furniture, equipments and other receipts by the communitised institution(s) should be kept in the Saving Bank Accounts. The interest from this Saving Bank Account can be utilized by the Village Committee for purposes related to the main-tenance of the communitised institutions(s).

Sd/- (LALTHARA) IAS,
Principal Secretary & Finance Commissioner

NO.FIN/TA1-25/92 Dated Kohima, the 30th July, 2002.

Copy to:-

1. The Chief Secretary of the Government of Nagaland, Kohima.
2. All Principal Secretaries/Commr. Secretaries/Secretaries to the Govt. of Nagaland.
3. Accountant General, Nagaland, Kohima.
4. All Heads of Departments.
5. The Director of Treasuries & Accounts, Nagaland, Kohima.

Sd/- (K. RAMNGANING)
Deputy Secretary, Finance Department.

Annexure -11

-Copy-

STATE BANK OF INDIA
REGIONAL OFFICE
DIMAPUR-797112
NAGALAND
Fax: 03862-25559
Phone: 24033 (0)
25502 ®

Surjya Nath Phukan

D.O. No. 23 Dated 06-08-2002

Dear Shri Pandey,

COMMUNITISATION OF SCHOOLS/PRIMARY HEALTH CENTRES, ETC. OPENING OF ACCOUNTS OF VILLAGE COMMITTEES

As discussed, I am sending a copy of the Circular Special Letter issued by this office for your kind information.

With warm regards,

Yours sincerely,

Sd/- (S.N. PHUKAN)

Shri R. S. Pandey, IAS,
Chief Secretary,
Govt. of Nagaland,
Kohima.

Annexure -12

- Copy -

STATE BANK OF INDIA
REGIONAL OFFICE
DIMAPUR-797112
NAGALAND

CIRCULAR SPECIAL LETTER NO. DGM/GEN
03TH August 2002.

To

All Assistant/Chief/Branch Managers
Of State Bank of India, Dimapur Module.

COMMUNITISATION OF SCHOOLS/PRIMARY HEALTH CENTRES, ETC. OPENING OF ACCOUNTS OF VILLAGE COMMITTEES.

We have been advised by Govt. of Nagaland that in terms of the Nagaland Communitisation of Public Institutions and Services Act, 2002, the responsibilities of running establishments, such as the Government Primary Schools, Primary Health Centres, Community Health Centres etc. are being handed over to various Village Committees. In this regard, in order to enable the Committees to run these Communitised projects, the Government has decided, in consultation with the Accountant General, that two Bank accounts will be opened by the Village Committees for each Communitised Project, viz.,

a) Current Account for the purpose of keeping three months salaries of the Government staff which will be drawn in advance;

b) Saving Bank account for keeping the Grants, etc. received from the Government for the purpose of building, furniture, equipments, etc.

02. These accounts will be jointly operated by the concerned Chairman and Member Secretary of the various Committees. The operation of the Current account will be for the sole purpose of salaries payment only, and therefore, the drawal should be only for a month's salary at a time and under no circumstance will the concerned committees be allowed to draw the salaries of a particular month before the due date, which shall on or after the last day of the month. Further, the operation of these accounts, especially the Current account for salary will be in line as those accounts being operated by the Village Development Boards.

03. In view of the above, please arrange to open the accounts of the Village Committees without fail. Please also note that the Chief Secretary, Govt. of Nagaland has requested that these accounts be opened without insisting on minimum balance stipulation. Therefore, in deference to the request of the Chief Secretary, and as these accounts will be communal in nature, minimum cash deposit may be relaxed at the time of opening of these accounts.

04. A copy of the Govt. of Nagaland, Finance Department Notification NO. FIN/TA/1/25/92 dated 30.07.2002 is enclosed for your perusal.

Sd/-
Deputy General Manager

Annexure -13

EXTRACTS OF INTERACTION WITH KOHIMA DPB MEMBERS AT THE ADMINISTRATIVE TRAINING INSTITUTE, KOHIMA ON 21/09/2002.

I. Issues raised by Committee on Communitization, on behalf of the villagers

1. The guidelines on Communitization of Health Sub-Centres should be translated into the local dialects to enable the villagers to read & understand them properly.
2. VHC members must be given proper/adequate training in financial rules and procedures.
3. With Communitization, two sets of Committees have been set up for Health and School Education. With more Departments coming under Communitization, more Committees are likely to be set up, which may result in overlapping.
4. Reviving the Mahila Swasthya Sangh (MSS) will help the women in villages to take care of their own health.

II. Points from Other Committee members:

1. Health Workers do not stay in their posting places because staff quarters are not provided by the Department. Also, some of them are the wives of senior Govt. Servants, who do not like to stay in the villages.
2. The villagers have not been adequately briefed before constituting the VHCs.
3. Application of 'No work, no pay' principle can result in, either gross misuse or impossible to implement. This may require further study by the Department.
4. Both VHCs and VECs had faced difficulties in opening their Bank Accounts. Both Departments had informed them that the Banks would wave the minimum deposit for opening bank accounts for VHCs and VECs, based on the letter of Deputy General Manager of SBI. But the SBI Branch Managers had insisted that a minimum amount must be deposited to open Bank Accounts and the villagers had to dole out, in some cases Rs.100/- and in others, Rs.500/- to open their Bank Accounts.

This has caused a breach in the villagers' faith in the departments and they want to know how this amount can be recovered.

5. Since VHC members will be engaged in responsibilities, in addition to their normal work, the Department/Government should provide some remuneration to them.

III. Response on behalf of the Department:

1. Progress made on communitization:

The Department has 330 Sub-Centres, out of which 28 are located in urban areas and will be taken up later on. As of now, 302 Sub-Centres have been communitized and District level training for their VHCs completed in all Districts.

2. Translation of the guidelines:

The Department has thought about this issue and it will be taken up immediately. However, since it requires professionals to do the job, its completion will take some time. The translations would be done, not as an academic exercise, but with the aim of communicating to the reader in the medium he/she understands best.

3. Training in financial transactions:

The Department has already trained the Accountants and Cashiers of all DDOs, and they, in turn, will train the VHC Member Secretaries who are all departmental staff. All DDOs will convene special training sessions for this purpose immediately.

4. Inadequate preparedness of community:

The Department had to work within limited and fixed time-schedule, for which the time for preparation of the community had been somewhat curtailed. However, the task of creating awareness along with implementing the concept is an on-going process.

5. Lack of staff quarters:

It is a fact that no Department could ever give quarters to its entire field staff. As much as possible, the Department will see that basic facilities are provided, but if it cannot be done, the community also should come forward to extend its support. Through Communitization, the Department is in reality telling the people that the Sub-Centre staff are now given to the Community as their guests. It means that the community should extend the minimum hospitality to them and try to derive maximum benefit from these workers.

6. *Remuneration to VHC members:*

The fact is that the responsibilities of VHC members do not go beyond their village boundaries. If at all some extra work is required, it is only for the welfare of their own village community. Since this is purely self-help, the VHC members are expected to volunteer their services without expecting remuneration.

7. *Problems faced in opening Bank Accounts:*

The VHCs did face difficulty in opening their bank accounts. However, SBI branch managers have assured that the money now deposited by VHCs to open their bank accounts could be withdrawn soon after other deposits are made in their accounts.

IV. Points raised by the Resource Persons and Mentor Secretary:

1. Translation of guidelines should be done on priority and immediately.
2. Build in monitoring mechanism for financial transactions being entrusted to VHCs.
3. Making the Departmental staff Member Secretary of VHC is dangerous. It could result in the Member Secretary fudging records or the VHC recommending one thing, while the Department does quite another.
4. The Department must urgently address the issue of having a standing policy of regular and rotational transfers and postings of its staff at all levels; more so, because the departmental staff is to be Member Secretary of VHC.
5. Members of civil society, especially, the Church should play a major role to restore the faith of the people in the Government.
6. Communitization is being experimented in Nagaland. We cannot afford to let it fail. So every effort must be made to translate its noble concepts fully into reality.

V. Points raised by the Angami Women Organization:

a. Credibility and integrity

All programs/schemes undertaken by the Govt. should be shared fully with the public if public support/cooperation is expected. As of now, the public is totally ignorant of its role and also never sure if any program/scheme taken up by the Govt. will ever be completed.

b. Govt. should also be Govt. by the people:

Programs initiated by the Govt. are presently planned/ finalized on assumptions, without the people's participation at any level. Programs meant for the public should involve its members right from planning to their completion, otherwise the sense of ownership will never come about.

VI. Final response to the reactions of DPB members:

a. The Department is grateful for the opportunity given to openly interact with the DPB members. All reactions and issues raised are welcomed and accepted in the spirit of openness and objectivity.

b. Some of the issues raised require policy decisions at higher levels of authority, while others can be taken up immediately. The Department will address all of them at respective levels and see that everything is done to ensure the success of Communitization.

c. The issues raised by the Committee on Communitization of SCs may be given to the Department in writing also, so that they can be addressed through official procedures.

Annexure -14

TRAINING CONTENTS FOR VILLAGE HEALTH COMMITTEES

1. Administrative matters

a. Ensure regular attendance of SC staff through proper maintenance of Attendance Register.

b. Maintain Casual Leave Register and record of Earned Leave applications recommended and granted by higher Authority.

c. Ensure that regular routine of the Sub-Centre is maintained.

d. Maintain general cleanliness of the Sub-Centre premises.

e. Ensure the continued support and cooperation of the community to the Sub-Centre staff to execute their assigned job functions effectively.

f. Work out annual time-schedule of meetings and other annual activities of the VHC.

g. Ensure the proper recording, maintenance and reporting of vital statistics of the village by the SC staff together with the help of MSS (Mahila Swasthya Sangh) and other village based bodies.

h. Ensure that the VHC Member Secretary properly records all meeting proceedings of the Committee in the Proceedings Register.

i. Ensure that VHC Member Secretary makes proper and timely entries in Leave Registers, Visitors' Register etc. and signature of VHC Chairman is obtained wherever needed.

j. Educate the community to consider the Sub-Centre as its property and the Staff as their helpers and facilitators.

2. **Technical matters**

a. Buy medicines as per list provided by the Department through the Civil Surgeon from any retain medicine shop.

b. Allow only Sub-Centre staff to handle drug/medicine administration.

c. Undertake/award repair/renovation works for Sub-Centre buildings and staff quarters with Govt. funds, whenever provided, and with local resources as per need.

d. Follow technical guidelines given by Departmental Engineers in doing such works.

e. Arrange to provide simple accommodation to the Sub-Centre staff, if Govt. cannot provide staff quarters.

f. Arrange to put in place a system of referral transport, with community resources/funds, to transport emergency cases to the nearest medical facility.

3. Financial matters

a. Open two Bank Accounts (Current and Savings) at the nearest Bank to the village, which shall be jointly operated by the Chairman and Member Secretary to the VHC. Salaries are to be kept in the Current Account and all other grants are to be kept in the Savings Bank Account.

b. Communicate the VHC Bank Account numbers to the DO to facilitate him/her to credit the salaries/grants into the respective VHC Bank Accounts.

c. Ensure that all financial transactions are carried out only through the Bank.

d. Ensure that salaries of Sub-Centre staff are paid regularly and on time, i.e. either on the last day of the month or the 1st day of the next month.

e. Ensure that the salary statements and salary deduction statements are sent to the DDO according to the routine laid down for such submissions:

- ❖ Two copies of Salary Statement for 3 months will be sent to the VHC by the DDO at a time. One copy is to be retained by the VHC, while the second copy is to be sent to the DDO every month after salaries are disbursed.
- ❖ A copy of the salary deduction statement is to be sent to the DDO once every 3 months with entries of any salary deductions made or even 'nil' deductions.

f. Ensure that the Member Secretary of the VHC keeps all documents properly and in safe custody.

g. Ensure that VHC Member Secretary makes timely and accurate entries in all Registers, such as Cash Book, Salary Register, Stock Register etc. and that signature of the VHC Chairman is penned wherever required.

4. Preventive health care

a. ***VHC takes the lead to learn and teach the villagers***

i) to prevent/control communicable diseases in the community

ii) to promote healthy habits and actions

iii) to know and act regarding where, when and how to seek early and timely medical help.

b. ***VHC motivates villagers (young and old) to avoid***

i) Habits that harm health

ii) Conditions/places that hinder good health.

c. ***VHC promotes***

i) Community participation in all health programs

ii) Timely immunization of all children in the villages

iii) Home management of diarrhea in children by all mothers, with ORS and Home Available Fluids (HAF)

iv) General cleanliness and sanitation of the village

v) Registration of all pregnant women and their proper health check-up.

vi) Only trained persons to handle all deliveries in the village

vii) Personal hygiene and environmental sanitation in the village

a/ Personal hygiene: insist on bathing, washing and grooming of the person.

b/ Environmental Sanitation:

- Water sanitation (source, storage, uses and disposal of waste water)
- Excreta disposal (promote the use of pit latrine) in the village.

5. Promotion of indigenous/traditional medicine

a. Catalogue herbal/indigenous medicine practitioners in the community.

b. Arrange routine/schedule for their regular practice at the Sub-Centre. The schedule could be 2 days in a Week in the morning hours or one day in a Week etc.

c. Encourage indigenous medicine practitioners to work along with modern medicine.

d. Devise a system of recognizing the traditional medicine practitioners.

It can be :

i/ Keeping a ***'Roll of Honour'*** for them in the village or Sub-Centre

ii/ Giving/recommending awards to/for them.

6. Mobilizing local resources

a. VHCs should take the lead to teach and promote self-help and self- reliance in the village.

b. Every VHC should mobilize its own local resources. This can be through (i) Village funds (ii) Donations by groups and or individuals,

(iii) Private medical practitioners (iv) Any other source.

POINTS FOR RESOURCE PERSONS AT THE DISTRICT LEVEL TRAINING OF VILLAGE HEALTH COMMITTEES

1. District level training:

The training will be for VHCs having Sub-Centres located in them. Sub-Centres located in urban areas are left out for the time being. Urban Sub-Centres are :

District	*Names of urban Sub-Centres*	*Total*
Kohima	Agri-Forest, AG colony, Chandmari, Kohima Town, Naga Bazar, Bayavü, Daklane, Science College and Tseminyu New Town.	9
Mokokchung	Mokokchung town, FA College, Workshop Block,Kumlong, Alembang, Aongza and Murepkong	7
Dimapur	Duncan Bosti, Rangapahar, Dimapur Town, Purana Bazar, Chekiye, Kacharigaon, Nagarjan, Samaguri, Aoyimkum, and Sangtamtila	10
Mon	Mission Centre, Mon town	1
Wokha	Wokha Town	1
Zunheboto	Khuwoboto	1
	Total	**29**

2. District-wise Sub-Centres position:

District	*Total SCs*	*Urban SCs*	*SCs for Dist. level training*
Kohima	46	9	37 (22+15 -Peren)
Mokokchung	49	7	42
Dimapur	27	10	17
Mon	49	1	48
Tuensang	60	-	60 (Tsg.=36,Kpe=17,Llg.=7)
Wokha	30	1	29
Phek	33	-	33
Zunheboto	37	1	36
Total	**331**	**29**	**302**

3. Training Centres/VHCs for District level training

Sl.No.	*Training Centres*	*No. of SC VHCs*	*Date of training*
1.	Mokokchung	42	6/9/2002
2.	Wokha	30	6/9/2002
3.	Dimapur	22	16/9/2002
4.	Peren	15	13/9/2002
5.	Phek	33	11/9/2002
6.	Zunheboto	35	14/9/2002
7.	Tuensang	36	13/9/2002
8.	Kiphire	17	10/9/2002
9.	Longleng	7	10/9/2002
10.	Mon	47	12/9/2002
11.	Kohima	22	31/8/2002

4. Training Contents to be covered:

a. A clear explanation of the concept of Communitization.
b. The reasons (the why of) for launching of Communitization.
c. As given in the brief write-up under various sub-heads.
d. As given in the spiral bound Flip Chart/Book.
e. Give general instructions on making entries in the various Registers.

(Sample columns are provided in the list of things to be given to VHCs)

5. Things to be taken along:

a. Spiral bound chart on communitization - 1 for each VHC
b. 'Guidelines on Communitization of Sub-Centres' –1 for each VHC
c. Registers: one each of the following for every VHC

* Attendance Register * Visitors' Register * SC staff leave Register
* Stock Register * Cash Book * Salary Register
* VHC meetings report writing Register

d. Other stationery items:

- File Cover/Board (2 for each VHC)
- Fullscap paper (1 coir for each VHC
- Statement of Salary Deductions format (8 sheets from each VHC)

e. Money for training expenses, and samples of TA/DA payment format.

6. Things to be brought back

a. TA/DA payment format duly filled in and countersigned by CS/SDMO.

b. Vouchers along with expenditure statement duly signed.

c. If (a) and (b) are not possible, leave instructions for these to be sent in 1 (one) Week's time.

d. The final list of allocation of villages under respective Sub-Centres and that of the Sub-Centres under respective Primary Health Centres (PHCs) in the District.

e. The progress or status report of setting up of Common Health Sub-Centre Committees (these Committees are for Sub-Centres that cover more than one village). Based on the arrangement at (d) these Committees are to be constituted.

f. The final list of Village Health Committees along with names of members.

g. The modalities of supervising/monitoring of VHCs proposed by respective DDOs.

h. The progress report of constitution of Mahila Swasthya Sangh (MSS) or Women Health Committees in the District/Sub-Division.

7. Things that are personal to Resource Persons

a. Brief write-up on training contents.

b. Spiral bound Flip Chart/Book.

c. Book of 'Guidelines on Communitization of Health Sub-Centres'.

d. Guidelines for Financial Transactions.

e. Estimate of training expenses.

f. Letter of SBI Deputy General Manager for all VHCs.

8. Things to be submitted by all Resource Persons, on returning to Headquarter:

a. A brief write-up/report of the training conducted, giving the highlights.

b. Statement of expenditure with vouchers/APRs etc., if possible.

c. List of things to be brought back as per Sl. 6 (a-h) above.

Annexure -16

THINGS TO BE GIVEN TO VHCs DURING DISTRICT LEVEL TRAINING

1. Registers

a. Salary Register b. Cash Book c. Staff Attendance Register
d. Stock Register e. Leave Register f. Visitors/ Register/Book
g. VHC meetings Register

2. Formats

a. Salary Deductions Statement b. Incumbent-wise salary statement

3. Other papers

a. Guidelines on Communitization of Health Sub-Centres
b. Guidelines on financial transactions
c. File cover and file board (2 sets for each VHC)
d. 2-3 coirs of fullscap paper

4. Wall Chart

a. One copy of spiral bound wall chart on Communitization to be hung on the wall inside the Sub-Centre building.

A. Sample of columns to be used in Visitors' Register

Sl. No.	*Name & designation of visitor*	*Purpose of visit*	*Remarks of the visitor*	*Signature of visitor*
1	*2*	*3*	*4*	*5*

A. (1) Example of entries to be made in the columns of Visitors' Register

Sl. No.	*Name & designation of*	*Purpose of visit*	*Remakrs of visitor*	*Signature of visitor*
1	*2*	*3*	*4*	*5*
1.	Dr. 'D' MO i/c 'P' PHC	Routine visit	The VHC is active and the SC is kept clean.	

B. Sample of columns to be used in the Leave Register

Sl. No.	*Name*	*Designation*	*Day(s) leave availed*	*Signature of Chairman, VHC*
1	*2*	*3*	*4*	*5*

B. (1) Example of entries to be made in the columns of Leave Register

Sl. No.	*Name*	*Designation*	*Day(s) leave availed*	*Signature of Chairman, VHC*
1	*2*	*3*	*4*	*5*
1.	Mr. 'A'	Pharmacist/MHW	1 day (6/9/2002)	

Annexure -17

GOVERNMENT OF NAGALAND
OFFICE OF THE _____
_____ DISTRICT, NAGALAND.

NO._____ Dated _____

SANCTION ORDER

In pursuance of the Finance Department Order/ Notification NO. _____ dated _____ sanction is hereby accorded to an expenditure not exceeding Rs_____(Rupees _____)only as Grant-in-aid to the _____ Village Health Committee (VHC), being the amount deducted from the salary of employees of communitized Sub-Centres.

This is a Non-Plan expenditure

The sanction is a book adjustment only, and the expenditure is debitable to the Head of Account 2210-Medical & PH, 110 (4) Communitization of Sub-Centres, 110 (4)(1) Grant-in-aid, by corresponding deduct expenditure under Salary Head.

CS/DFWO/SDMO

NO._____ Date _____

Copy to:

1. The Accountant General, Nagaland, Kohima.
2. The Director of Health Services, Nagaland, Kohima.
3. The Chairman/Secretary _____ VHC.
4. Office copy.

CS/DFWO/SDMO

FORMAT FOR REPORTING STATUS OF COMMUNITIZATION

Name of Sub-Centre	Bank Account		Reasons for not opening Bank A/C	SC staff salaries drawn & credited to VHC A/C
	Opened	not opened		

JURISDICTION CHART OF HEALTH CENTRES AT VARIOUS LEVELS

DISTRICT : _____

Sl. No.	Name of CHCs with name of Doctor i/c	Name of PHCs under Col. 2 with name of Doctor i/c	Name of SCs under col. with name of staff [MHW; FHW]	Names of villages under column 3
1	2	3	4	5

FORMAT FOR REPORTING LATEST POSITION OF COMMUNITIZATION

Sl. No.	*Name of SC*	*VHC formed*	*B/Account opened*	*Staff in position*		
				MHW	*FHW (regular)*	*FHW (RCH)*

FORMAT FOR REPORTING PROGRESS OF COMMUNITIZED SUB-CENTRES

DISTRICT: _____

Sl. No	*Name of Sub-Centre*	*VHC formed*	*Bank A/c opened*	*Staff in position*	*Med. fund released*	*Re-marks*

Annexure -19

GOVERNMENT OF NAGALAND
DIRECTORATE HEALTH/MEDICAL SERVICES
NAGALAND : KOHIMA.

NO.DHS-8/COM-1/2002-03/ /Kohima, the 1st Oct. 2002.

ORDER

In pursuance of No. 1 & 2 of the Minutes of the meeting of Directorate Officers held on 22/07/2002 (copy enclosed) in connection with implementation of Communitization in the Department, the following officers of the Directorate of Health/ Medical Services are directed to liaise between their respective adopted Districts and State Communitization Committee. For this purpose, they will be called 'Liaison Officers' on Communitization.

Sl.No.	*District/Sub-division*	*Officer(s) assigned*
1.	Kohima sadar	Dr. Zakievotso
2.	Peren	Dr. K. Solo
3.	Dimapur	Dr. Neiketou Angami
4.	Mokokchung	Dr. Temsüla & Dr. Ashikho
5.	Wokha	Dr. Khanlo Magh
6.	Mon	Dr. K. Sorhie & Dr. K. Sophie
7.	Zunheboto	Dr. M. A. Ezung & Dr. K. Asumi
8.	Teunsang	Dr. Tiasunup & Dr. Yankho
9.	Kiphire	Dr. John Sweyievisa & Dr. Rose
10.	Tseminyu	Dr. V. Sekhose
11.	Longleng	Dr. Ngangshimeren
12.	Phek & Pfutsero	Dr. John Sweyievisa & Dr. Rose

Accordingly, they are directed to make a tour to their respective Districts/Sub-Divisions and inspect/study on the spot and submit a

formal written report on the progress and actual operational status of Communitization on or before 31/10/2002

Sd/- (DR. KEPELHUSIE)
Director of Medical Services

Sd/-(DR. D. KAPFO)
Addl. Director & HOD

NO.DHS-8/COM-1/2002-03/ /Kohima, the 1st Oct. 2002.

Copy to:

1. The Secretary, Health & Family Welfare, Nagaland
2. All Officers concerned.

Sd/- (DR. KEPELHUSIE)
Director of Medical Services
Nagaland, Kohima.

Sd/-(DR. D. KAPFO)
Addl. Director & HOD
Health Services, Nagaland.

Annexure -20

URGENT

GOVERNMENT OF NAGALAND
DEPARTMENT OF HEALTH & FAMILY WELFARE

NO.MED/COOMTZN/SC/2001/ Dated Kohima, the 2nd Nov.2002.

To,

All Deputy Commissioners, Nagaland.

Sub : Awareness Activities on Communitization-Expenses thereof.

Sir,

I am to refer to the subject mentioned above and to state that aware-ness and advocacy on the concept of Communitization and modalities of its implementation are vital for the success of this new venture. It is of primary importance that, among others, the Village Council Members and other leaders, Village Health Committee (VHC) Members, Mahila Swasthya Sangh (MSS) Members, and the youth should be properly and adequately sensitized on Communitization.

In this connection, the support of the District administration and its resources will go a long way in making a big difference. The Deputy Com-missioner, Kohima has taken the initiative to arrange awareness/ advocacy in the district through the Nagaland Red Cross volunteers and others in the district and has asked for some funds to meet this exercise.

After studying the matter, it has been decided that the District AIDS Committees, while conducting awareness/advocacy activities on HIV/AIDS for community leaders and others, for which adequate provision has been already provided by NSACS, can very well include the subject/topic of Communitization during such programs, making sure that all people to be sensitized, as indicated above, are included in the audience.

Therefore, you are requested to kindly take necessary action from your end in consultation with the Civil Surgeon of your district to make this all import-ant program a success.

A brief report of the awareness activities carried out may be submitted to the Department from time to time, which shall be highly appreciated.

Your support and kind cooperation as always are solicited, please.

Yours faithfully,

(V. SAKHRIE)

Secretary (H & FW) and
Chairman, State AIDS Control Society.

NO.MED/COOMTZN/SC/2001/ Dated Kohima, the 2nd Nov.2002.

Copy to:

1. The PS to Minister (H&FW), Nagaland, Kohima.
2. The Sr. PS to Chief Secretary, Nagaland, Kohima.
3. The Sr. PS to Addl. Chief Secretary & Commissioner, Nagaland, Kohima.
4. The Director, Medical/Health, Nagaland, Kohima.
5. The Project Director (NSACS), Nagaland, Kohima.
6. All Civil Surgeons, Nagaland.
7. Office copy.

(V. SAKHRIE)

Secretary (H&FW) and
Chairman, State AIDS Control Society

Annexure -21

HIGHLIGHTS OF TOUR REPORTS OF LIAISON OFFICERS

Introduction :

Except the Districts of Dimapur and Tuensang, and Peren Sub-Division from where tour reports have not been submitted, all other Districts and Sub-Divisions have been visited and tour reports compiled. The tour notes/reports relate to the progress of Communitization under two heads, viz., 'Basics' and 'Process' of Communitization.

A. 'Basics' of Communitization :

The 'Basics' of Communitization include: Staff in position, Bank Accounts opened; salary released by VHCs; VHCs holding their quarterly meetings; modified medicine list circulated by Civil Surgeon; VHCs purchased medicines; VHCs maintain registers properly; Comunitization chart and Sub-Centre jurisdiction chart are hung on Sub-Centre walls.

Position as reported by Liaison Officers:

Except 3 Sub-Centres in Kiphire Sub-Division; 1 Sub-Centre in Longleng Sub-Division; 6 Sub-Centres in Zunheboto District; 17 Sub-Centres in Mon District, and 11 Sub-Centres in Tuensang District, the basics were in position in all other Districts/Sub-divisions.

B. 'Process' of Communitization"

The 'Process' of Communitization include: improvement in staff attendance; improvement in medicine availability; Medical Officers visiting villages; other Health Workers visiting villages; Indigenous Medicine practitioners available; these practitioners are encouraged and honoured; and people's contribution towards Communitization.

Position as reported by Liaison Officers

1. In matters of staff attendance, medicine availability, Medical Officers and other Health Workers visiting villages, the situation has improved to a great extend. Communitization has brought about new invigoration to the system of health care delivery.

2. In matters of identifying indigenous/traditional medicine practitioners, the villagers and Medical Officers were still in the process of identifying such practitioners at the time of the tours.

3. On the matter of 'people's contribution towards Communitization' and the suggestions given by the Liaison Officers, the District-wise position is indicated in the following table.

Sl. No.	District	People's contribution	Suggestions/Remarks
1.	Tseminyu	People are willing to contribute	-
2.	Phek	People are in support of Communitization	Chobama & Zhamai SCs require new buildings.
3.	Kohima	a. Many villages have donated Buildings. b. Khuzama is growing vegetables/fruits to buy medicines with sale proceeds. c. Tsiesema & Merema VHCs have promised to contribute for SC bldgs.	-
4.	Wokha	People are most willing to cooperate and contribute.	a. Posting of MHW to Liphayan, Soku and L. Longidang from excess at Moilan and Aitepyong SCs or leave reserve may be done at the earliest.
5.	Kiphire	People have expressed willingness to support and cooperate fully.	a. If support of the Dept. in posting of staff is ensured, things can move as planned.
6.	Mokokchung	People are willing to contribute/cooperate.	-

Sl. No.	District	People's contribution	Suggestions/Remarks
7.	Longleng	4 villages under Namching SC have decided to jointly put up a new SC building.	-
8.	Mon	People are willing to cooperate but ignorant of what to do.	a. Intensive awareness campaign be done in communitised SCs by the 10 doctors in the District. b. More visits by State and District Teams will help. c. Pastors and Students be represented in VHCs. d. VHCs who cannot control SC staff should be replaced. e. Jakphang SC requires a MHW and Porigkong SC requires a building.
9.	Zunheboto	a. Mishilimi villagers donated a bldg. of their own for SC. b. People are willing to contribute and know their responsibilities.	VHC Bank Accounts for Pughoboto area may be opened at Rural Bank Pughoboto, instead of SBI Zunheboto, to avoid the present inconvenience.

REPORT OF PROGRESS OF COMMUNITIZED SUB-CENTRES

A. Position of 'basics'

Name of SC	*Particulars*		
1.	SC staff joined	Yes	No (why?)
	B/Accounts opened	Yes	No (why?)
	Salary released by VHC	Yes	No (why?)
	VHC holding its quarterly meetings	Yes	No (why?)
	CS circulated modified medicine list to VHC	Yes	No (why?)
	VHC maintains registers properly	Yes	No (why?)
	Communitisation is hung on SC wall	Yes	No (why?)
	SC jurisdiction chart is hung on SC wall	Yes	No (why?)
2.			

B. Position of 'process'

Name of SC	*Particulars*			*Assessment indicator*
1.	Staff attendance improved	Yes	No	
	Medicine availability improved	Yes	No	
	MOs PHCs/CHCs regularly visit SCs	Yes	No	
	Other Program Workers visit villages regularly	Yes	No	
	Genuine herbal/traditional medicine practitioners are available	Yes	No	
	If yes, how many & are they given recognition/honour?	Yes	No	
	Give type(s) of herbal practitioners available People's contribution in cash/ kind available	Yes	No	
	If yes, elaborate separately on a paper			
2				

C. Plan for the future

Particulars	*Proposed modus operandi*
Health education for disease prevent-ion and health promotion	
Mobilization of local resources by the community	
Popularizing indigenous system of medicine	
Formation & functioning of Common Health Sub-Centre Committees	
Awareness activities to spread concept of Communitization among the people/ communities	
Intensive training/capacity building to make communitization a people's movement	
Capacity building & improving the functioning of Mahila Swasthya Sangh (MSS)	
Compilation of success stories/innovations from Communitization	
Improving infrastructure facilities of the SCs	
Ensuring sustainability of communitization	

* Use separate sheets to explain the proposed modus operandi wherever required.

Signature of
CS/DFWO/SDMO

Annexure -23

GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH SERVICES
NAGALAND : KOHIMA.

NO.DHS-8/COM-1/2002/ /Kohima, the 20th December 2002

ORDER

A Committee with the following officers as members is hereby constituted to prepare short write-ups on common diseases and other related topics of public health importance. These will be translated into all local Naga dialects for use by Village Health Committees in their health literacy campaigns.

1. Dr. (Mrs.) Temsüla, ADHS (HI&E) Convener
2. Dr. Tiasunup Pongener, PO (SHP) Member
3. Dr. (Ms.) Limatula Aier, MO (NPCB) Member Secretary

The Committee should complete and submit its report by 20th Jan. 2003.

All Program Officers are asked to pool their resources to meet the expenses of printing and translation costs of the prepared write-ups.

The IEC Wing of the Department will coordinate this entire exercise.

Sd/- (DR. D. KAPFO)
Addl. Director & HOD, Health Services, Kohima.

NO.DHS-8/COM-1/2002/ /Kohima, the 20th December 2002.

Copy to:

1. The Chief Secretary, Nagaland.
2. The Secretary, Health & Family Welfare Department, Kohima.
3. All Committee members
4. All Program Officers.

Sd/- (DR. D. KAPFO)
Addl. Director & HOD, Health Services, Kohima.

Annexure -24

SUCCESS STORIES UNDER COMNMUNITIZATION

(Compiled from reports of Civil Surgeons and State level Liaison Officers)

1. Mon District

1. *Tamkong villagers* have provided quarters to SC staff.
2. *Chenmoho villagers* have provided quarters to SC staff.

2. Tuensang District

1. Routine immunization program has improved, e.g. Tonglongsor SC has fixed 10th of every month as routine immunization day.
2. Staff attendance at their working places has improved.
3. Chassier VHC has constructed SC-cum-residence building for its SubCentre.

3. Kiphire Sub-division

1. Out of 17 SCs, 16 are fully operationalized under Communitization in this remotest Sub-division.
2. With prior consultation and permission of VHCs, modality for medicine purchase was done as under:
   a. A common supplier for all VHCs
   b. A common purchase board for all VHCs to oversee purchase, verification and distribution of medicines.
   c. Medicines listed according to disease prevalence under each SC area.
3. VHCs actively participated in the two rounds of IPPI 2002-03, due to which the performance has dramatically improved in the Sub-division.

4. Wokha District

1. *DR. C. Murry*, Obstetrics & Gynaecologist has volunteered to give ANC check up every Saturday of the Week since January 2003 at Wokha Village SC under Chukitong PHC.
2. Changsu old village youth have cleaned up Sub-Centre and its premises.

3. *N. Longidang VHC* has voluntarily done bamboo fencing around the SC.
4. Active participation of VHCs in both rounds of IPPI 2002-03.
5. General improvements observed :
   a. staff attendance b. record maintenance
   c. submission of monthly reports d. medicine availability
   e. regular salary disbursement
   f. awareness of roles/ functions of VHCs

5. *Kohima District*

1. *Meriema villagers* have donated a brick-walled building measuring 34' x 28' as staff quarter to the Department. Prior to this in 1985, fifteen years before Communitization, the Women Society of the village had built basha-type staff quarters for the SC staff.
2. *Chiedema villagers* are planning to shift the SC to another site in the village, where maximum number of villagers can avail the services with ease.
3. *Rüsoma villagers* are ready to give free service for repair/ renovation of SC building, if Department can provide funds for timber. They have, on their own, made arrangements for internal electrical wiring of the SC.
4. *Jotsoma villagers* are arranging to provide regular water supply to the SC and maintain approach road for light vehicles. Earlier during 1978, the Women Society of this village had donated the building of the SC to the Department.
5. *Peducha villagers* are trying to complete a half-constructed type III Quarter, which can serve as building for the Sub-Centre. They are trying to provide even temporary fencing to prevent encroachment of SC land. Apprehensive of the future, the villagers have decided to use only 50% of the funds received for medicine and keep the rest till they receive the next grant-in-aid.
6. *Khuzama villagers* and the SC staff have decided to grow fruits and vegetables in a garden, the sale proceeds of which will be used to buy medicines.

7. *General improvements observed:*

a. Regular salary disbursement;

b. Staff attendance;

c. Medicine availability;

d. People's interest to contribute their share.

6. Dimapur District

1. *Aoyimti Villagers* have decided to procure a proper land patta for the SC land.
2. *Samaguri VHC Chairman* and *Shozukhu VHC Chairman* are very active and motivate other members to take active part in SC functioning and health care.
3. *Razhaphe VHC* has put up temporary fencing around the SC compound and doing cleanliness drive.
4. *Chümukedima VHC and MSS* give full cooperation to all health programs and improvement of the SC. The people have identified one indigenous medicine practitioner in the person of Mr. Ale, who is willing to conduct his practice at the SC twice a month, but with some monetary incentives.
5. *Monglumukh villagers* have identified one indigenous medicine practitioner and making arrangements for him to practice at the SC. The VHC meets regularly and the meeting minutes are recorded in the Registers. The MSS is actively involved in recording births & deaths, creating awareness on family planning and safe motherhood, and helping to conduct immunization programs.
6. *Nihokhu villagers* have allotted a land area of 200'x300' for construction of the SC, which now functions in a room of the VDB multipurpose building. They VHC and MSS are holding meetings at regular intervals. They also actively took part in the IPPI 2002-03 program.
7. *Hukai villagers* have allocated an area of 2 acres land for construction of SC since it is at present functioning in a house of one of the SC staff. They have also identified some indigenous medicine practitioners, who are already conducting their practice at the SC in consultation with the SC staff.
8. *Rüzaphema villagers* have identified as many as 5 indigenous

medicine practitioners within the SC jurisdiction and encouraged them to participate in all health care programs. Among them, Shri Vihietuo is most popular and who runs the 'GEDA GIFT HEALTH CENTRE' at Medziphema town. He has promised to help the VHC in health care programs. This VHC has also taken up the following actions:

- The VHC has fixed an annual cleanliness drive day every year.
- VHC proposes to organize a health camp during July/August 2003.
- VC has decided to buy one B.P. instrument out of VDB fund
- VHC has collected Rs.1000/- through fund drive and credited to VHC savings account.
- Three MSS members have got themselves trained in basic health care from CHC Medziphema and are now helping the SC staff.

9. *Tsiepama VC and VHC* have provided a one-room house for SC staff tostay and also approved to use to vacant plot around the SC to put up staff quarters.

- They have decided to use VDB funds for immediate repairs of SC building.
- VHC approached various sources (officers, well wishers, public leaders) to donate for electrification, water supply, furniture etc. in the SC.
- The village youths have been assigned to do fencing of SC premises and plant sapling trees.
- VC and VHC have decided to collect Rs.10/- per household in the village for improvement of the SC.

7. Zunheboto District

1. Mishilimi villagers have donated a newly constructed building to accommodate SC staff.
2. People in general are happy with Communitization of Health Sub-Centres.
3. Improvements in staff attendance, salary disbursement, medicine availability and cooperative spirit is noticeable.

8. **Phek District:**

1. The people have welcomed Communitization and have extended full support and cooperation wherever needed.
2. Improvements and positive changes are evident in the form of staff attendance, salary disbursement, medicine availability etc. Some of the VHCs have even started deducting salaries of SC staff who were irregular in their duties.

9. **Mokokchung District:**

1. People in the Sub-Centre villages are happy with Communitization and giving full cooperation and support.
2. There is definite improvement in staff attendance, salary disbursement, medicine availability, submission of reports and sense of responsibility and ownership by the villagers.

10. **<u>General observations</u>**

- ❖ Villagers are happy with Communitization and willing to cooperate, as demonstrated during the IPPI 2002-03.
- ❖ Staff attendance is very much improved
- ❖ Medicine availability is improved
- ❖ Medicine funds are judiciously used
- ❖ VHC and MSS are meeting regularly and minutes entered in Registers

Annexure -25

PROTOTYPE LIST OF MEDICINES FOR SUB-CENTRES IN NAGALAND

CATEGORY 'I' SUB-CENTRES

Sl. No.	*Name of medicine*	*Quantity*
A.	**Analgesics**	
	1. Paracetamol tab (10 tabs)	2000
	2. Diclofenac tab (10 tabs)	500
B.	**Antihelminthics**	
	1. Albendazole (400 mg)	213
C.	**Antibacterial**	
	1. Cotrimoxazole tab (10 tabs)	1000
D.	**Antacid**	
	1. Aluminium hydroxide (10 tabs)	1000
E.	**Antidiarrhoeal**	
	1. ORS sachet	500 packets
F.	**Eye**	
	1. Albucid (10% - 10 ml)	100
	1. Terramycin ointment (3 gm)	100
G.	**Obstetric & Gynaecology**	
	1. Methergine inj. (1 amp)	100
	2. Methergine tab (10 tabs)	100
H.	**Dermatological**	
	1. Povidone lotion (100 ml)	5

Annexure -26

MODIFIED MEDICINE LIST FOR COMMUNITIZED SUB-CENTRES

MOKOKCHUNG DISTRICT

Sl. No.	*Name of medicine*
A.	**Antipyretic and Antiflu**
	1. Inj. Paracetamol/Analgin 2. Tab. Paracetamol/Analgin 3. Syrup Paracetamol/Analgin 4. Tab. Cosavil 5. Rinostat tab.
B.	**Anti diarrhoeal**
	1. Lomofen tab. 2. Furaxone tab 3. Tab SG 4. Tab. Metron 5. Electral powder 6. Tab Stemetil 7. Syrup Metron 8. Syrup Furaxone 9. Inj. Chlorpromazine 10. Inj. Siquil/Dexeron
C.	**Antibiotic**
	1. Tap Co-trimonazole 2. Inj. Co-trimonazole 3. Ampiciline syrup 4. Enteromycetin syrup
D.	**Antacid**
	1. Tab solacid 2. Tab Digene 3. Tab Aciloc 100/300 4. Inj. Aciloc Ranitidine
E.	**Anti-inflammatory**
	1. Anaflam tab 2. Delxon/Brufen tab 3. Tab Diclofenic/Dofee/Voverin
F.	**I/V Fluids** 1. 5% Dextrose 2. Normal saline 3. Ringers lactate
G.	**First Aid/Emergency**
	1. Cotton 2. Bandage 3. Iodine lotion 4. Tab Avil 5. Inj. Avil 6. Tint. Benzoin 7. Inj. Dezona 8. Inj. Methergine. 9. Avil Antiseptic-Savion/Dettol

Sd/-

CIVIL SURGEON, MOKOKCHUNG

Annexure -27

MODIFIED MEDICINE LIST FOR COMMUNITIZED SUB - CENTRES

MON DISTRICT

Sl. No.	*Names of medicines*
A.	**Injections**
	1. Ampicillin (250/500 mg) 2. Broadiclox (250/500 mg) 3. Dexona (2 ml) 4. Avil 5. Ultragin vial (30 ml) 6. Methergin
B.	**Capsules**
	1. Ampicillin (250/500 mg) 2. Broadiclox (250/500 mg) 3. Tetracycline (500 mg) 4. Enteromycitine (250/500 mg) 5. Amoxycilin (250/500 mg)
C.	**Tablets**
	1. Eryteromycin 250/500 mg) 2. Ciproflexocin(250/500 mg) 3. Ciproflexocin (tinidazole) 4. Metron 5. Paracetamol 6. Antacid 7. Avil 8. Setron Ds/Small (p) (Septran) 9. Albend/Mebendazole 10. Cyclopam/Spasmonorm
D.	**Syrup**
	1. Amoxycillin 2. Metron 3. Paracetamol 4. Ampicillin 5. Setron (Septran) 6. Cough (Pac/adult) 7. B-complex 8. Alendoxole/Mebendazole
E.	**First Aid/Emergency**
	1. Gel. Antacid 2. Lotion scabies 3. Spirit 4. Cotton roll 5. Bandages 6. Iodine soln./Wakedine 7. Gauze pies 8. Needle curve/straight with needle holder 9. Thread (Nylon/Catgut/Silk 10. DD kit (one each)

Sd/-
CIVIL SURGEON, MON

Annexure -28

MODIFIED MEDICINE LIST FOR COMMUNITIZED SUB-CENTRES

PHEK DISTRICT

Sl. No.	*Name of medicine*	*Packs*	*Quantity*
1.	Tabs Enteroquinol	10	1500
2.	Tabs Paracetamol	10	4005
3.	Tabs Otris-D	10	1000
4.	Caps. Ampicillin	10	500
5.	Tabs Ibuprofen	10	1940

N.B. For this time uniformity in purchase is done under Civil Surgeon Phek. In future, the requirement will be prepared in consultation with Village Health Committees, who will project their local needs based on the fund placed at their disposal.

Sd/-
CIVIL SURGEON, PHEK.

Annexure -29

MODIFIED MEDICINE LIST FOR COMMUNITIZED SUB-CENTRES

TUENSANG DISTRICT

Sl. No.	*Names of medicines*	*Pack*	*Quantity*
1.	Paracetamol tab	10	2000
2.	Diclofenac/Voveran tab	10	500
3.	Albendazole (400 mg)	10	200
4.	Cotrimoxazole tab	10	1000
5.	Antacid tabs (Aluminium hydroxide)	10	1000
6.	ORS sachet	1	50
7.	Enteroquinol tab	20	3000
8.	Gentemyan/Optocid drops (E/E)	5 ml	200
9.	Methergin inj.	1 amp	50
10.	Previdone lotion	100 ml	5 bottles
11.	Wikoryl/D-Cold tabs	10	200
12.	Baralgan tab	10	200

Sd/-
CIVIL SURGEON, TUENSANG

Annexure -30

MODIFIED MEDICINE LIST FOR COMMUNITIZED SUB-CENTRES

LONGLENG SUB-DIVISION

Sl.No.	*Names of medicines*
A.	**Analgesics**
	1. Paracetamol tab. 2. Paracetamol syp. 3. Diclofenac tab. 4. Ultragin inj.
B.	**Antihelmintic**
	1. Albendazole tab. 2. Albendazole syp.
C.	**Anti Bacterial**
	1. Cotrimoxazole tab. 2. Cotrimoxazole syp.
D.	**Antacid**
	1. Aluminium Hydroxide tab.
E.	**Anti diarrhoeal**
	1. Matronidazole (400) tab. 2. Matronidazole syp. 3. ORS
F.	**Eye**
	1. Albucid (10%) drop 2. Terramycin oint.
G.	**Ear**
	1. Gentamycin drop
H.	**Obstetric & Gynaecology**
	1. Methergin Inj. 2. Methergin tab.
I.	**Dermatological**
	Povidine lotion 2. Gentian violet
J.	**Anti spasmodic**
	1. Spasmolar 2. Spasmolar inj.
K.	**Anti emetics**
	1. Longectil (25 mg) tab. 2. Longectil inj.
L.	**Anti scabies**
	1. Scarab lotion
M.	**Anti allergics**
	1. Pheniramine Maleate tab.

Sd/-
Asst. Civil Surgeon, Longleng

Annexure -31

MODIFIED MEDICINE LIST FOR COMMUNITIZED SUB - CENTRES

DIMAPUR DISTRICT

Sl. No.	*Names of medicines*	*Pack*	*Quantity*
A.	**Analgesic/Antipyretic**		
	1. Tab Paracetamol	10,s	351
	2. Syp. Paracetamol	30 ml	50
	3. Inj. Ultragin	30 ml vial	10
B.	**Antibiotic**		
	1. Tab. Cotrimoxazole	10,s	250
	2. D/s Ampicillin	30 ml	25
C.	**Antispasmodic**		
	1. Tab. Cylopam	10,s	50
	2. Drop Colimex	10 ml	25
D.	**Anti Diarrhoeal**		
	1. Pulvc ORS	1 pkt.	100
	2. Tab Metron	200 mg	100
E.	**Antacid**		
	1. Tab Aluminium Hydroxide	10,s	1000
F.	**Obstetric & Gynaecology**		
	1. Inj. Methergin	1 ml	50 amp.
G.	**Opthalmic/Eye**		
	1. Drop Albucid (10%)	10 ml	25
	2. Drop Enteromycetin	10 ml	25
	3. Oint. Terramycin	3 grams	25
H.	**Anti helmintic**		
	1. Syp. Odal (Albendazole	10 ml	30
I.	**Dermatological**		
	1. Lotion Pravidone	500 ml	3

Sd/-

CIVIL SURGEON, DIMAPUR

Annexure -32

MODIFIED MEDICINE LIST FOR COMMUNITIZED SUB-CENTRES

WOKHA DISTRICT

Sl.No.	*Names of medicines*
A.	**Injections**
	1. Dofic. 2. Perinorm 3. Ultragin 4. Cylopam
B.	**Tablets**
	1. Combiflam 2. Oxynl-P 3. Calpol 4. Furoxone 5. Combina forte 6. Nimisulide (100 mg) 7. Bacygyl 8. Wincip-Ds 9. Zinetac (150 mg) 10. Famspas 11. Peptica 12. Perinorm (10mg) 13. Cylopam 14. Cetrizine (10mg) 15. Pyri-B 16. Malcidal forte 17. Resochin 18. Sinarest 19. Vickoryl 20. Norbid 21. Dedoxyn 100 mg 22. Cadesper-C 23. Adelphane 24. Envas 2.5 mg 25. Amplus 125 mg. 26. Kid tab. Prupal 27. Dependal-M
C.	**Capsules**
	1. Hostacyline 250 mg 2. Aristocillin 250 mg. 3. Neusotrat
D.	**Syrups**
	1.Rinostat 2. Perinorm 3. Becosule
E.	**Suspension**
	1. Oriprim 2. Ceff Premix 3. Anaflame 4. Cylopam 5. Pacigyl 6. Ciprogyl 7. Reziz 8. Lariago

Sd/-

CIVIL SURGEON, WOKHA

Annexure -33

MODIFIED MEDICINE LIST FOR COMMUNITIZED SUB - CENTRES

ZUNHEBOTO DISTRICT

Sl.No.	*Names of medicines*
A.	**Injections**
	1. Stimatil 2. Avil 3. Dexona 4. Neurobion 5. Nivaquine 6. C. P. 7. D/water 8. R/L 9. Ultragin 10. Bistrepen 11. P. P. 12. Sodium citrate 13. Maxeron 14. Quinine
B.	**Tablets**
	1. Paracetamol 2. Analgin 3. Lomofen 4. Sulphaguinadin 5. Digene 6. Cylopam 7. Decaris 8. Stimatil 9. Sumo 10. Brufein 11. Spasmolar 12. Amoxycillin
C.	**Capsules**
	1. Tetracycline 2. Ampicillin
D.	**Syrups**
	1. Zeet 2. Coscopin 3. Liv fit 4. Polycrol forte 5. Haem-up 6. Veutorlem 7. Dristen
E.	**Drops**
	1. Gentamycin
F.	**Solutions/Ointments**
	1. Wakadin 2. Betnovate C 3. Betnovate N 4. Moov
G.	**First aid/emergency**
	1. Cotton 2. Electoral powder 3. Bandage 4. IV set 5. Needle 6. Scalp vein 7. Dispo. syringe

Sd/-
CIVIL SURGEON, ZUNHEBOTO

Annexure -34

MODIFIED MEDICINE LIST FOR COMMUNITIZED SUB-CENTRES

KOHIMA DISTRICT

Sl. No.	Drug group	Names of medicines
1.	Analgesic/ Antipyretic	1. Paracetamol 2. Fenceta/Diclofenac
2.	Antihelmintics	1.Abendazole(400mg)or Mebendazole
3.	Antibiotics	1. Sulphadiazine/cotrimoxozole 2. Ampicillin/Amoxycillin
4.	Antacid	1. Tab Digine
5.	Anti diarrhoeal	1. Enteroquinol 2. Sulphaquinain 3. ORS Sachet
6.	Eye drops	1. Albacid 10% 2. Terramycin eye orbit
7.	Nasal drops	1. Otrivin nasal drops
8.	Dermatological	1. Dettol/Betadine lotion/ointment 2. Tenitene Benzoine
9.	Antispasmodic	1. Tab Cyclopam/Trigon
10.	Injectable drug (emergency)	1. Avil 2. Drigan 3. Novalgin
11.	Obstetric & Gynaecology	1. Inj. Methergine 2. Tab. Methergine
12.	Antivomit	1. Tab. Stematil

N.B. : If the need arises, the Village Health Committee may procure other drugs besides the above.

Sd/-
CIVIL SURGEON, KOHIMA.

Annexure -35

Highlights of future plan of action
(As proposed by Civil Surgeons)

Sl. No.	Action Points	Plan of action
1	2	3
I.	Nagaland	
	1. Health Education for disease prevention and health promotion	a. Education through Women groups in the villages b. Through provision of regular health services c. One to one communication d. Isolate domestic animals e. Through Schools/printed materials f. Mass media and private practitioners g. Through IEC Bureau and its field staff
	2. Mobilizing local resources by the community	a. Through Village Councils b. Through household/family contributions c. Village Council funds d. 1 kg. of rice from every household every year e. Gardening by VHCs and SC staff f. Sale of firewood and stones g. Contribution by NGOs in villages
	3. Popularizing indigenous system of medicine	a. Identify genuine practitioners and assess their curative value, and only then involve them in Weekly OPD b. Some monetary incentives may be provided. c. Only ISM & H should be encouraged, not the local herbal practitioners.

1	2	3
	4. Formation and functioning of Common Health Sub-Centre Committees	a. Constitute the Committees through joint meeting of all constituent villages. b.Only after Sub-Centre VHCs are put on a firm footing. c. Practically not viable at this stage. d. Let people first have thorough under-standing of the concept of Communitization.
	5. Awareness on Concept of communitization among the people	a. House visiting by VHC and MSS members b. Joint campaign with other Health Programs. c. Advocacy meetings with village based organizations. d. Radio talks, poster campaigns and advocacy through the Church platform.
	6. Training/capacity building to make Communitization a people's movement	a. Use VHC and Village level meetings. b. Identify and train community leaders to become catalysts. c. Awareness training to VHCs and village based organizations. d. Train Health Workers in communication skills
	7. Capacity building and improving the functioning of Women Health Committees (MSS)	a. Divide members into subject/topic groups and train them properly. b. Involve MSS in planning & service provision c. Give regular training and guidance to them by MO PHC/CHC and staff.

1	2	3
	8. Compiling success stories and innovations brought about by Communitization	a. through reports received from VHCs, SC staff and MO PHC b. through District Coordination Committee on quarterly/half yearly basis.
	9. Improving infrastructure facilities of Sub-Centres	a. Give importance to Sub-Centre buildings in DPB VC, VDB meetings. b. Encourage NGOs to come forward and contribute. c. Cleanliness drives every 2 Weeks. d. Department contribution as much as possible.
	9. Ensuring Sustain-ability of communitization	a. Generate greater community participation. b. Regular review meetings with VHCs/HWs. c. Promote concept of partnership and sense of ownership. d. Provide quality health care services. e. Plan and carry out programs/activities after making community needs assessment so as to meet their actual needs. f. Ensure continuous support by Department and village leaders. g. Undertake time to time evaluation of programs and activities.

Annexure -36

MONITORING INDICATORS ON PROGRESS OF COMMUNITIZATION

1. Regular submission of monthly report by SC ANMs/FHWs
2. Regular submission of monthly report by SC MHWs (Pharmacists)
3. Regular submission of monthly reports by VHCs.
4. Purchase of medicines by VHCs as per prescribed list
5. Submission of Monthly Salary Statements (Annexure 'B') by VHCs by the 7th of every month.
6. VHC's control/management of SC staff (attendance, grant of leave etc.) as per Communitization Guidelines.
7. Proper maintenance of Stock Register and other Registers by VHCs
8. Task performance of Health Workers:
   a. Assessment of skills
   b. Assessment of attitude
   c. Assessment of organizing abilities
   d. Assessment of knowledge of job functions.
9. Regular supervision/inspection by MO PHC/CHC, SDMO, CS
10. Regular audit of SC accounts by MO i/c PHC/CHC, District Audit Team.
11. Proper maintenance of SC buildings and surroundings.
12. Contributions made by the community- manpower, cash, kind etc.
13. Specified expectations through Communitization
    a. Control/management of SC and its staff,
    b. Promotion of preventive health through health education.
    c. Promotion of indigenous system of medicine and its practitioners.
    d. Making health promotion a people's movement.
14. Evaluation/review by District Coordination Committee.
15. Review by State Communitization Committee.

JOB RESPONSIBILITIES OF MEDICAL OFFICERS OF CHC/PHC

Medical Officer i/c PHC/CHC is the overall controlling officer for all Health Centres and villages in the PHC/CHC area. He/she is leader of the Health Team, which includes all officers and staff posted to SHCs/Dispensaries/SCs under the PHC/CHC area.

1. Sketch map of the Area

Prepare and display sketch map of the area showing the following details:

a. Names of villages with population
b. Sub-Centres and other health units showing their respective coverage of villages
c. Community amenities, such as halls, schools, churches, playgrounds, roads with distance from the CHC/PHC etc.

A copy of this map should be submitted to Civil Surgeon as well as State Communitization Committee at the Directorate.

2. Record maintenance

Maintain the following records:

a. Total population of CHC/PHC area and its break-up (e.g. male & female)
b. Sub-Centre-wise population
c. Household census of the area
d. Village-wise Eligible couples
e. Eligible children for immunization
f. Health centers buildings and staff quarters with CHC/PHC jurisdiction
g. Total manpower position of PHC/CHC level and SC level
h. CBR/CDR/MMR/IMR/CPR etc. of PHC/CHC area.
i. Endemic/epidemic and other important health problems of the area.

3. Maintenance of Registers.

a. Staff Attendance Register (in all Health units)

b. Leave record Register (in all Health Centres)
c. Visitors' Register (at CHC/PHC/SC levels)
d. Register for Medical/Health camps organized.
e. Stock Register (medicine, equipment, linen, nursing sundries etc.)
f. Register for recording reports/returns etc. received from SCs.
g. Staff duty Roster Register
h. Monthly reports/records (compilation/submission)
i. Supervision/inspection reports Register.

4. Plan of Action of the CHC/PHC etc.

Prepare charts covering the following areas and display at a prominent place :

a. Services available at the Health Centre
b. Reporting system
c. Schedule of Immunization services/days
d. Safe motherhood services (antenatal, intranatal and postnatal services/clinics)
e. Schedule of Family Planning services/clinics
f. Schedule of monthly report compilation/submission
g. Schedule for regular supervision/inspection visits by MO/ Other PHC staff.
h. Monthly meeting of PHC/CHC staff and SC staff
i. Overall cleanliness of the Health Centre premises at all levels.

DISTRICT/CS REPORT

MONTHLY REPORT ON COMMUNITIZATION

Report for the month_____ District:_____

1. No. of communitised SCs reporting during the month_____
2. No. of MOs PHC/CHC etc. in the District _____
3. SCs and staff in position :

Total communitised SCs	SCs with FHW & MHW	SCs with FHW only	SCs with MHW only	SCs without MHW or FHW	SCs with no Grd. I V

4. SCs and position of their buildings

SCs in Deptl. Bldg.	SCs in Pvt.Bldg.	SCs with no bldg.	SC bldg. that need repairs	SC bldg. repaired	SCs with no staff quarters

5. VHCs and their functions

VHCs meet regu-larly	VHCs check staff atten-dance	VHCs bought medi-cines as per list	VHCs main-tain Regis-ters	VHCs mobilize local resources	VHCs doing health education	VHCs gave staff qtrs	VHCs gave SC bldg.

6. Common Health Sub-Centre Committees

Total SCs with CHSCC	CHSCC doing well	CHSCC not doing well	Reason(s) for not doing well

7. Supervision/Monitoring

Total MO PHC/ CHC/ SHC/ Dispy.	No. of MOs in positi-on	MOs know their SCs/area well	MOs know their job func-tion	MOs visit SCs regular-ly	MOs give health talks during visits	MOs give monthly reports

8. General remarks/observations of Civil Surgeon/DFWO/SDMO

Signature of
Civil Surgeon

Note : This report should be submitted to the State Hq. by the 15th of every month.

Annexure -39

PHC/CHC REPORT

MONTHLY REPORT ON COMMUNITIZATION

Name of CHC/PHC_____ Month_____

1.Total villages covered by the CHC/PHC_____
2.Total population of the CHC/PHC area _____
3.Total SCs Communitized under the CHC/PHC_____
4.Total population covered under Communitization _____
5. Total Communitized SCs reporting _____
6. Basic information on Communitized SCs under the CHC/PHC

Total com-munitised SCs	SCs with MHW & FHW	SCs with FHW only	SCs with MHW only	SCs without MHW or FHW	SCs with no Grd. IV

7. SCs and position of their buildings

SCs. in Dept. bldg.	SCs in Pvt. Bdlg.	SCs with no bldg.	SC bldg that need repairs	SC bldg. repaired	SCs with no staff quarters

8. Performance of SC staff

SC staff do CNA with VHCs	SC staff prepare annual SC Plan	Area map made and displayed	SC staff visit villages	SC staff submit reports monthly	SC staff maintain all records

9. VHCs and their functions

VHCs meet regularly	VHCs make annual plans with SC staff	VHCs submit monthly reports	VHCs check staff atten-dance	VHCs maintain registers	VHCs mobilize local resour-ces	VHCs doing health edu-cation
1	2	3	4	5	6	7

VHCs purchase medicine as per list	Proper entries are made in Cash Book, Registers and Cash memos kept	VHCs support, guide & monitor work of SC staff	VHCs identify & encourage herbal practitioners
8	9	10	11

10. Common Health Sub-Centre Committees (CHSCC)

Total SCs with CHSCC	CHSCC doing well	CHSCC not doing well	Reason(s) for not doing well

11. Medical Officer i/c PHC/CHC

SCs visited during the month	VHCs visited and supervised	VHC accounts audited	VHCs resen-sitized	Villages visited and talked on communi-tization	Any specific achieve-ments worth reporting

12. Problems faced at various levels
    a. Village level by VHCs:

    b. SC level by the staff:

    c. PHC level:

13. Success stories or innovations done by VHCs/villagers

14. General comments/suggestions and or additional points worth reporting:

Date:_____

Signature
MO i/c PHC/CHC

Note:

1. This report must be submitted to the Civil Surgeon/State by the 10th of every month.
2. VHC= Village Health Committee; CNA= Community Needs Assessment;

Annexure -40

VILLAGE HEALTH COMMITTEE REPORT

MONTHLY REPORT ON COMMUNITIZATION

District: _____ Sub-Centre:_____

Name of supervising PHC _____ Name of VHC_____

Report for the month of _____

1. No. of villages under the Sub-Centre: _____
2. No. of Health Workers in the Sub-Centre:_____
3. All posts in Sub-Centre are filled up Yes/No
4. All Health Workers are in station Yes/No
5. Job performance of Female Health Worker: Excellent/Good/Fair/Poor
6. Job performance of Male Health Worker : Excellent/Good/Fair/Poor
7. No. of staff on leave during the month :_____
8. Simple accommodation is available for HWs : Yes/No
9. Physical condition of SC building : Good/Satisfactory/Bad
10. VHC meets regularly once every 3 months : Yes/No
11. All Registers are available & maintained : Yes/No
12. VHC regularly verifies staff attendance register: Yes/No
13. VHC has received staff salaries for 3 months : Yes/No
14. VHC has made salary deductions : Yes/No. Ifyes,how much:_____
15. Salary deductions register is properly maintained: Yes/No
16. VHC has received for purchase of medicines: Yes/No
17. If yes, VHC purchased medicines as per list: Yes/No
18. VHC has received funds for building repairs: Yes/No
19. If yes, how is it being utilized?: _____

_____

20. VHC has explained communitization concept to the people: Yes/No
21. The Village Women Health Committee (MSS) is functioning properly: Yes/No

22. Mention 2 major activities that the MSS did during the month :_____

_____

23. Problems encountered and suggestions for their solutions:

Signature & Name
VHC Chairman

Signature & Name
VHC Member Secretary

Signature of other VHC members:

1._____ 2._____

3. _____ 4. _____

Note: This report should be submitted to the MO i/c PHC/CHC etc. on the 5th of every month.

Annexure -41

GOVERNMENT OF NAGALAND
FINANCE DEPARTMENT
TREASURIES & ACCOUNTS BRANCH

NOTIFICATION

Dated Kohima, the 17th Sept. 2002.

NO.FIN/TA/1-25/92(Pt file 1): : The Governor of Nagaland is pleased to direct that the following amendments be made in the delegation of Financial and Cognate Power Rules, 1964.

"Add the following as new item in Schedule III."

Sl. No.	Nature of powers	Authority	Extend of power	General condition, if any
88-A	Sanction of grant-in-aid to Village Health Committee/Common Health Committee of the Communitized Health Centres and Community Health Centres against the amount deducted from salaries for conversion into grants-in-aid	Civil Surgeons/ SDMOs	Full powers	Subject to any general or specific orders issued by Finance Department

Sd/- (LALTHARA) IAS,
Principal Secretary & Finance Commissioner.

NO.FIN/TA/1-25/92(Pt.file 1): Dated Kohima, the 17th Sept. 2002.

Copy to:

1. The Chief Secretary to the Govt. of Nagaland, Kohima.
2. All Principal Secretaries/Commr. Secretaries to the Govt. of Nagaland.
3. All Heads of Departments.
4. The Director of Treasuries & Accounts, Nagaland, Kohima.
5. The Accountant General, Nagaland, Kohima.
6. The Nagaland Gazette for publication in the next issue.

Sd/- (Menukhol John)
Officer-on-Special Duty (Finance)

Annexure -42

THE NAGALAND GAZETTE
EXTRAORDINARY
PUBLISHED BY AUTHORITY

No. 4 Kohima, Monday, April 15, 2002.

GOVERNMENT OF NAGALAND
DEPARTMENT OF JUSTICE & LAW

NOTIFICATION

Dated Kohima, the 15th April, 2002.

No.LAW/ACT-63/2001: : The Nagaland Communitization of Public Institutions and Services Act, (Act No. 2 of 2002) 2002, which received the assent of the Governor on the 27th March, 2002 is hereby published for general information.

Sd/-

(KHANRINLA T. KOZA)
Deputy Secretary to the Govt. of Nagaland.

Nagaland Communitisation of Public Institutions and Services Act, 2002
(Act No. 2 of 2002)

AN
ACT

Whereas it is expedient to provide for empowerment of the community and delegation of the powers and functions of the State Government to the local authorities by way of participation of the Community in matters connected with the management of local public utilities, public services and the activities of the State Government connected with education, water supply, roads, forests, power, sanitation, health and other welfare and development schemes and also to provide for promotion of community based schemes incidental thereto.

It is hereby enacted in the Fifty Second year of the Republic of India as follows"

1. Short title, Extent and Commencement:

(1) This Act may be called the Nagaland Communitisation of Public Institutions and Services Act, 2002.

(2) It shall extend to the whole of Nagaland.

(3) It shall come into force on such date or dates as the State Government, may by notification, appoint for different parts of the State and for different sectors of public services.

2. Definitions:

(1) Appellate authority means the appellate authority prescribed under section 8.

(2) Authorities means the authorities as may be called Board or Committee or any other nomenclature.

(3) Fund means a fund established for the authorities under section 7.

(4) Rules means the rules made under section 11.

3. Constitution and Declaration of Local Authorities:

The State Government may, by notification, constitute authorities as may be called Board or Committee or any other nomenclature or declare any of the existing local authorities established under any law for the time being in force for a village or an area covering two or more villages to exercise the powers and to discharge the functions as provided under this Act.

4. Delegation of Powers and Functions:

(1) The State Government or its authorities may, by notification, delegate the powers and functions of the State Government or its authorities, as may be specified, with respect to the management and operation of any of the public utilities and public services or the activities of the State Government connected with education, water supply, roads, forests, power, sanitation, health and other welfare and development schemes to the authorities constituted or declared under Section 3 of this Act.

(2) The State Government or its authorities may also issue directions to the authorities constituted or declared under section 3 of this Act for implementing any specific scheme and policy that may be formulated with respect to any particular service or activities.

(3) The authorities so constituted or declared under section 3 of this Act may also undertake any other social, cultural and educational activities not inconsistent with the provisions of this Act with due regard to the public interest and the requirement of innovative approach as well as optimum utilization of resources.

5. Transfer of assets:

Wherever required and in such manner as may be specified by the State Government the assets in relation to the public utilities and public services or the activities connected with the

matters specified under section 4 vested in the State Government shall be transferred to the authorities constituted or declared under Section 3 of this Act and the same shall be managed by such authorities in such manner as may be specified by special or general order made in this behalf.

6. Officers and employees of authorities:

(1) The State Government may, by special or general order, direct that the officers and employees appointed by the appropriate authorities of the State Government on regular and substantive capacities and employed in connection with the services of activities specified under Section 4 of this Act be placed under the control of the authorities so constituted or declared under Section 3 of this Act to the extent specified by the State Government in this behalf.

(2) The conditions of service of the officers and employees so placed under sub section (1) above shall not be varied except in accordance with any rules that may be made by the State Government in this behalf or any rules that may be made governing similar category of officers and employees at the commencement of this Act.

(3) The Rules and Regulations applicable too the officers and employees so placed under sub-section (1) above shall continue to apply until repealed or amended.

(4) The salaries and allowances of the officers and employees so placed under sub-section (1) above shall be borne by the State Government.

(5) The authorities under Section 3 of this Act may engage such further employees as may be considered expedient and as may be permitted by the fund available at their disposal.

Provided that the employees so engaged under this sub-section shall not be deemed to be the employees of the State Government.

(6) The authorities so constituted or declared under Section 3 of this Act, subject to the directions of the State Government as may be specified by a special or general order, shall have the power to review the appointment of any employee including work-charged employee already employed at the commencement of this Act but not appointed on regular and substantive capacity in connection with any public utilities and public services or activities in respect of which the powers and functions had been delegated under section 4 of this Act.

7. Fund:

(1) There shall be established a fund for the authorities so constituted or declared under Section 3 of this Act.

(2) The fund so established under sub-section (1) above shall include the grants that may be made by the State Government in connection with the discharge of functions so delegated with respect to a specific service or activity and any other fund that may be raised as may further be prescribed in this behalf.

(3) The fund so established under sub-section (1) above shall be operated subject to the special or general directions that may be issued by the State Government in this behalf.

8. Appeal/Revision:

(1) An appeal against the decision of the authorities constituted or declared under Section 3 of this Act shall lie before the appropriate authority that may be prescribed in this behalf.

(2) The State Government or the authorities as may be authorized in this behalf may at any time call for and examine the records relating to any order passed or proceeding taken under this Act by the authorities constituted or declared under Section 3 of this Act.

Provided that no order shall be modified, amended or reserved unless a notice has been served on the parties interested and opportunity given to them for being heard.

9. Power to inspect:

An officer of the State Government, as may be authorized in this behalf, may enter upon or into and inspect or for the purpose of his own inspection cause any other person upon or into any immovable property, or any work in progress under the orders, or any institution under the control and administration of the authorities under Section 3 of the Act and call for and inspect any book or document which may be, for the purpose of this Act, in the possession or under the control of the above said authorities.

10. Power to supersede:

If in the opinion of the State Government, an authority under Section 3 is not competent to perform or persistently makes default in the performance of duties imposed on it or under this Act or exceeds or abuses its powers, the State Government may, by order, stating the reasons for so doing, declare such authority to be incompetent or in default or to have exceeded or abused its powers, as the case may be and supersede it for a period to be specified in the order or dissolve the authority and order fresh constitution of the authority or direct that any other authority shall carry out the function of such authority so superseded to the extent as may be specified in this behalf.

11. Power to make Rules:

The State Government may, by notification, make rules for the purpose of carrying out the provisions of this Act.

12. Power to remove difficulties:

(1) If difficulty or doubt arises in giving effect to the provisions of this Act, the Sate Government may, by order published in official Gazette, make any provision, not inconsistent with the purpose of this Act as appears to it to be necessary or expedient for removing the difficulty.

Provided that no such order shall be made after the expiry of a period of two years from the date of coming into force of this Act.

(2) Every order made under sub-section (1) above shall, as soon as may be, after it is made, be laid before the Legislative Assembly of the State.

Annexure -43

GOVERNMENT OF NAGALAND
DEPARTMENT OF HEALTH & FAMILY WELFARE

NOTIFICATION

Dated Kohima, the 25th March 2002.

NO.MED/COMMTZN/SC/2001: : In exercise of the powers conferred by Section 3 read with Section 4 and 11 of the Nagaland Communitisation of Public Institutions and Services Ordinance 2002 (Nagaland Ordinance No. 1 of 2002), the State Government makes the following Rules:

1. Title and Commencement :

(1) These Rules may be called the Nagaland Communitisation of Health Sub-Centres Rules, 2002.

(2) These Rules come into force on the date of publication in the official Gazette.

2. Constitution of Village Health Committee :

(1) Every Village Council shall constitute a 'Village Health Committee' and such Village Health Committee shall be composed of the following:

(i) Person elected/selected by the Village Council - Chairman
(ii) At least 3(three) Village Council Members - Members
(iii) Secretary, Village Development Board - Member
(iv) 2 Health Workers of the Sub-Centre where there is a Sub-Centre and one such Worker shall be nominated by Chairman of Village Council to be Member Secretary - Members
(v) 2 persons nominated by the Mahila Swasthya Sangh (MSS) from among its members - Members

Provided further that the Village Health Committee may co-opt one or more persons having experience in health administration as members.

(2) The Village Health Committee shall meet once every three months in a year and a simple majority of the members shall form a quorum.

(3) The Members, other than those who are ex-officio members, shall be members for a period of 3 (three) years. In the event of mid-term vacancies, new members may be nominated for the remaining term/period only.

3. Constitution of Common Health Sub-Centre Committee :

(1) For the Health Sub-Centre that covers more than one village, a Common Health Sub-Centre Committee shall be constituted and such Common Health Sub-Centre Committee shall be composed of the following:

(i) Chairmen and Secretaries of all Village Councils of the constituent villages.

(ii) Chairmen of the Village Health Committees of all constituent villages.

(iii) VDB Secretaries of all constituent villages.

(iv) Member Secretary of the Village Health Committee in which the Sub-Centre is located shall be Member Secretary of the Common Health Sub-Centre Committee.

(v) One member each from all Mahila Swasthya Sangh (MSS) of all constituent villages covered by the common Sub-Centre.

Provided the Common Health Sub-Centre Committee may co-opt one or more persons having experience in health administration as members.

(2) The Chairman of the Common Health Sub-Centre Committee shall be selected/elected from among the Village Health Committee Chairmen in its first meeting.

Provided that the Chairman of the Common Health Sub-Centre Committee shall be on rotation basis, for a period of two years, among the Village Health Committee Chairmen of the constituent villages.

Provided further that the Chairman of the Village Health Committee where the common Health Sub-Centre is located shall not become Chairman of the Common Health Sub-Centre Committee.

(3) Any member elected or nominated to the Committee by reason of vacancies shall serve for the part of the remaining term.

(4) The Common Health Sub-Centre Committee shall meet once every 3 months in a year and the presence of representative members from at least 2 of the constituent villages shall form the quorum.

4. General responsibilities of Village Health Committee:

Subject to the directions that may be issued by the State Govt. and its authorities and such further superintendence and control of the respective Village Council, the Village Health Committee shall have the responsibility of looking after the overall health needs of the village community, including the management of the Health Sub-Centre at the village.

5. General responsibility of the Common Health Sub-Centre Committee :

It shall be the responsibility of the Common Health Sub-Centre Committee to supervise, direct and guide the Village Health Committee in-charge of managing the common Health Sub-Centre.

6. Powers and functions of the Village Health Committee:

Subject to further directions issued by the State Government and its authorities, the Village Health Committee (VHC) shall have the following powers and functions:

(1) The Committee shall supervise, direct, guide and support the work of the Sub-Centre staff, including the Mahila Swasthya Sangh (MSS) or Women Health Committee in

recording and maintaining all vital statistics, and all other job functions and responsibilities that are expected to be carried out by the Sub-Centre staff members.

(2) The Committee shall make assessment of overall health needs of the village and prepare the annual activities of preventive health care in the village, and shall communicate to the Sub-Centre Health Workers such plans for incorporation in the annual Sub-Centre Plan every year.

(3) The Committee, together with the Sub-Centre staff, shall oversee the execution of the annual plan and monitor/ evaluate the same.

(4) The Committee shall procure the annual requirement of medicines for the Health Sub-Centre at the village as per the list provided by the Department and within the allotted budget given in the form of grant.

Provided that where the medicine so procured are inadequate, and the funds so provided by the Department are inadequate, the Village Health Committee shall mobilize its own resources for procurement of the required medicines.

Provided further that the prescription and administration of drugs/medicines shall be left to the Health Workers.

(5) The Committee shall check the regular attendance of the Sub-Centre staff, grant casual leave to them, disburse their salaries and recommend their Earned Leave application to the next higher authority in the Department (i.e. Medical Officer in-charge PHC/CHC). Such records shall be maintained by the Committee, and shall be made available for inspection by Medical Officer in-charge Primary Health Centre/Community Health Centre or the Civil Surgeon as may be required.

(6) The Committee, subject to technical supervision by the

Department, shall have the responsibility over the construction/repair works for the Health Sub-Centre buildings/staff quarters out of the funds provided by the Department for such purpose and shall also take such measures for prevention of damage or misuse of the building assets.

(7) In case the Department is not able to construct staff quarters for the Sub-Centre staff, the Committee shall arrange to put up simple accommodation for the staff.

(8) The Committee shall devise a system of making transport available for referral of serious patients and emergency cases, such as complications of pregnancy and delivery, accidents etc., to the nearest higher medical facility, out of funds raised by the community.

(9) A village or group of villages may, at their own expense, establish Health Centre or the like Centre for promotion of health care and development of indigenous health care system, as may be approved by the State Government with or without the funding support of the State Government and such Centre shall be provided with the technical supervision by the Medical Officer in-charge of the Primary Health Centre/Community Health Centre.

(10) The Committee may mobilize resources, such as funds and technical expertise from private sources, such as the village funds, donations by private institutions/individuals, private medical practitioners for supplementing the resources provided by the Govt. in order to improve promotion of health care services.

7. Other powers and functions of the Village Health Committee :

Where a Common Health Sub-Centre is located in a village, the Village Health Committee of such village, shall have the following powers and functions in respect of the Common Health Sub-Centre.

(1) The Village Health Committee shall check the regular attendance of the Sub-Centre staff, grant casual leave to them, disburse their salaries and recommend their Earned Leave application to the next higher authority in the Department (i.e. Medical Officer in-charge PHC/ CHC). Such records shall be maintained by the Committee, and shall be made available for inspection by Medical Officer in-charge PHC/CHC or the Civil Surgeon as may be required.

(2) Subject to the control of the Common Health Sub-Centre Com- mittee and technical supervision of the Department, construct-ion/repair works may be carried out by the Village Health Committee in respect of the common Health Sub-Centre.

(3) All money received and transactions carried out in respect of the Common Health Sub-Centre shall be made by the Village Health Committee in the manner provided under Rule 10.

(4) The Village Health Committee shall make disbursement of salaries in the manner provided under Rule 11.

8. Powers and functions of the Common Health Sub-Centre Committee:

(1) The Common Health Sub-Centre Committee shall supervise, direct and guide the Village Health Committee in which the common Health Sub-Centre is located to manage the same.

(2) The Common Health Sub-Centre Committee shall have power to pass resolutions, which are appropriate for the better management of the common Health Sub-Centre, and which shall be binding on the Village Health Committee managing the common Health Sub-Centre.

(3) The Common Health Sub-Centre Committee shall have the powers to inspect and audit any register/accounts of the

Village Health Committee managing the common Health Sub-Centre.

9. Support by the Health & Family Welfare Department:

(1) The Department shall ensure deployment of Health Workers in every Sub-Centre.

(2) The Department shall work out which Sub-Centre is to look after which village(s) and what Sub-Centres will come under the control of which Primary Health Centre (PHC) or Community Health Centre (CHC) as the case may be, and communicate the same to all Village Health Committees.

(3) The Department shall provide annual grants for purchase of medicines, salaries of Sub-Centre staff and other recurring expenditure.

(4) The Department shall take care of training the Health Workers and the Village Health Committees.

(5) The Department shall help in making comprehensive health care plan for the villages in consultation with the Village Health Committees/Common Health Sub-Centre Committees.

(6) The Department shall, with the support and active involvement of the Village Health Committees, promote indigenous health care system.

(7) The Department shall provide administrative and logistic support and technical supervision in all matters.

(8) For all practical purposes, the Civil Surgeon of the District shall be the Departmental representative to oversee the effective functioning of Communitization.

10. Fund and financial transactions:

(1) For the purpose of carrying out financial transactions the Village Health Committee shall open a Saving Bank Account, which shall be operated under the joint signatures of the Chairman and Member Secretary of the Village

Health Committee, into which all grants and other incomes, including the salaries of staff shall be credited and through which all cash transactions shall be carried out.

(2) The Village Health Committee shall maintain the Cash Book and Registers for all cash transactions as per standing rules/ directives issued by the Govt. from to time in this regard. The Department shall undertake quarterly inspection of all cash transactions, record maintenance, report submission and supervision of the execution of annual planned activities through the concerned Medical Officer in-charge of Primary Health Centre/ Community Health Centre (PHC/CHC) during which all documents related to each transactions will be made available for inspection.

(3) The Government shall put into the Account all grants on account of buildings, furniture, equipment, medicines and so on with intimation to the Village Health Committees.

(4) The amount granted/raised by the Village Health Committees for specific purposes shall be brought to the Cash Book.

(5) The Village Health Committee can utilize the interest earned out of the Saving Bank Account for any of the purposes for which the Committee is authorized to incur expenditure under the Rules.

11. Procedure for disbursement of salaries

(1) The monthly salary of the staff of the Sub-Centre(s) shall be drawn by the Drawing and Disbursing Officer (DDO) of the Health & Family Welfare Department in advance for 3 months at a time, on or before the 10th of the first month to which it relates. For this purpose to relax the existing rules separate orders shall be issued by the Government under sub-rule 2 of Rule 217 of CTR. The amount so drawn shall be credited into the Savings Bank Account of the Village Health Committee concerned by

the DDO by Bank transfer under information to the Chairman/Secretary of the Village Health Committee along with copies of the Acquittance Roll in duplicate. The amount shall be drawn by the Secretary or Chairman and disbursed to the Sub-Centre staff by the Village Health Committee on or after the first day of the month to which the salary relates. Though the salary for 3 (three) months shall be credited into the Bank Account of the Village Health Committee, the Committee shall not be allowed to make lump-sum drawal, but shall draw only the net amount due for each month's salary on monthly basis.

(2) The Village Health Committee shall have the powers to deduct any part of the salary of any staff member(s) for valid reasons, such as unauthorized absence from duty as per the 'No Work No Pay' principle.

Provided that the amount so deducted shall be clearly recorded in the Acquittance Roll, a copy of which showing all deductions made by the Village Health Committee and duly signed by the payees and countersigned by the Chairman of the Village Health Committee shall be returned to the DDO and the other copy shall be retained by the Village Health Committee for office record.

(3) The Village Health Committee shall keep the amount so deducted under sub-rule (2) above from the salaries of the staff in its Savings Bank Account and maintain a 'Register of Salary Deductions' recording full details of all such deductions. The amount so deducted shall be treated as Grants and shall be the resource of the Village Health Committee and the Committee shall be at liberty to utilize these amounts for any purposes for which it is authorized to incur expenditure under these Rules. The "Register of Salary Deductions" shall be maintained as per proforma at Annexure-I to these Rules.

(4) For the purpose of converting the deducted amount into

Grants, the Village Health Committee shall submit detail account of all such deductions to the DDO on quarterly basis (three monthly). The DDO on receipt of the accounts, shall prepare a bill in prescribed form for grant-in-aid for the said amount showing at the same time deduction through a Treasury Challan for the equal amount as 'deduct expenditure' under salary head being the amount deducted from salaries making the net amount payable as 'Nil". The 'Nil' bill shall be presented to the Treasury for booking the expenditure, as well as, receipts to the appropriate heads of accounts of the Department.

(5) Thereafter, the DDO shall prepare a statement showing the T.V. Number, date and amount debited to the Grant-in-aid head duly certified by the Treasury Officer/Sub-Treasury Officer concerned and also showing the Treasury Challan Number, date and amount credited to Salary head by way of deduct expenditure (recoveries from salaries) supported by a copy of the Treasury Challan and submit the same to the Director of Health Services for taking such measures as may be required for incurring expenditure on the Consolidated Fund of the State.

(6) All expenditure except on pay and allowances shall be incurred only with specific sanction of the Village Health Committee for the designated purposes for which the amount is granted/raised.

(7) The Secretary of the Village Health Committee shall properly maintain Cash Book and Stock Register separately for consumable and non-consumable articles to be countersigned by the Chairman.

(8) The Department may subscribe separate registers for maintenance of accounts of the Village Health Committees.

12. District Coordination Committee :

(1) In every District, a District Coordination Committee

shall be constituted to plan, monitor, review and improve upon the whole exercise of Communitisation of health institutions. This Committee shall have the following members:

1) Deputy Commissioner	Chairman
2) Civil Surgeon	Member
3) Medical Superintendent	Member
4) District Education Officer	Member
5) Deputy Inspector of Schools	Member
6) Project Director, DRDA	Member
7) District Welfare Officer	Member
8) Block Development Officer (Senior-most in the District)	Member
9) District Planning Officer	: Member Secretary

(2) The Chairman shall convene the Committee, at least once in three months.

(3) In case of serious defaults/mismanagement, the District Coordination Committee shall make a report to the Government.

(4) In case of any report of misappropriation of funds, the responsibility of recovery shall lie with the Village Health Committee. On receipt of a report of misappropriation and after due enquiry into the report, the Chairman of the District Coordination Committee shall take all necessary steps to recover the misappropriated funds.

13. Audit :

Annual Audit of the accounts of the Village Health Committee shall be carried out on a regular basis. For this purpose, the Chairman of the District Co-ordination Committee, that is, the Deputy Commissioner of the District, shall appoint an Audit Team consisting of not more than 3 (three) members,

which shall also include representative(s) of the concerned Department(s). The Audit Report shall be submitted to the Chairman of the District Co-ordination Committee, who shall take necessary steps for getting the audit objections settled. Thereafter, he shall forward a copy of the Audit Report together with his Action Taken Report to the Head of Department concerned under intimation to the concerned DDO and the Village Health Committee. Beside this audit, the accounts of the Village Health Committee shall also be open to audit by the Internal Audit of the State Government.

14. Service of Health Sub-Centre staff:

The staff appointed by the State Government and posted in the Health Sub-Centre at the village shall continue to be treated as Government employees for all purposes.

15. Power to make regulations:

The Village Health Committee shall have power to make regulationsfor conduct of day to day business and as by way of delegating its specific powers and functions as may be required for the purpose.

16. Removal of difficulties:

Any difficulty, anomaly or doubt arising from the application of these Rules shall be referred to the State Government whose decision shall be final.

Annexure -44

Communitisation of public institutions – a concept note

Provisioning of public institutions and facilities has expanded considerably since attainment of statehood in 1963. Almost every village has been provided with the institutions of primary education and facilities of water supply and electricity. Primary health centers and community health centers exist for groups of villages throughout the State.

The functioning of many of these institutions and facilities, however, is far from satisfactory. Infrastructure such as buildings and manpower exist but their utilization and contribution are matters of concern. The attendance and performance of functionaries leave much to be desired. Recurring expenditure on items such as repairs of equipments, procurement of consumables (chalk, duster, stationery, medicines, textbooks etc.) are rarely incurred on time resulting in disuse or sub-optimal use of facilities. In sectors of water supply and electricity, existing facilities are not rendering satisfactory services, for want of small repairs.

Since these institutions and facilities are provided for, owned and managed by the Government, the public expects that the Government deliver quality services. Government employees, in most cases, have no direct personal interest in doing their best although they are responsible for it.

In Nagaland, community spirit is in abundance, unlike many other States. Traditional community institutions such as Village Council and Village Development Board exist in every village. The State is rich in what can be called 'social capital' for creating which considerable sums of money are being spent in many parts of the world.

The social capital may be made use of for improving the functioning of public institutions and facilities by 'communitising' these. The essence of 'communitisation' would lie in delegating

certain management responsibilities and powers of the Government to the community, thereby empowering them and at the same time freeing the Government somewhat to more effectively discharge the functions of monitoring and support. Thus, the community would, by and large, manage the institutions and facilities created by the Government for them and the Government would empower and support the community while retaining the sovereign powers as the ultimate owner of these institutions and facilities.

The following would be the salient features of the communitization process:

1. The front or representative body of the community would have to be defined in operational terms for each of these institutions. It can be the existing V.V. or V.D.B. or a separate body such as Village Education, can be set up. The balance of convenience may lie in setting up separate committees to represent the community for each of these institutions and facilities where leaders of existing traditional bodies may be retained on ex-officio basis but which will have sufficient room for accommodating real stake holders and persons having expertise in the sector. For example, the Village Education Committee will benefit from the participation of parents, especially mothers of children who actually go to the village school and retired teachers/experts belong to the village. Similarly, the Committee managing water facilities may have landowners whose land is the water source and through whose land pipes are laid. For PHCs and CHCs in the health sector, the Committee may have inter village membership so as to represent the entire group of beneficiaries.
2. The community as represented by the committee would be delegated with some of the management powers of the Government such as to check the attendance of the staff,

to disburse the salary for which the Committee would receive funds from the government, to grant casual leave to the staff.

3. The committee would manage (in defined terms) the government institution/facility along with similar facility that may have been set up by the community. For example, a private school set up by the village authority or by the Baptist Church may have to be seen along with the Government school as one entity and managed so as to share the combined resources optimally.

4. The Committee would be empowered to receive contributions from the public and realize fees from the beneficiaries as may be prescribed by the Government or the community and would operate a Bank Account for the purpose.

5. The Committee would perform functions such as awarding/ undertaking repair works for the building/equipments, purchasing text books from the market to distribute among students and disbursing scholarship (where free textbook/ scholarship scheme is operative) for which funds may be contributed by the government or raised by the community. (The list of functions mentioned here is illustrative and not exhaustive).

6. The Committee would maintain the accounts and registers prescribed for the purpose, which would be inspected by the departmental officers. An annual audit shall be got conducted by an authority prescribed by the Government in this behalf.

7. The Committee members shall be trained by the Government to discharge such functions.

8. The Government shall have the powers to issue directions in writing to the Committee, as it may consider appropriate which shall be binding on the Committee.

9. The Government would have the right to supersede the Committee in cases of serious defaults and take back the delegated functions.

To provide a legal basis for the above mentioned delegation, a legislation has to be enacted for the purpose.

This is a broad concept note, which will be the basis for the legislation as well as schemes to be formulated in the concerned sectors.

Communitization may first be tried on a pilot basis and assessed/ evaluated after a year before scaling up.

Annexure -45

GOVERNMENT OF NAGALAND
FINANCE DEPARTMENT
TRESSURIES & ACCOUNTS BRANCH

NOTIFICATION

Dated Kohima the 17th Sept. 2002

NO. FIN/TA/1-25/92 (Pt. file 1) :: The Governor of Nagaland is pleased to directo that following amendments be made in the delegation of Financial and Cognate Power Rules, 1964.

:Add the following as new item is Schedule III."

SL.No	Nature of Powers	Authority	Extend of Power	General condition if any
88-A	Senction of grant -in-aid to Village Health Health committee of the the **Communitised Primary Health Centres and community Health** centres against the amount deducted from salaries for conversion into grants -in aid.	Civil Surgeor's /SDMO's	Full powers	Subject to any general or Specific Orders issued by Finance Deptt.

Sd/- LALTHARA) IAS
Principal Secretary & Finance Commissioner

NO/ FINTA/1-25/92 (Pt. file1) Dated Kohima the 17th Sept. 2002

Copy to :

1. The Chief Secretary to the Government of Nagaland, Kohima
2. All Principal Secretaries/Commr. Secretaries to the Government of Nagaland
3. All Heads of Departments.
4. The Director to Treasuries & Accounts, Nagaland, Kohima
5. The Accountant General, Nagaland , Kohima
6. The Nagaland Gazette for publication in the next issue.

(Menukhol John)
Officer -on -Special Duty (Finacne)