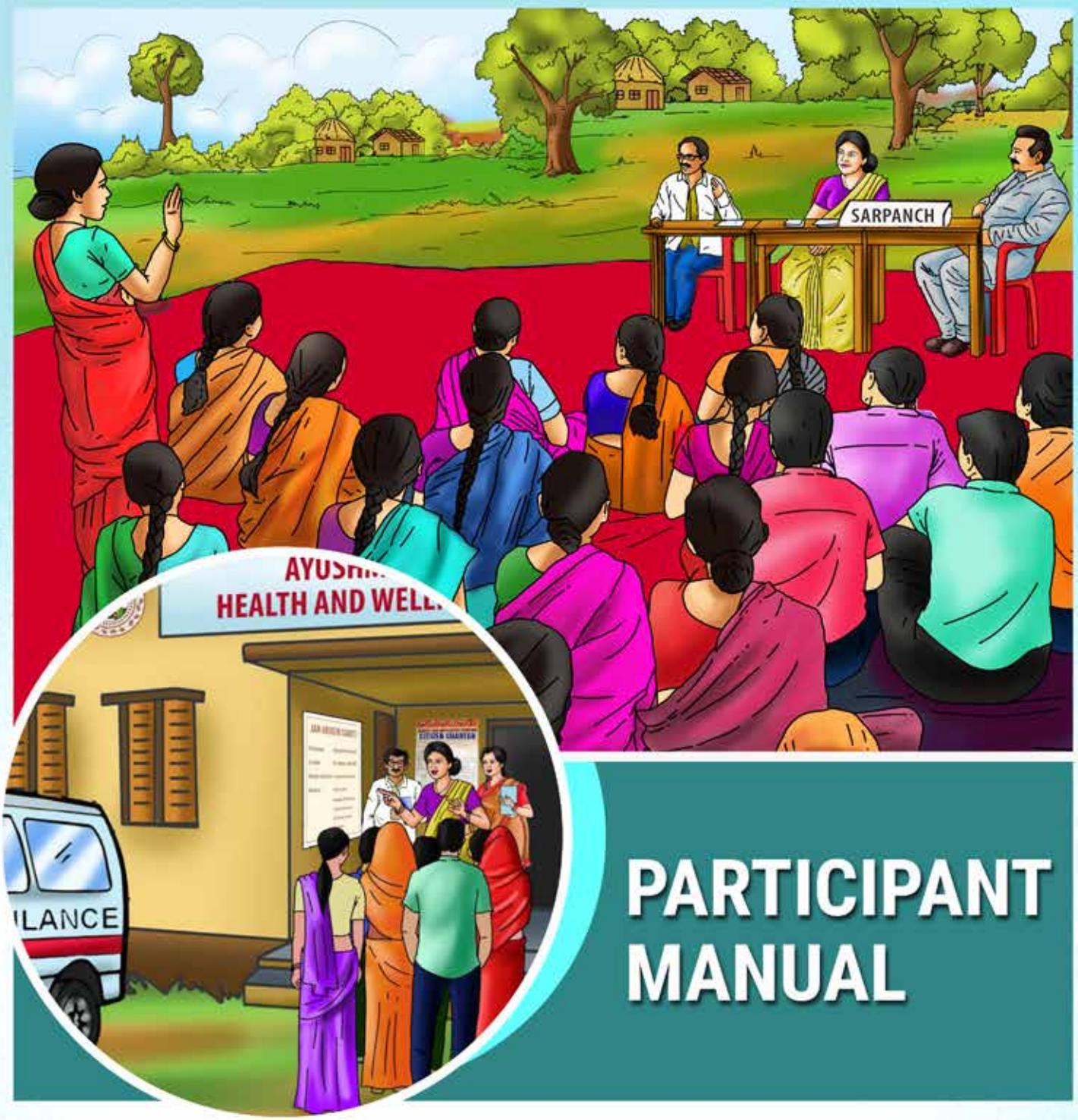
PANCHAYATI RAJ MEMBERS AND HEALTH



PARTICIPANT MANUAL

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Capacity Building of Panchayati Raj Institution Members on Health

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CHAPTER

1

BACKGROUND

Panchayat Raj Institutions (PRI) was introduced to the existing two-tier government structure of national and state governments in 1992 as part of the 73rd Amendment to the Indian Constitution. The amendment included a provision for the decentralization of powers and responsibilities to the panchayats with respect to the preparation of plans and implementation of schemes to ensure social justice and economic development in relation to the 29 areas listed in the Constitution's Eleventh Schedule. The 29 areas are as below:

Agriculture related
1. Agriculture including agricultural extension
2. Land improvement, implementation of land reforms land consolidation, soil conservation and water management
3. Minor irrigation, water management and watershed development
4. Animal husbandry, dairying, poultry
5. Fisheries
6. Fuel and fodder
Gramudyog related
7. Social forestry and farm forestry
8. Minor forest production
9. Small-scale industries, including food-processing industries
10. Khadi, village and cottage industries
Education related
11. Education including primary and secondary school
12. Technical training and vocational eduction
13. Adult and non-formal education
14. Libraries

Rural development related
15. Rural housing
16. Drinking water
17. Roads, culverts, bridges, ferries, waterways and other means of communication
18. Rural electrification
19. Non-conventional energy sources
20. Public distribution system
21. Maintenance of community asset
Health related
22. Health and sanitation
23. Family welfare
24. Women and child development
Social welfare related
25. Poverty alleviation programmes
26. Welfare of the weaker sections, and in particular, of the Scheduled Caste and Scheduled Tribes
27. Social welfare, including welfare of the handicapped and mentally retarded
Social activities related
28. Cultural activities
29. Market and fairs

Why Panchayats for Health?

Gram Panchayats play a pivotal role in governance, planning and implementation of schemes to ensure socio-economic and human development in the villages that they govern.

The development of an area is measured in terms of Human Development Index (HDI). HDI is used by countries and all geographies to emphasize that people and their capabilities should be considered to assess the development of the country and not economic growth. India too embraced the concept of human development, and it was reflected in the Eighth National Five-Year Plan in 1992, which said that "human development was the ultimate goal of all planning". To compare the development of Country, State, District and even panchayat areas, (HDI) is used.

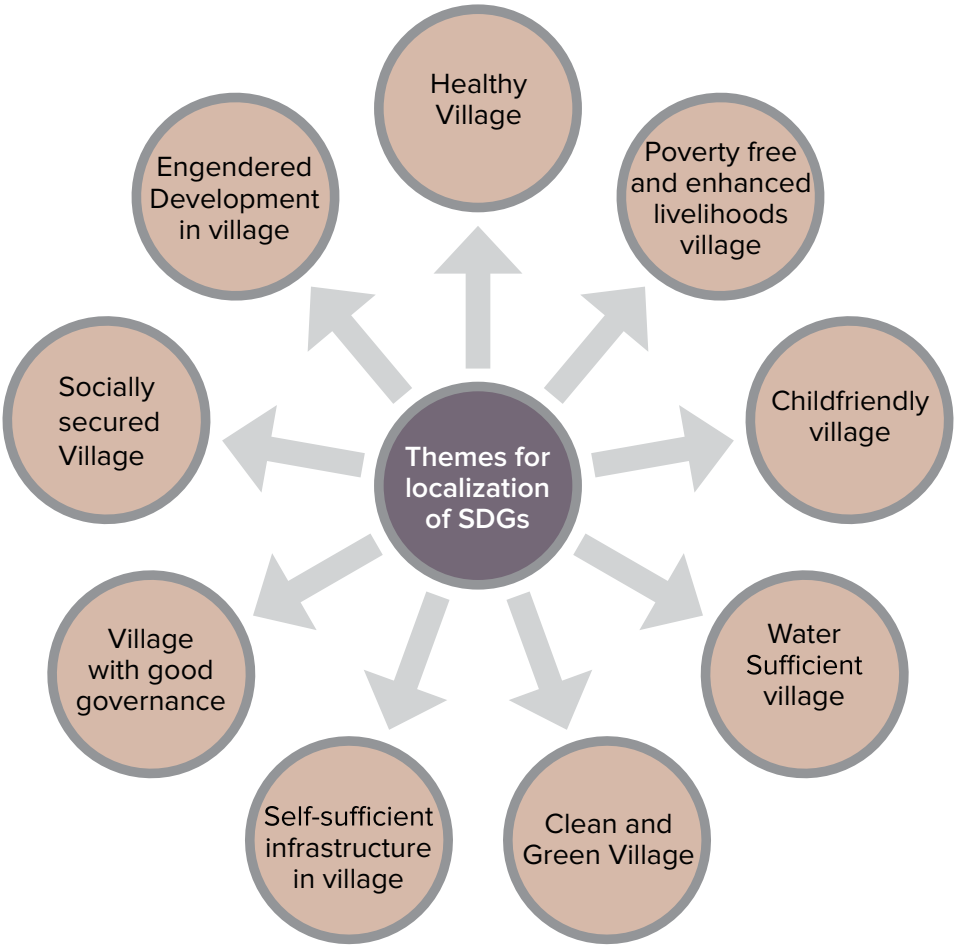
The human development index (HDI) is derived from three dimensions –

1. Health (life expectancy at birth),
2. Education (mean of years of schooling for adults aged 25 years and more and expected years of schooling for children of school entering age) and
3. Standard of living (gross national income per capita).

As you notice, Health has 1/3 weightage in Human Development Index (HDI). Thus, unless there is improvement in health of people, human development in the panchayat would not show the desired upward trend.

All over the world, sustainable development is a big challenge and to address this, a set of 17 goals have been defined, which every country - including India - has agreed to work on. These are known as **'Sustainable Development Goals** (SDGs)'.

Ministry of Panchayati Raj (MoPR) is committed to the achievement of these SDGs in their panchayat areas too. MoPR has identified nine themes that make it more relatable to the Panchayats and the community. Healthy Village is one of the nine themes.



The vision statement of Healthy Village is ***"Ensure healthy lives and wellbeing for all at all ages"***

Having understood the link between development and health, let us now understand what health is. This module will help you to understand the nuances of healthy village and your role as members of Panchayati Raj Institutions in it.

Summary: What did we learn?

- Health and development are interlinked. Panchayats have a critical role to play in contributing to achieving Sustainable Development Goals (SDGs)
- Human Development Index (HDI) is used to measure development. Health, education and standard of living contribute to HDI. HDI is used to compare development in different geographies
- 9 Themes have been identified for Panchayats to target SDGs, with a Vision Statement for each Theme
- **Healthy village** is one of the 9 themes with the vision statement of **"Ensure healthy lives and well-being for all at all ages"**

CHAPTER

2

UNDERSTANDING HEALTH

व्यायामात् लभते स्वास्थ्यं दीर्घायुष्यं बलं सुखं।
आरोग्यं परमं भाग्यं स्वास्थ्यं सर्वार्थसाधनम्।।

(Exercise results in good health, long life, strength and happiness.
Good health is the greatest blessing. Health is means of everything)

'Health is means for everything,' as this Sanskrit shloka proclaims. Similarly, in english, there is an old saying 'health is wealth'. In the last two years of facing the COVID-19 pandemic, we have realized the truthfulness of these sayings. Our health is impacted by every activity we undertake eg. getting up early, eating nutritious food, working in a safe environment, regular physical activity, avoiding harmful substances such as tobacco and alcohol, or maintaining social connections. All these activities impact our physical, mental, social, and spiritual health which will be explained in detail in later sections.

It is important to note that these activities influence, and are also influenced by, our environment. A long and healthy life can only be assured in the presence of conducive environmental factors such as the availability of clean and safe drinking water, clean air, clean surroundings, availability of healthy food, safe shelter, public transport facilities for connectivity, availability of healthcare services, etc.

You must be knowing already that healthy families create a healthy community, and healthy communities, in turn, create a healthy nation.

Let us take a family in a village for example:

A family that has an ill person may need to pay frequent visits to hospitals, and the family members may be worried and constantly under financial stress. They may not be able to go to work regularly or set up a business. They may also not participate in community-level activities like Gram Sabha, Fun fairs, festivals, etc. They may also have incurred a lot of debt because of health-related expenditures. In case there are many such families in a single village, the village may have a larger chunk of its population that is non-productive and debt-ridden. This will in turn affect the financial activities of the village as well. This is how the health of communities affects the productivity of their nation.

What can you do for the Improvement of Health Services in your Area?

You can:

- Provide community-level support to the health service providers, for **'organising service delivery'** – Help your neighboring health centres in organizing camps and arranging health checkups, etc.
- Provide active support from panchayats for community-level institutions like **Village Health Sanitation and Nutrition Committee (VHSNC)** and **Jan Arogya Samiti (JAS)**. Help the local health committees organise different health activities like *Walkathon, cycle race, sport events, vaccination drives etc.*
- Undertake **convergent planning** to achieve health and wellbeing goals of the community. You can facilitate inter-sectoral and inter-departmental coordination related to health and its determinants, in your area. For example - plan with different departments for clean water availability, safe food options, clean village (Swacch Bharat Abhiyan), etc.
- Ensuring that the community, especially of the poor and vulnerable members (elderly, tribal, and other historically backward communities) has access to health services. Panchayats can play a critical role in the social inclusion of these sections and also create volunteer groups for generating awareness regarding health services available at the health centres.

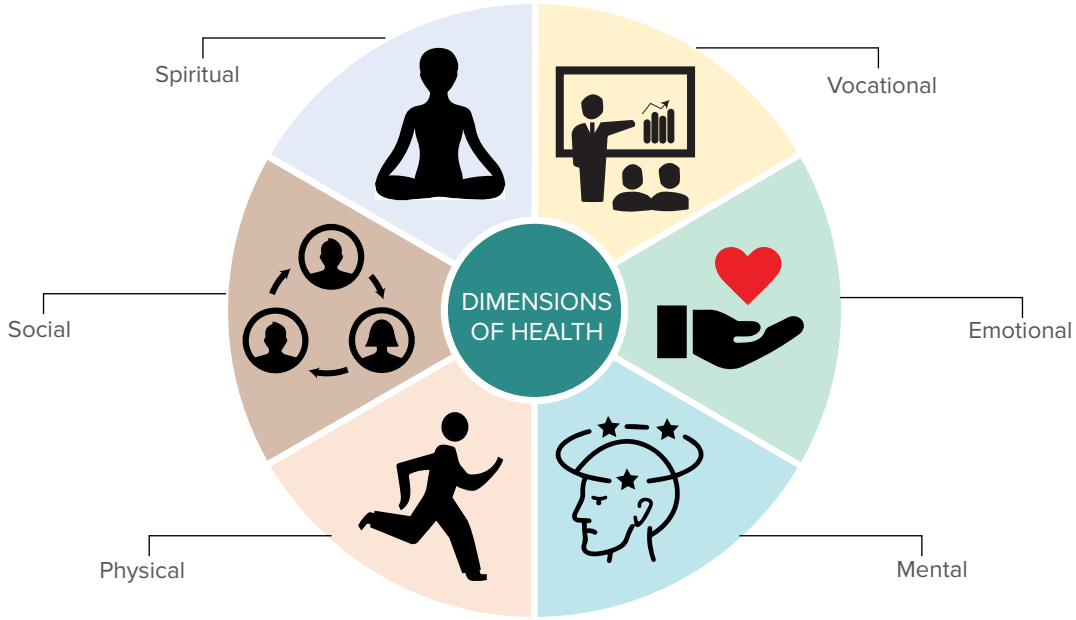
Before discussing your role further, let's see how much we know about health.

What is Health?

General understanding of health	What is more to health?
■ A person is healthy if a person does not have any disease.	■ Health is a state of complete physical, mental, social, and spiritual well-being and not merely an absence of disease.
■ The health of a person cannot change frequently.	■ A person's health state could keep changing which means a healthy person because of illness could become unhealthy for a few days as long as the disease is present in the person.
■ Changes other than the physical state of a person do not affect a person's health.	■ An otherwise happy person may go through some mental worry and the person is considered 'not healthy' even though the person has no disease.

Dimensions of Health

Health is a multi-dimensional state. Although the physical dimension is visible to us, and more easily measurable, we also need to consider the mental, social, spiritual, emotional, and vocational dimensions of health.



Let us understand these dimensions of health through life stories of people. Read the following stories and point out whether you think the person is healthy or not:

STORY 1

Priya is a 27-year-old young woman. She recently lost a lot of weight and started appearing weak and cannot take on any work, therefore she left her current job. Her parents got worried as she was going to be married in the next few months. They took Priya to a nearby health centre, where she was diagnosed with TB and immediately put on medications. It's been six months since her treatment and now she is feeling better. She stays at home and helps her mother with small household tasks. She says this work helps her cope with her TB. However, any heavy work leaves her feeling restless and tired. Since she has been out of a job, she has opted for stitching to earn her living. In the night, she reads to her parents for their pastime.

Do you think Priya is healthy?

STORY 2

Harish, a 45-year-old man, lives with his wife, two kids, and his parents. Harish used to be an ideal husband, father, and son, as well as a hardworking farmer. He has always been fit and healthy. Harish has never taken a day off from work. Last year, Harish and other farmers suffered crop losses due to bad weather. Harish lost some money because of this.

The family was supportive and adjusted to the economic setback. Recently, due to some influence from his friends, Harish started drinking alcohol. In the early days, he used to drink occasionally. But lately, his drinking habit has worsened, and now he drinks until late at night every day. He has started to miss work in the fields. He has also tried beating his wife once when she refused to give him money for alcohol. This has disturbed his family and neighbours. His kids have become upset, and his daughter has stopped talking to him since the incident.

Do you think Harish is healthy?

Let us look at what all has affected Priya's and Harish's health.

Table: Dimensions of Health

Health Dimension	Priya	Harish
Physical dimension (absence of health-related limitations in physical functioning normal bodily functions given a person's age and sex, ability to perform physical activity)	Diagnosed with TB Weak, gets tired easily Takes medicines for her illness	Fit and healthy Never missed a day at the field No medicines required
Mental Dimension Sense of peace, identity, and purpose, ability to respond to a problem with resilience not just the absence of mental disorder but rather a	Mentally positive Wants to conquer TB	Disturbed due to loss in farming Dependent on alcohol

Health Dimension	Priya	Harish
state of well-being in which every individual realizes his or her own potential, can work productively and fruitfully, and is able to make a contribution to his or her community) An individual's health will be negatively impacted in the presence of anxiety, depression, nervousness and downheartedness. **Emotional Dimension** (Concerned with how one is 'feeling,' ability to feel, and to express the feelings appropriately)	Can share what she is feeling with her mother.	Does not know how to open up his emotions, his stress, with anyone Feels suffocated with friends as it is not a safe space for him. His kids also stopped talking to him.
Social dimension (Social well-being and harmony with others, social relations, interpersonal ties, having a sustained support network)	Has maintained a good relationship with her family despite her severe illness Has taken good care of her parents and contributes to the community through stitching	Was a good father, son, and husband Has caused stress to the family because of beating incidence His kids are scared of him and do not talk to him Neighbours are irritated and have cut ties with him
Spiritual dimension (Integrity, purpose in life, the moral compass of the person, beliefs and values that give direction to one's life)	Believes that her life is a gift and is worth living Did not give up on life because of the illness	A setback has made him lose his faith in life Believes that no good can come into his life
Vocational dimension (Finding purpose in work and feeling that work is aligning with purpose of life, *in simple language* – enjoying your work because it brings you a sense of contentment)	Found a work stitching clothes	Struggles to find meaning in his work at the farm because of the loss

Now that we have seen all the dimensions of health, we can see that Priya's physical health is compromised compared to her better mental, social, spiritual, emotional, and vocational health. On the other hand, Harish, though physically fit and active, has compromised the other dimensions of health. ***Thus, none of them is completely healthy.***

It needs to be understood that there are various factors in the stories of Priya and Harish which are affecting their health and wellbeing in all dimensions.

What are these factors?

They are called **"determinants of health"** – something that will contribute to the well-being or ill-health of the person.

Determinants of Health

Now, that we have understood health and its dimensions, we will look at the factors that influence it, also known as the determinants of health. These factors could be lying within the individual or located in their community or surroundings:

- Personal characteristics and the individual lifestyle
  a) personal characteristics occupy the core of the model and include sex, age, ethnic group, and hereditary factors
  b) individual 'lifestyle' factors include behaviours such as smoking, alcohol use, and physical activity

- Factors located in the community or surroundings
  a) social and community networks include family and wider social circles
  b) living and working conditions include access and opportunities in relation to jobs, housing, education and welfare services
  c) general socioeconomic, cultural and environmental conditions include factors such as disposable income, taxation, and availability of work

We can explore them by looking more closely at Harish's story

As we have discussed before, Harish is a strong young man and is physically healthy. He has no medical condition or disease which warrants him to seek medical help from the health facilities. Yet, he is still not healthy.

Harish's excessive alcohol consumption habit has affected his overall health. He had a peaceful life with a loving family and caring neighbours, but now his aggression due to alcohol dependency is affecting both his family as well as his neighborhood. So, excessive consumption of alcohol has been a cause of concern for Harish and his immediate living environment.

But what has led Harish to turn to alcohol use?

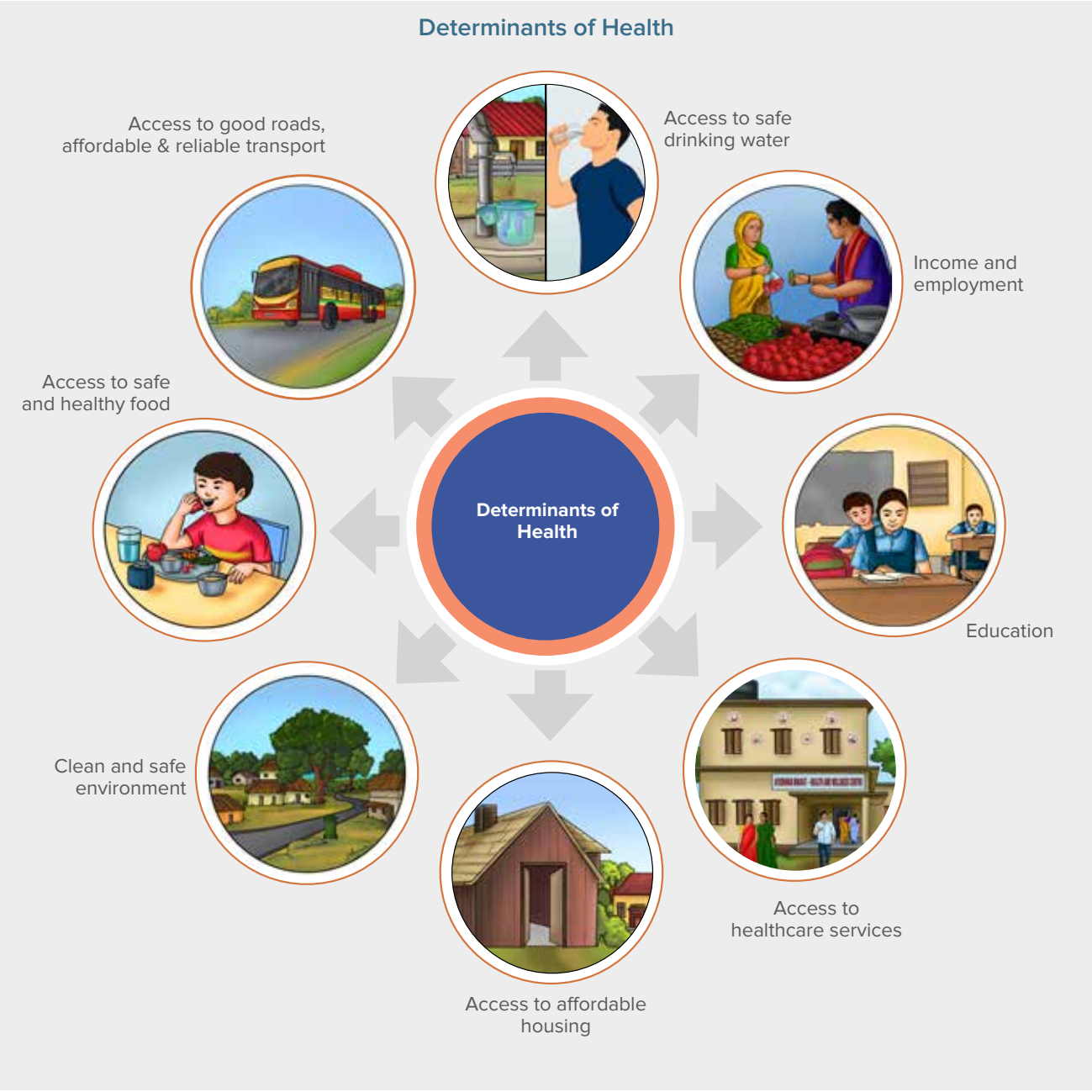
- **Gender role and peer pressure —** Harish started alcohol drinking as a fun social activity with friends. But it soon turned into an abusive habit and addiction. His drinking habit was also influenced by the social notion that drinking is a sign of masculinity and bravery. Such notions can be gender-based or culture-based. Commonly substance abuse is also a result of excessive stress, and it offers an illusion to escape from stress, but only to make the problem worse.
- **Insufficient or loss of social support –** Harish does not get to communicate his feelings of stress and feeling of failure with anyone and found a way of managing his stress through his alcohol habit. Also, Harish's friends are only worsening his situation by creating peer pressure to indulge in more and more drinking. Out of this helplessness, he has resorted to alcohol use.
- **Lifestyle components –** A financial setback led to Harish's habit of alcohol overconsumption and is now having a negative impact on the financial capacity of his family. Due to diminished resources, his family will have limited access to good quality and varied nutritious food, thus leading him and his family members towards malnutrition. Similarly, besides employment, other lifestyle components such as housing conditions, employment, immediate environment, and health education can also affect Harish's family's food security.
- **Vicious cycle –** The majority of stress in an individual's life arises from harsh economic and social conditions which push people to alcoholism, and ultimately these habits lead to the worsening of social and economic conditions and the vicious cycle continues. The same is true in the case of tobacco use.

What are the major factors that affected Harish from having a healthy lifestyle?

- Gender norms
- Lifestyle choices- Peer influence
- Substance abuse
- Poor education and poor living conditions
- Lack of strong social support
- Lack of access to mental health services – barriers at the personal and system level.

Thus, from the story of Harish, we learned that health and well-being are affected by social influence, lifestyle choices, education, and economic status as well.

We can see that health has many dimensions and is influenced by many determinants. So, to address health, it is imperative to address all the determinants of health. This requires, collective action of community, which in turn can be facilitated by you as the member of Panchayati Raj Institutions. We will explore your role in health in detail over the next few chapters. The below image will help you understand the how different factors affect the health.



What are the Common Health Problems in the Community?

Malnutrition

Unsafe drinking water

Poor sanitation and unclean surroundings

Lack of skilled care during delivery and lack of prompt care for complications leading to maternal deaths

Common childhood illnesses like pneumonia, diarrhoea causing infant deaths & malnutrition

Infectious diseases like dengue, chikunguniya, malaria and TB and non-communicable diseases like high blood pressure, high blood sugar and cancers etc.

Other problems affecting health of the individual Unhealthy lifestyle like tobacco and alcohol consumption, unhealthy food social problems like extreme poverty, homelessness, early age of marriage, migration etc.

Mental health and Substance abuse

Who are the vulnerable people in your village?

Vulnerable persons are people/communities who are more susceptible to risks due to various physical, social, economic, and environmental factors. In your village, they may be constituted by households that are marginalized or in minority. Vulnerable persons often face stigma and discrimination from society.

Who can be the marginalized people/households in your village?

- Vulnerable sections of society such as SCs/STs/Minorities
- People from economically weaker sections of society
- People with disability
- Transgender people
- Particularly Vulnerable Tribal Groups (PVTGs)
- People living with HIV and leprosy
- Older population or old age homes
- Households having people living with mental conditions
- Orphanages
- Bonded labourers, child labourers, distress migrants, manual scavengers, victims of trafficking

> “Social justice is a fundamental value and goal for the panchayats, they must work for improving the access and reach of health and related services to these sections.”

Summary: What did we learn?

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease
- **Health is a multidimensional state. Various dimensions of health** include physical, mental, emotional, social, spiritual and vocational dimensions. Only the physical dimension is visible while other dimensions may or may not be apparent.
- **Health has several determinants;** it is influenced by access to safe drinking water, safe and healthy food, affordable housing, healthcare services, affordable and reliable transport; income and employment; education and clean and safe environment etc.

CHAPTER 3

INSTITUTIONAL MECHANISM FOR IMPLEMENTATION OF HEALTH PROGRAMMES

Background

Traditionally, our country has had the privilege of having our own health care system, which has included Ayurveda, yoga, and other traditional systems of healing. Looking at the different health preferences of the people for treatment, our central and state governments have made investments in making all streams of medicines available to the people. Recently, the changing epidemiological reality in the form of the increasing burden of non-communicable diseases, as well as the COVID-19 pandemic, have taught us to focus on the preventive and not just curative aspect of health care.

As far as legislation is concerned, Schedule 7 of our Constitution empowers and mandates a state government to do all that is required to keep its population healthy. The central government provides resources to the state governments to complement its efforts in the provision of health care through various programmes and schemes. Despite them being a vital part of the implementation mechanism, Panchayati Raj Institutions (PRIs) have been entrusted with health functions, funds, and functionaries in very few states. Under the 15th Finance Commission (FC), there is an effort to provide funds to the PRIs to strengthen primary health care based on local needs.

In this chapter, we will try to learn what is the structure of our healthcare system, how it works, and what role panchayats play in the overall healthcare system.

State Health Department

In each state, there is a health department that functions under the Ministry of Health and Family Welfare (MoHFW). The state designs its own health programmes/schemes based on its resources, limitations, local priorities, and disease burden. Based on broader national priorities, the central government provides programmes/schemes that the state can choose to implement. The health department implements the programmes supported by both the central and state government through a hierarchical administrative structure and its primary health care facilities and the hospitals. Details of health infrastructure are as below:

Service delivery centre	Population Coverage	Providers	Available Services
Village Health and Nutrition Day organized at Anganwadi Centre	1000 population	One ANM One ASHA	◆ Registration and health checkups for pregnant women and lactating mothers, immunization and counseling
		One Anganwadi Worker One Anganwadi Sahayika	◆ Counselling of couples on family planning and free distribution of contraceptive pills, condoms, and IUCD insertion. ◆ Immunization of children. ◆ Growth monitoring and nutritional counseling. ◆ Counselling of adolescents ◆ Distribution of the take-home ration for pregnant, lactating mothers, malnourished children, and adolescents by Anganwadi worker
Sub Health Centres (SHC)	3000 population in tribal hilly areas & up to 5000 population in plain areas	◆ One ANM* ◆ Multipurpose health worker in some places *A second ANM (has been placed in certain states)	◆ Family Planning services like provision of OCPs, condoms, IUCD insertion, and related counseling. ◆ Complete package of ANC including pregnancy registration, PNC, and immunization. ◆ Growth Monitoring and Nutritional Counselling. ◆ Treatment of minor illnesses and childhood diseases including prompt referral when required. ◆ Treatment for Tuberculosis (TB), leprosy, and malaria, and also facilitating activities for the control of vector-borne diseases. ◆ Childbirth services
Health and Wellness Centres-Sub Health Centre (HWC-SHC)	3000 population in tribal hilly areas & up to 5000 population in plain areas	◆ One Community Health Officer (CHO) ◆ One ANM ◆ One MPW (Male) ◆ All ASHAs of the area	In addition to all the above HWC also provides: ◆ Prevention, screening, and referral for patients with non-communicable diseases such as cancer, diabetes, and hypertension. ◆ Palliative care ◆ Health care for the old people (geriatric care) ◆ Screening and referral of people with mental health issues. ◆ Screening people for eye disorders, ear, nose, and throat-related illnesses. ◆ Screening and referral of oral health problems ◆ Referral in case of emergency in trauma and burns.
Primary Health Centre (PHC)/ PHC-HWC: 4-6 bedded and acts as a referral unit for 6 Sub-Centres/ HWC-SHC	20,000 in hilly, tribal, or difficult areas & 30,000 population in plain areas	◆ One or two MBBS Medical Officer ◆ One AYUSH Doctor ◆ One Staff nurse	In addition to services provided by Sub Health Centre, PHC provides the following: ◆ 24 Hours institutional delivery services both normal and assisted (if designated as 24X7 PHC)

Service delivery centre	Population Coverage	Providers	Available Services
		◆ One Sanitary Staff (Many PHCs have two Medical Officers)	◆ Out-patient care for all common ailments ◆ Essential Newborn care (with the provision of a Newborn Corner in labour room) ◆ Abortion services only with trained personnel and facility ◆ Health check-ups and treatment of school children. ◆ Adolescent-friendly clinic for 2 hours once a week on a fixed day addressing adolescent health concerns ◆ Screening of general health, assessment of anemia/nutritional status, eyes testing, hearing problems, dental check-ups, common skin conditions, heart defects, physical disabilities, learning disorders, behaviour problems, etc.
Community Health Centre: 30-bedded hospital and acts as a referral for 4 PHCs	80,000 in tribal/ hilly/ desert areas & 1, 20,000 In plain areas.	5-6 doctors including specialists for different types of health care. Nurses and Paramedical staff more than PHC.	In addition to services at PHC: ◆ Diagnosis and treatment of major non-communicable diseases e.g. diabetes, hypertension, and cancer ◆ Basic specialist services for newborns, dental ailments, childhood illnesses, orthopedics ◆ Treatment of mental illness, trauma, and burn patients ◆ Caesarean Delivery.
District Hospital- 75 to 500 beds depending on the size, terrain & population of the district	One per district	Specialist for different types of health care with an adequate number of nurses and paramedic staff.	Generally provides all basic specialty services and also certain kinds of highly specialized services: ◆ Specialized Newborn Care Unit for sick and high-risk newborns, blood bank, specialized labs, and provides services for cesarean sections, post-partum care, safe abortion, and all kinds of family planning procedures. ◆ Most of the surgeries ◆ Treat accident and emergency patients. ◆ Specialist services for non-communicable diseases like cancer, diabetes and hypertension, and other problems.

Table: Interface of PRIs with Health System

Level	Institution	PRI representation
District	Rogi Kalyan Samiti of District Hospital ***Key Health functionary***- District Medical and Health officer	Zilla Pramukh of Zilla Parishad Zilla Panchayat members
Block	Rogi Kalyan Samiti of Community Health Centre ***Key Health functionary***- Medical Officer in-charge	Block Pradhan, Chairperson Panchayat Samiti

Level	Institution	PRI representation
	Rogi Kalyan Samiti/Jan Aarogya Samiti of Primary Health Centre ***Key Health functionary***- Medical Officer-in-charge	Mukhiya/ Sarpanch of co-terminus Panchayat/ Zilla Panchayat member/ Panchayat Samiti member
Panchayat	Jan Aarogya Samiti of HWC-SHC ***Key Health functionary***- Community Health Officer	Mukhiya/ Sarpanch of co-terminus Panchayat Sarpanchs of other panchayats falling under the HWC-SHC area
Village	Village Health Sanitation and Nutrition Committees ***Key Health functionary-****ASHA*	Ward Panch (Preferably women)

JAS meeting chaired by Sarpanch of Gram Panchayat

National Health Mission

National Health Mission (NHM) was launched in 2005 on Safe Motherhood Day, 11th April. The NHM envisages universal access to equitable, affordable, and quality health care services that are accountable and responsive to people's needs. The NHM focuses on providing entitlements and service guarantees to people, strengthening the health infrastructure, ensuring quality in the delivery of health services, and promoting community and elected representatives' participation in the health care system.

The mission activities are implemented by all state governments in the country through a State Health Mission which is headed by the Chief Minister. The state health mission oversees the progress of implementation of the health programmes and provides policy direction to achieve health goals in the state. A state health society is constituted under the State Health Mission which is responsible for achieving these health goals through the implementation of various programmes. At the district level, a District Health Mission (DHM) is constituted which is headed by the Zilla Pramukh. District Health Society is constituted under DHM which implements all health programmes.

The funding for the mission is done on a cost-sharing basis. The central government contributes to 60% of the state NHM budget of all the states except for north-eastern states which are provided 90% of the total state budget. The union territories receive 100% of the NHM funds from the central government.

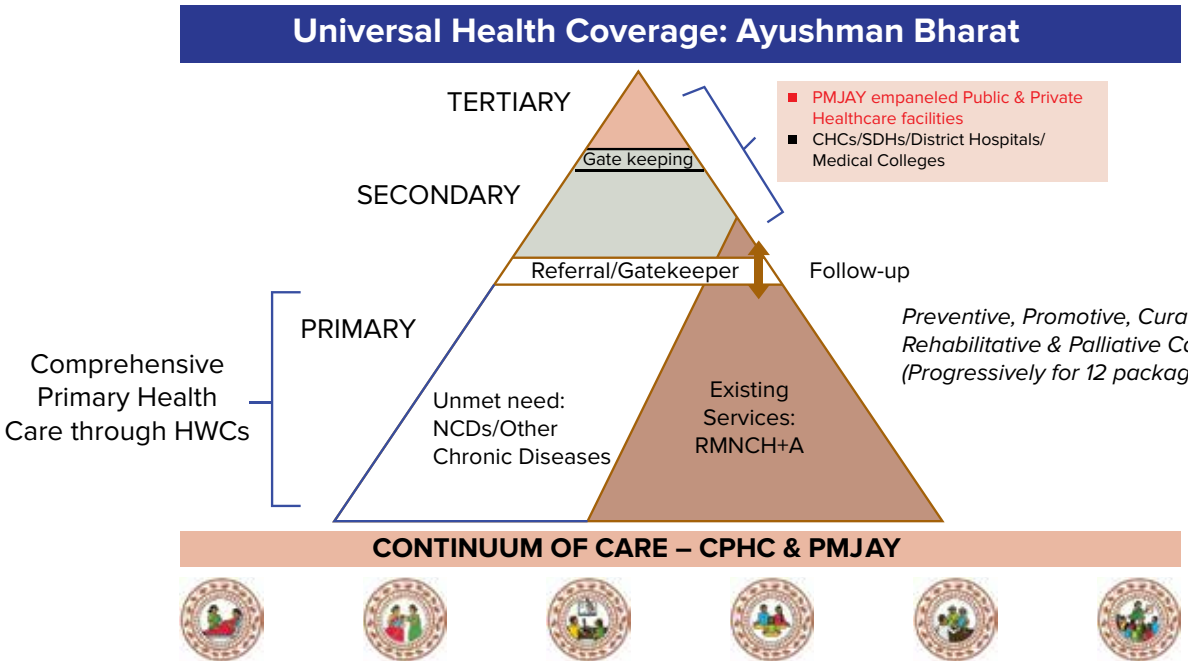
Health-related Schemes/Programs

Following are some important health-related programs with their brief description. It will help you understand how the health policies affect the health outcomes of the community. Details of other programmatic components like Reproductive, Mother, Newborn, Child, and Adolescent Health; communicable and non-communicable diseases are included in the annexure.

Program	What is it for?
Surakshit Matritva Ashwasan (SUMAN)	The program assures dignified and respectful delivery of quality healthcare services to pregnant women and newborns visiting a public health facility at no cost and has zero tolerance for denial of services.
Janani Suraksha Yojana (JSY)	The scheme under National Rural Health Mission aims to increase deliveries in health institutions for women and families who cannot afford it.
Janani Shishu Suraksha Karyakaram (JSSK)	This initiative by the Ministry of Health and Family Welfare aims to provide free and cashless services to pregnant women in government institutions to eliminate Out of Pocket Spending.
Pradhan Mantri Surakshit Matrutav Abhiyan (PMSMA)	This scheme by MoHFW aims to provide free-of-cost antenatal care to all pregnant women on the 9th of every month.
Pradhan Mantri Matru Vandana Yojana (PMMVY)	The scheme provides a cash incentive of 5000/- to pregnant women and lactating mothers.
National Programme for Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	The program focuses on awareness generation for behaviour and lifestyle changes, screening and early diagnosis of persons with risk factors, and their referral to appropriate treatment facilities
National Vector Borne Disease Control Programme (NVBDCP)	It's a central nodal agency for the prevention and control of six vector-borne diseases- Malaria, Dengue, Lymphatic Filariasis, Kala-azar, Japanese Encephalitis, and Chikungunya
National Malaria Eradication programme (NMEP)	The programme aims to control the level of spread of Malaria, to ensure it does not become a public health problem.
National AIDS Control Programme (NACP)	The program works for the prevention and control of HIV-AIDS in India. The activities include raising awareness, diagnosis, and inducing behaviour change.
National Tuberculosis Elimination Program (NTEP)	The program works to detect tuberculosis in the community, treat the detected patients, prevent transmission and build community groups for awareness generation.
National Viral Hepatitis Control Program (NVHCP)	The program focuses on prevention through awareness generation and free diagnosis and treatment of viral hepatitis.
National Leprosy Eradication Control Program	Awareness generation for prevention of Leprosy. Early diagnosis and treatment, prevention of disability, and rehabilitation of the already disabled are the focus of this program.
National Program for Health Care of the Elderly	The program aims to provide preventive, curative, and rehabilitative services to elderly persons at various levels of the health care delivery system of the country.

Ayushman Bharat Health and Wellness Centres

The Ayushman Bharat programme has been designed keeping in mind the crucial role played by primary health care in improving health outcomes. It is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care services. Under this programme, Ayushman Bharat Health and Wellness Centres (AB-HWC) were established to provide comprehensive primary health care to all people at no cost and closer to their homes. Primary health care is more than just a point of care at the PHC or sub-centre level. For primary health care to be comprehensive, it needs to cover promotive, preventive, curative, rehabilitative, and palliative aspects of care. It must also include two-way referral support to higher-level facilities (from first-level care providers through specialist care and back) and ensure follow-up support for individual and population health interventions at the community level.



This programme adopts a continuum of care approach comprising of two inter-related components:

a. Health and wellness centres (HWCs): Upgradation of the 1,50,000 Sub - Health Centres and Primary Health Centres (urban and rural) to Ayushman Bharat Health and Wellness Centres (AB-HWCs) for delivery of comprehensive primary health care closer to communities with the principle of “time to care” to be no more than 30 minutes. The AB-HWCs now offer comprehensive primary health care services from ‘head-to-toe’ and from ‘womb to tomb’ to all age groups and genders, beginning with infants, adolescents, adults, and the elderly. They cover both, maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.

b. Pradhan Mantri Jan Arogya Yojana (PMJAY): Roll out of AB-PMJAY, which aims to provide financial protection of up to Rs 5 lakh per annum for care at secondary hospital (community health centres, sub-divisional hospitals, taluka hospitals, and district hospitals at the block and district level) and tertiary hospitals (medical colleges) covering 40% of India's socially vulnerable and low-income households that is (approximately 50 crore beneficiaries).

The box below details the health services available at Ayushman Bharat - Health and Wellness Centres:

Care in Pregnancy & Childbirth

Neonatal & Infant Healthcare Services

Childhood & Adolescent Healthcare Services

Reproductive & Family Planning Services

Management of Communicable Diseases

Outpatient Care for Acute Simple Illness

Screening Prevention & Control of NCDs

Mental Health Care

Oral Care

Eye and ENT Care

Emergency Care

Elderly & Palliative Care

Maintaining Continuum of Care: Ayushman Bharat

Ayushman Bharat Health and Wellness Centres maintaining coordination of primary healthcare services between community, primary healthcare and secondary healthcare levels

Community/household Level

The ASHA does home visits to follow up different kinds of patients. She also helps in counselling and issuing reminders to different segments of the beneficiary population, apprising them of the services they have access and entitlement to.

Also, at this level the concerned Health and Wellness Centre team collects information about and enumerates the different recipients - pregnant women, children, cancer patients, cataract patients, etc.

Health and Wellness Centres (Urban and Rural)

Screening and tests conducted at these levels enable an early diagnosis. Once that is done, treatment of common illnesses can be started. If there are any complications or clarifications, the CHO or PHC medical officer does consultation through teleconsultation with specialists at higher centres. All the health records as well as the inventory of drugs are maintained at this level.

Referral Centres

These are usually at the block or district level - specialists in different medical fields attend to the cases that are referred by the PHC medical officer. They conduct special diagnostic tests and complicated treatments, including surgeries.

Follow-up

This is the most unique and important part of the continuum of care approach – after the person has received treatment, they go back home and need to be followed up at the community level by the local team there.

The provision of comprehensive primary health care not only reduces the need for secondary (community health centres, FRUs, divisional hospitals, Taluka Hospitals, and district hospitals at the block and district level) and tertiary (medical colleges) care; it also reduces disease and deaths at significantly lower costs.

Resources and Planning

The resources for operationalizing AB-HWCs are from National Health Mission grants and additionally - 15th Finance Commission (XV-FC) and PM-ABHIM grants to fill in the critical gaps in primary healthcare.

The National Health Policy (NHP) 2017, has laid emphasis on 'enhancing the community participation in supporting healthcare and building health system's accountability towards people'. Moving towards a holistic approach, the Government of India (GoI) has recognised the increased role of PRI with XV-FC grants in establishing public accountability. Finance Commissions are formed by GoI every 5 years to recommend the proportion and mechanism of distribution of the funds with the states and the union territories[1] for the development activities. This is the first time that the finance commission has earmarked Rs 70,051 crores over the five years (2021-26) for strengthening public health care through urban local bodies (ULBs) and Panchayati Raj Institutions.

These grants for health through Local Governments will be spread over the five-year period from FY 2021-22 to FY 2025-26 and will facilitate strengthening of health system at the grass-root level.

Role of PRIs

1. Supervise and monitor
2. Contribute in developing **health plans** for their blocks.

Out of the total grants for health through Local Governments of Rs 70,051 crore, Rs 43,928 Crore has been allocated as tied grants for the 28 states through Rural Local Bodies (RLBs). *Tied grant means these have to be used for specified components within given time.* These grants are for strengthening primary care through the following specified components:

1. Building-less Sub-Centres, Primary Health Centres (PHCs), Community Health Centres (CHCs)
2. Conversion of rural PHCs and Sub-Centres to Health and Wellness Centres (HWCs)
3. Support for diagnostic infrastructure to the primary healthcare facilities
4. Block Level Public Health Units

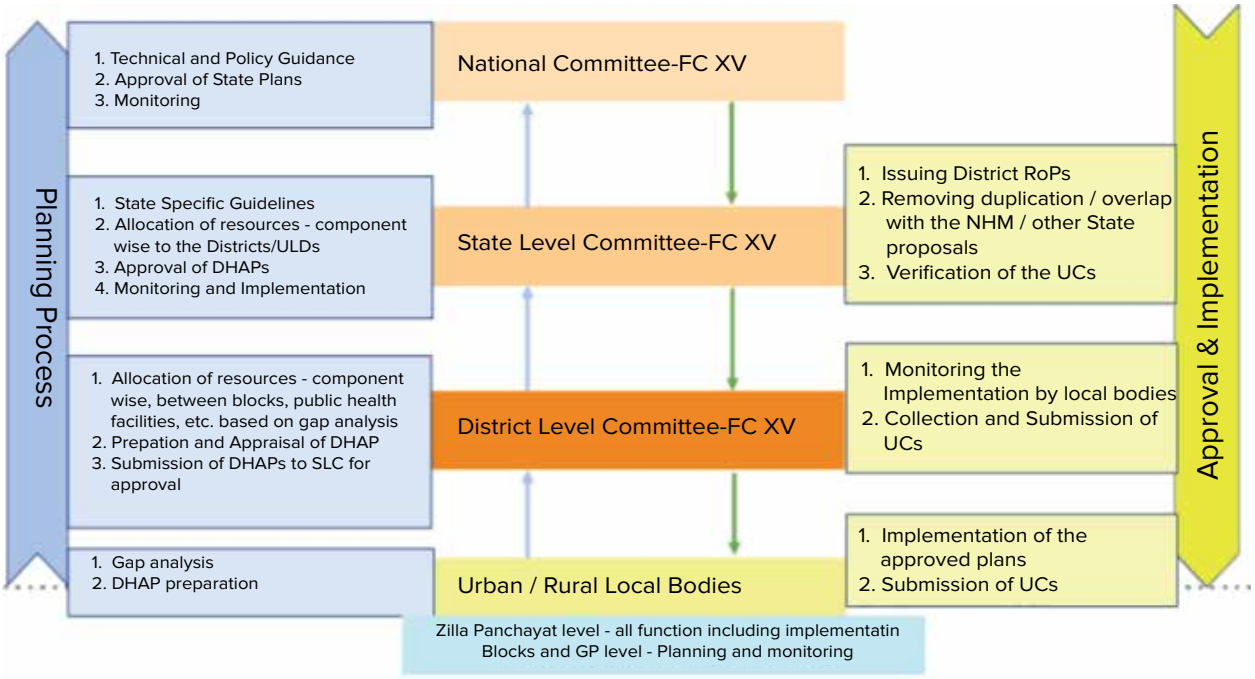
Role of PRIs in Planning and Budgeting

1. PRIs must identify locations, needs of the health facilities and prepare the comprehensive gap analysis in coordination with NHM officials/representatives at Block and District level.

1. Delhi is not considered by the FC for the allocation of the funds.

2. They would also support implementation of the plans, and undertake periodic reviews of the progress. The supervision includes the following:
   a. **Construction** of health centres,
   b. **Laboratory** services availability
   c. Availability of **adequate health staff**
   d. Availability of health care **services**
   e. **Surveillance** of disease **outbreak**s
   f. Supporting **management of epidemics**.

3. They should get involved in monitoring of above-mentioned components in close coordination with district health department under the overall supervision of the District Collector.



REMEMBER!

Your ownership is extremely critical to ensure optimal use of the funds provided under FC-XV

Summary: What did we learn?

- Health services are provided at the community level though village health and nutrition days (VHND) and facility based health services through sub health centres, health and wellness centres, primary health centres, community health centres and district hospitals at various levels
- Government is running many health schemes covering all age groups and people with varied health conditions.
- 15th Finance Commission has allocated funds to panchayats to improve primary health care services.

Other Health Schemes and Benefits

1. **Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP)-Janaushadhi:** Under this scheme, dedicated outlets known as Janaushadhi Kendra are opened to provide generic medicines at affordable prices. It ensures access to quality medicines for all sections of the population especially the poor and the deprived ones.

2. **Janani Shishu Suraksha Karyakaram (JSSK):** This scheme is aimed at eliminating out-of-pocket expenses for both pregnant women and sick infants. This initiative entitles all pregnant women delivering in public health facilities to free and no-expense delivery including the caesarian section. She would be also entitled to free transport from home to the government health facility, between facilities, in case she is referred on account of complications, and dropped back home after 48 hours of delivery. It would also include free drugs and consumables, free diagnostics, free blood wherever required, and a free diet for the duration of a woman's stay in the facility, expected to be 3 days in case of normal delivery and 7 days in case of caesarian section. Similar entitlements have been put in place for all sick newborns accessing public health facilities.

3. **Janani Suraksha Yojana (JSY):** JSY is a centrally sponsored scheme, which integrates cash assistance with delivery and post-delivery care. It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme focuses on a poor pregnant woman with a special dispensation for states that have low institutional delivery rates, namely, the states of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, and Jammu and Kashmir. The rural pregnant woman belonging to Low performing states can avail of Rs. 1400 and the pregnant woman belonging to the urban area can avail of Rs. 1000 cash entitlement. The rural pregnant woman belonging to High performing states can avail of Rs. 700 and the pregnant woman belonging to the urban area can avail of Rs.600 cash entitlement.

4. **Pradhan Mantri Matru Vandana Yojana (PMMVY):** This is a Centrally Sponsored scheme with a cash incentive of Rs 5000/- (in three instalments) being provided directly in the bank/post office account of Pregnant Women and Lactating Mothers. Its main purpose is to utilize cash incentives to meet their nutritional requirements during pregnancy and lactation periods. The cash incentive is paid in 3 instalments i.e. the 1st transfer (at pregnancy trimester) of Rs 1,000

5. **Pradhan Mantri Jan Arogya Yojana (PM-JAY):** PM-JAY is the world's largest health insurance/ assurance scheme fully financed by the government. It provides a cover of Rs. 5 lakhs per BPL family per year and Rs. 1.5 lakhs per APL family for secondary and tertiary care hospitalization across public and private empanelled hospitals in India. PM-JAY provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.

6. **Nikshay Poshan Yojana:** Ministry of Health and Family Welfare, Government of India has announced the scheme for incentives for nutritional support to TB patients. This scheme is called "Nikshay Poshan Yojana".

   All notified TB patients are beneficiaries of the scheme. The patient must be registered\notified on the NIKSHAY portal. TB patients will be eligible for a financial incentive of Rs.500/- per month for each notified TB patient for the duration for which the patient is on anti-TB treatment. The scheme is registered under Direct Benefit Transfer. The incentives are distributed in Cash (only via DBT preferably through Aadhaar-enabled bank accounts) or in kind.

CHAPTER

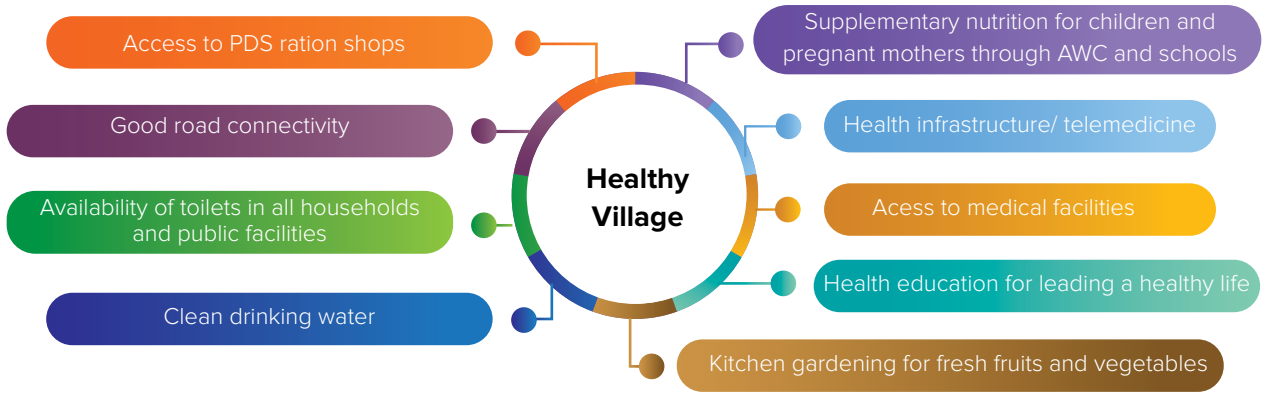
4

HEALTHY VILLAGE

So far we have seen how health is dependent on multiple factors and not only one's physical attributes. We also saw the structure of health system in India. In this chapter, we will learn what it means to be a healthy village and how can we create a healthy village.

Vision: Ensure Healthy Lives and Well-being for all at all Ages

When can we call a village healthy?



How can you achieve this?

Now that you have understood what a healthy village is, let us understand how you can plan for a Healthy Village.

Gram Panchayat Development Plan is the key activity that involves formulating an action plan for healthy villages in the respective Gram Panchayats.

A gram panchayat development plan (GPDP) for village health planning would outline the steps and strategies needed to improve the health and well-being of the villagers.

A (GPDP) is a document that outlines the development goals and priorities for a gram panchayat.

Preparation of GPDP

The primary objective of preparation of GPDP is to identify and formulate ways of addressing the development needs of the GP. Hence, getting first-hand information about the issues related to health, education, livelihoods, availability of amenities, services, and fulfilment of rights and entitlements of marginalized sections, local infrastructure, etc., is very important.

The flow chart below mentions the steps to prepare and then implement the GPDP:

Overall, a GPDP for village health planning can contribute to the achievement of SDG Goal 3 by improving the health and well-being of the villagers and reducing the burden of disease in the community. The Gram Panchayat has a role and the potential of contributing to good health and well-being.

Now let us understand the roles in detail

Role of PRI in Creating a Healthy Village

1. Role of PRI in Planning for Healthy village

- Set the local health goals and targets for the Gram Panchayat in collaboration with the health department
- Based on goals and targets, develop specific plans for each category.
- Map schemes, resources, and human resources available for health services in the Gram Panchayat
- Map vulnerable population based on age, reproduction, occupation, area and assesses health needs for each category
- Leverage resources available under various government schemes and programs of national and international agencies
- Take steps to empower communities and community-based organizations to participate in health programmes

Identification of the vulnerable population through social mapping

People living with HIV, mental health disorders, substance, drug and alcohol abuse, pregnant and lactating mothers, malnourished children, migrant workers, etc.

Facilitate enrolment of these vulnerable groups in various health schemes available in the village.

2. Role of PRI in leading health promotion activities

Campaigning through miking to create awareness regarding various health related issues like tobacco consumption, drug abuse, prevention of non communicable diseases, vector borne disease control measures, etc. Take control measures eg. ban and restrictions on sale of tobacco/illicit drugs.

Facilitate awareness generation through IEC strategies on age at marriage and pregnancy, healthy life practices, cleanliness, immunization, breastfeeding, substance abuse including narcotic drug abuse and harmful use of alcohol, etc.

Also inform the community regarding different health schemes and programs.

Organize health camps and mobilize community to avail the services at the health camps.

Promote early identification and treatment of diseases by mobilizing community to seek healthcare services at AB-HWCs

3. Fostering social accountability of health system to people

- Maintain and monitor quality of healthcare services
- Ensure linkage to referral centre and 24x7 emergency service delivery infrastructure

Ensure access to all health care services at the health care facilities (SHC-HWC, PHC-HWC, CHC, DH, etc) for the community eg, family planning services, immunization, non communicable diseases care, oral care, ENT care, elderly care, etc.

Supervise and monitor the health care service providers like ASHA, ANM, AWW, CHO, MO etc.

Ensure availability of teleconsultation services for the community.

Facilitate social audits – Review every maternal death/neonatal death/child death in the Gram Panchayat and identify actions for future.

Form emergency help centers and train and equip them to provide support and care services to victims of road traffic accidents.
Ensure timely emergency care accessible to all.
Facilitate transport of patients to health and wellness centres in cases of emergencies

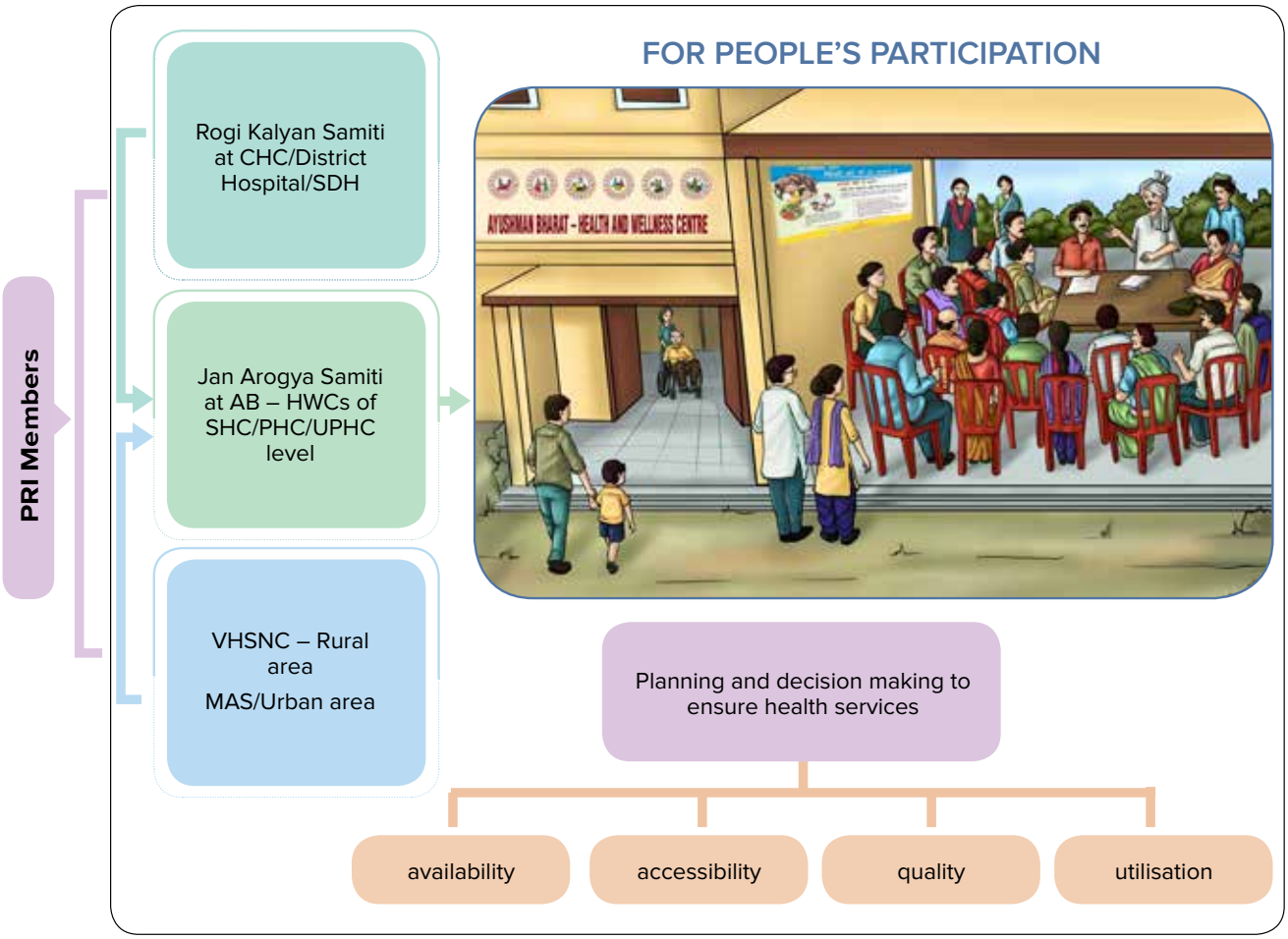
Ensure regular conduction of wellness sessions in the village by the AB-HWC team

4. **Catalyse grievance redressal of the community:** PRIs shall ensure setting up a system to register complaints and redressal of the same within a reasonable time frame. The grievance system at health and wellness centres shall be leveraged for addressing health related grievances.

24x7 Helpline at Panchayats for addressing local issues of the community

- Facilitate multisectoral convergence and co-ordination by ensuring collaboration with health department, converging various nutrition/ food security schemes and programmes and make a comprehensive plan which will ensure the specific needs of the community.

5. **Role of PRIs in governance for health**



Role of PRI as a Member of VHSNC

a) Ensuring that meetings are held on monthly basis

b) Lead the monthly meetings of the committee and ensure smooth coordination amongst members for effective decision making

c) Represent the VHSNC in the Standing Committee of the Panchayat on health and share details of work undertaken by VHSNC at the village level

d) Helps the VHSNC to undertake village health planning and take responsibilities for necessary actions and follow ups

e) Help the VHSNC to formulate annual plan

f) Ensure that the issues/plans emerging from village health monitoring and planning are reflected in the Gram Sabha and Gram Panchayat proceedings

g) Ensure that the records are adequately maintained

h) Ensure inclusion of village health plan in the Gram Panchayat Development plan (GPDP).

Role of PRI as a Member of JAS

a) Call for and preside over all meetings of JAS

b) Ensure smooth co-ordination between all JAS members for effective decision making

c) Periodically review the overall functioning of JAS and activities and actions taken in light of the roles of JAS

d) Guide JAS to fulfil its responsibilities in all key areas and can setup any enquiry or evaluation or action as required

e) To use his casting vote, in case of a tie, when any issue is being decided in the meeting of the JAS, by voting

f) Take decision on behalf of JAS for any urgent or immediate situation at the recommendation of Member Secretary

g) Ensure to present such decisions for a review and approval in next JAS meeting.

6. Role of PRI as Action on Social determinants of Health

a) Assess the water needs, sources, schemes, and the solid and liquid waste being generated through participatory surveys

b) Liaise with respective agencies for ensuring adequate water supply, cleanliness, and drinking water and sanitation facilities

c) Ensure adequate, functional clean toilet facilities in schools (separately for boys and girls) and Anganwadi and promote usage of household latrines

d) Address issues of rural livelihoods and growth in income of rural households in collaboration with SHGs. This would not only ensure food security and social security, but also the growth of the rural economy and sustainable production and consumption

e) Need to ensure that all children go to school and do not drop out of school

f) Ensure road connectivity to the nearby town/city and the healthcare facilities/referral centres.

A list of 14 local health targets and 26 indicators related to it are identified by MoPR for the Gram Panchayats to work on under the theme of Healthy Village. Most targets are linked to the national targets. Additionally targets and indicators may be collectively decided and added to it as per local health needs. The suggestive list of local health targets and indicators is as mentioned in Annexure 5.

How will you Assess Whether the Health Centre in your Village is Working?

You may either have a Sub Health Centre – Health and Wellness Centre or Primary Health Centre Health and Wellness Centre near your village. Following is a list of things that you can observe to see the functionality of the nearest health centre:

Factors to be Assessed	Yes/No	Additional observation
Does the AB-HWC open on time?	Yes/No	
Is the health centre team of AB-HWC coming to the centre regularly?	Yes/No	
Is the Centre accessible through a concrete road/lane?	Yes/No	
Does the Centre have a ramp to enter the building?	Yes/No	
Does the Centre have a working internet connection?	Yes/No	
Do the AB-HWCs have enough medicines and diagnostic services?	Yes/No	
Are the AB-HWC staff supporting ASHAs in collecting data on vulnerable populations?	Yes/No	
Are they supporting setting up near-home health camps?	Yes/No	
Are they supporting and conducting awareness generation programs?	Yes/No	
Are the AB-HWCs undertaking source reduction activities for malaria, chikungunya, etc?	Yes/No	

These are some questions covering the functionality of health and wellness centres. You can also observe on your own, identify any issues, and interact with health centre teams for resolving them. You can extend support by mobilizing local resources, or by facilitating community cooperation and participation in the AB-HWC team's functioning.

REMEMBER!

You are there to ask questions and also support the health care team to work for your village.

Similarly, the following is the list of questions to see whether ASHA and Anganwadi centres in your villages are functioning in the community.

- For Anganwadi centres
- For ASHAs

Factors to be assessed	Yes/ No	Additional Comments
Do they reach families/women who are pregnant to educate them about overnutrition/risks/emergencies?	Yes/No	
Do they have access to updated health records of pregnant women?	Yes/No	
Do they have information on women with at-risk pregnancies?	Yes/No	
Do they have information about families which might have trouble accessing maternal and child healthcare?	Yes/No	
Have ASHAs shared information regarding childbirth at hospital under supervision rather than being done at home?	Yes/No	
Did ASHAs conduct programs emphasizing breastfeeding?	Yes/No	

Factors to be assessed	Yes/ No	Additional Comments
Are ASHAs completing the CBAC form filling for all persons above 30+ years of age?	Yes/No	
Do ASHAs get support from the AB-HWC team?	Yes/No	
Do they receive incentive timely?	Yes/No	

Additionally, you can always interact with the community to understand how well the health centre, ASHAs, and Anganwadi centres are working. You can hold gram sabhas for addressing any non-functionality issues, and act as a bridge connecting the health centre team and community. You will learn more about this in the next chapter.

REMEMBER

talking to people always solves issues. It may need some patience but the answers to critical issues often lie within the people!

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CHAPTER

5

SOCIAL ACCOUNTABILITY – BRINGING THE 'PUBLIC' INTO PUBLIC HEALTH

The social accountability initiative aims to enhance ownership of the community on the public health facilities in the country.

Key Principles –

- Building collaboration and trust between the Health & Wellness Centre (HWC) team and community, and promoting a culture of HWC's accountability towards the community it serves
- Process to be 'Inspirational' for community and HWC team
- Completeness of information, and simplicity in its presentation
- Technology enabled system ranking of AB-HWC services by the community
- Locally adaptable, low-cost processes
- Enable participation of Gram Panchayats/Urban Local Bodies and Village Health Sanitation and Nutrition Committees
- Socially inclusive
- Building on learnings from similar interventions

Social accountability as an approach relies primarily on civic engagement – ordinary citizens or citizen groups participate directly or indirectly in demanding quality services. This needs involvement of elected representatives, eminent citizens and members of community-based organizations in the monitoring of health schemes and interventions in their areas. Government of India's flagship Ayushman Bharat program has envisaged the 1.5 lakh Ayushman Bharat-Health and Wellness Centres (AB-HWCs) as a way of bringing comprehensive primary health care closer to the communities and facilitating community action on the social determinants of health. With the constitution of AB-HWCs, a new institutional structure known as Jan Arogya Samiti (JAS) has also been created at the PHC-HWC and SHC- HWC level.

Clearly, you as a Panchayati Raj Institution (PRI) member have, both, a right and a duty to be involved in the decisions that affect your and your community's lives. Your involvement in ensuring the accountability of health services will be beneficial not only to you but also the health systems.

Advantages for the public health system	Advantages for the community
People's feedback about the services helps in understanding local needs, issues, and the gaps in service delivery. Corrective measures can be taken only after the feedback .	People get the opportunity and space to put forth their grievances, appreciation, and suggestions on the delivery of health care services.

Advantages for the public health system	Advantages for the community
Active community participation provides an opportunity for shared responsibility in improving the availability and accessibility of the services.	People do not remain mere beneficiaries of health services, rather they become partners in delivering quality health care services.
A relationship with mutual understanding and co-operation is built between people and the public health service providers. Public participation helps in better implementation of national health programs.	Awareness levels about the health services, schemes and entitlements provided by the government increase.
There can be special focus on those left out or marginalized population.	People's expenditure on health is reduced with greater utilization of the improved public health services as opposed to the more expensive private care.
A regular review helps in identifying the barriers to achieving good health outcomes.	Since people also understand the limitation of the health system in delivering health care services, local health problems can be solved through cooperation, local mobilization of resources, and actions.
Transparency can be achieved in the provisioning and functioning of health care services.	The health system becomes accountable to the people. People become aware about the various health schemes run by government.
Health staff at all levels become proactive.	

There are various methods to ensure social accountability of health systems to communities. The PRIs may ensure creation of social accountability platforms based on their local context.

Some of the key methods are mentioned below:

1. GRIEVANCE REDRESSAL

To ensure setting up of a grievance redressal system, complaints box/register at AB-HWCS shall be in place and redressal of the same shall be done within a reasonable period of time.

- The process and methods of making complaints should be widely advertised at the HWC premises and in the villages under the AB-HWC.
- There should be a periodic review the functionality of the system of complaints and ensure Jan Arogya Samiti (JAS) team's response to them.

GP will ensure that:

- JAS in its every meeting shall hear patient or user's concerns in accessing quality healthcare services at AB-HWC. The members shall facilitate timely and appropriate action on feedback.
- JAS shall encourage respective VHSNCs to take feedback from community regarding the key institutions/activities and outreach services in the community, and share them with JAS on a regular basis.
- JAS shall escalate relevant issues and complaints by sending its representation (oral or written as per the requirement) to the PHC / CHC level (JAS/RKS) and the District Health Society (DHS).
- JAS shall act as Grievance Redressal Platform for families who access healthcare, under different healthcare schemes provided at the facility. JAS shall, as appropriate, escalate relevant issues and complaints by sending its representation (oral or written as per the requirement) to the PHC/CHC level (JAS/RKS) and the District Health Society (DHS).

2. COMMUNITY BASED MONITORING

Community Based Monitoring (CBM) is one of the mechanisms to ensure social accountability. The Gram Panchayat president shall direct VHSNCs and Jan Arogya Samitis (JAS) of all the concerned AB-HWCs to conduct community-based monitoring at least semi-annually. The Gram Panchayat may also engage volunteers and community-based organization such as Self Help Groups and youth clubs.

The key institutions/activities to be monitored are:

- Services regarding ANC, PNC and Newborn child (refer to section- 1 of annexure- 6)
- Services regarding Nutrition (refer to section- 2 of annexure- 6)
- Key health aspects to be monitored VHSNC (refer to section- 3 of annexure- 6)
- Village health status (refer to section- 4 of annexure- 6)
- ICDS services at Anaganwadi centre (refer to section- 5 of annexure- 6)

Specific checklist for each type of institution/activity shall be used to collect data. Besides the checklists, CBM team shall also interact with the stakeholders after inspecting the facilities to understand the service delivery needs, mechanisms, challenges and plausible solutions.

The report generated out of the CBM shall be submitted to the GP for the corrective measures.

3. COMMUNITY REFLECTION AND ACCOUNTABILITY

On the day of AB-HWC level health mela, an Arogya Sabha is to be organized to provide a platform for communities to express their issues and concerns related to services available at the AB-HWC. JAS President and CHO at the Sub Health Centre level and medical officer at the PHC-level Arogya Sabha shall facilitate smooth functioning of the proceedings. The CHO shall present a service delivery report of the AB-HWC of the previous six months at this Sabha. The CHO shall ensure documentation of the proceedings and follow up for corrective measures with the support of JAS president.

CHAPTER

6

GOOD PRACTICES/CASE STORIES

Role of Panchayat Raj Institutions (PRIs) in strengthening governance and health service delivery at the grassroots

1. LOCAL SELF-GOVERNMENTS LEAD EFFORTS IN COVID-19 MITIGATION IN KERALA

Panchayats have played a major role in stemming the spread of the virus and are at the forefront of coordinating with the government in contact tracing, organizing health checkup camps, sanitation, and dissemination of messages on social distancing in the community. A good example of the indispensability of Panchayat involvement is that of Kerala.

When COVID-19 cases began to rise rapidly in the state during the second wave, the gram panchayats intensified COVID-19 management at the ward level through four critical interventions:

(i) **a 24-hour helpdesk** that provided guidelines about the viral outbreak and the precautions to be taken on travels, and during home quarantine and isolation;

(ii) **a 4-member War Room** which was in charge of arranging transport, ensuring oxygen availability, managing the helpdesk, generating awareness, updation of Jagratha portal, testing, vaccination, and entrusting the appropriate staff with the running of domiciliary care centres (DCCs), and first and second-line COVID treatment centres;

(iii) **Core Team** coordinated with the police and disaster management authority in curbing the spread of the pandemic; and

(iv) **Cluster level activities:** With five rapid response teams and a nodal officer, each cluster has 20 to 60 houses. The cluster teams were in direct contact with the COVID-positive patients, and those are under observation daily. They maintained a daily register based on information being collected from all the COVID care centres.

As a result, despite the alarming increase in the number of COVID cases in Kerala, the state has the highest recovery rate and the least death rate. This was made possible through a strongly decentralized system of daily case reporting, and the health department-led surveillance system at the community level with the involvement of elected representatives, particularly gram panchayats, members of the self-help group (Kudumbashree), rapid response teams at the ward level, and the citizens themselves.

Courtesy: NHM, Kerala

2. PANCHAYAT MEMBERS STRENGTHEN THE FUNCTIONING OF A HEALTH FACILITY IN BIHAR

Shivnandan Singh is a member of the Zila Parishad in the Gaya district of Bihar. He is also an active member of the Rogi Kalyan Samiti of Fatehpur PHC. He noticed that the doctors were being pressurized to prescribe medicines, which patients had to buy from private chemists. In one of the RKS meetings, he took up the issue, and a decision was taken to buy emergency drugs from the RKS funds. This helped in reducing the financial burden of the patients and breaking the hold of private chemists.

Courtesy: CAH, NHM Bihar

3. PANCHAYAT UNDERTAKES A CAMPAIGN TO SAVE THE GIRL CHILD IN PUNJAB

Worried about the rampant female foeticide practiced by the villagers, the Chhina Panchayat Sarpanch in Gurdaspur district, Punjab, undertook a campaign to save the girl child. In this campaign, the ASHAs were encouraged to build a good rapport with newlywed daughters-in-law to identify and register their pregnancies in the first trimester itself. Once the pregnancies were registered, it was easy for the Panchayat members to keep a close eye on the families. Besides, the members also influenced the family in friendly and informal ways to discourage sex selection and female foeticide.

Panchayat members supported the daughters-in-law in confiding to them about family pressure for sex-selective abortions. Besides, the panchayat created an environment in the village that the health department had adopted their village, and each pregnancy was being closely monitored till the baby is born. This instilled a sense of alertness among families, which helped in desisting sex-selective abortions. The concerted efforts by the Gram Panchayat members, ASHAs, and the health department staff contributed to improving the sex ratio, with more girls being born than boys for the last five years in the Chhina village.

FY	Girls	Boys
2016-17	8	7
2017-18	11	9
2018-19	12	10
2019-20	8	8

Courtesy: Mr. Panthdeep Singh, Sarpanch, Chhina Panchayat

4. PANCHAYAT HELPS IN ISSUING BIRTH CERTIFICATES IN BIHAR

Jorja panchayat in the Baheri block of Darbhanga district has only one Health Sub-Centre (HSC) which is catering services to a population of about 14,600 for the last 8 years. The Primary Health Centre (PHC) in Baheri is 13 km away from the panchayat.

Among several health services being provided, the health facility conducts 80-100 institutional deliveries every month on average. However, they could not issue any birth certificates to the children born at their facility till January 2020. This was due to HSC Jorja was not given a unique code to register the birth digitally in the state online portal. Adding to the predicament of the villagers, the PHC in Baheri refused to issue birth certificates to the children born at the HSC Jorja, as the births had taken place in Jorja.

The birth certificate as an official document is required for various purposes like, the birth certificate is mandatory for age proof, access to government schemes and welfare benefits, and even admission of a child to school. Due to a technical snag in the service-delivery system, parents faced challenges in getting birth certificates, especially those from marginalized communities who struggled to avail health

benefits including Anganwadi and nutrition services for their children.

Subsequently, the villagers approached VHSNC members and flagged the issue at the community level. Recognizing the seriousness of the issue, the VHSNC organized a *Jan Samwad* with block and district officials and forwarded the issue to district officials to resolve. However, it remained unresolved for two years. With the persistent follow-ups of the panchayat through *Jan Samwads* and meetings with the state-level Maternal Health Division, the district officials, at last, took the matter seriously and issued directives to issue a unique code to HSC Jorja. In February 2020, the HSC Jorja began issuing birth certificates to the children born at their facility. In addition, it has also set up a separate system to address the backlog of pending birth certificates, and ensure timely issuance of the certificates.

Courtesy: Population Foundation of India

5. CONSISTENT EFFORTS OF A SARPANCH HELP DISPEL VACCINE HESITANCY

Mr. Babaraowagh Kumare is a Sarpanch in Gadchiroli district, Maharashtra. He is on the boards of many organizations and federations. Interacting with members through Whatsapp groups and conference calls during COVID -19, he could realize the community-level challenges around COVID-19 vaccination. He realized that some members of the Ekta federation were not willing to get vaccinated. But he successfully persuaded every member to get vaccinated. To mobilize community members, a team was formed with federation members, block development officers, teachers, ICDS staff, ASHAs, and paramedical staff. Regular awareness activities promoting vaccination through miking were undertaken. People were sensitized about the need, and importance of vaccination, and how it protects human lives from the virus. Following the efforts by PRI and VHSNC members, 329 out of 333 eligible people in the age group 45-60 were vaccinated. The remaining four are also being vaccinated soon.

Courtesy: CBMP, NHM Maharashtra

6. PANCHAYATS HELP IN IMPROVING THE DELIVERY OF HEALTH SERVICES IN BIHAR

48-year-old Paro Devi is a member of the Panchayat, and also chairperson of the VHSNC in Dhamani Panchayat, Nawada district. When Paro Devi took over charge as a Panchayat member, the Panchayat had only one health sub-center (HSC) covering a population of 11,500. The HSC was used only for monthly immunization for children, and the availability of other public healthcare services was inadequate. VHSNDs were organized with a focus on immunization for children, in eight Anganwadi Centres across nine villages associated with the Panchayat. Antenatal check-ups and family planning services were not provided due to a lack of adequate infrastructure in the HSC. The VHSNCs were inactive and hence funds remained unutilized.

Post reconstitution of VHSNCs, followed by the training on the role of VHSNCs, Paro Devi took up several initiatives including sensitization and orientation of VHSNC members on the importance of providing ANC services as well as family planning services for the well-being of mothers and their children. She highlighted this issue in VHSNC meetings and it was decided to utilize untied funds for procuring ANC equipment for eight Anganwadi centres.

To strengthen the functioning of HSC in Dhamani Panchayat, Paro Devi explored a space at a local primary school to function from there and managed to utilize the fund for this cause. This step ensured that people can get quality health care services as per their requirements.

According to Paro Devi, 378 pregnant women received all four rounds of ANC services from the HSC and the VHSND sites. All health care services and medicines, for pregnant women and children, and other common diseases are available in the HSC.

Courtesy: Population Foundation of India

7. CLEANLINESS DRIVES BY PRI AND VHSNC MEMBERS IN KAMRUP, ASSAM

Borabari Pahar village is a small village in Kamrup (R) district, Assam having a population of 900. The residents of this village are daily labourers, and are below the poverty line. Though the village is lagging in many socio-economic parameters, the VHSNC used to meet every month with the active involvement of PRI members, to discuss health issues plaguing the village, and take corrective actions.

At a VHSNC meeting, a decision was taken to organize a 'Safai Abhiyan' in their village. Following this, both PRI and the VHSNC members motivated the community including youth, women, and children to volunteer for the cleanliness drive. This led to their cleaning the premises of Sivathan (Mandir), the playground of the school, and the drains on the central road of the village.

Courtesy – CAH, NHM, Assam

8. PRIS INVOLVEMENT IN CURBING THE SPREAD OF COVID-19 IN TRIPURA

When the first wave of COVID-19 started in January 2020, the VHSNC of the village Purba Malbasa ADC in the Gomati district convened a meeting in February 2020. All VHSNC members including ASHAs, AWWs, and PRI members along with some opinion leaders of the village participated. They resolved to prevent the spreading of COVID-19 in their village. ASHAs were instructed to make regular household visits in the village in disseminating information on COVID-19, and line-listing the passengers/people who have travel history in and out of the state.

In subsequent meetings, more decisions were taken and the PRI members closed the village roads to restrict entry to the village. Each family in the village was made responsible for not allowing/inviting visitors to the village. ASHAs distributed leaflets to each household; demonstrated handwashing practice; and oriented quarantined people on the COVID-19. A team of volunteers including ASHA, AWW, and a few influencers of the village, were selected to keep a vigil and enforce COVID norms. In addition, families in the village contributed money, and other essential goods including rice and vegetables, and distributed them to 40 needy families in the village.

Also, it was ensured that ASHA continues to provide other health services including facilitating pregnant women for ANC check-ups, HBNC visits, household visits for nutritional counseling, mobilizing children for routine immunization, blood slide collection for malaria suspected cases, etc. The collective efforts of PRI, frontline workers and the village volunteers helped in managing the COVID-19 pandemic situation safeguarding the people and making services available in difficult times.

Courtesy: NHM Tripura

9. AROGYA SABHAS FOR COMMUNITY REFLECTION AND SOCIAL ACCOUNTABILITY (JAN DARPAN)

I. Process

Jan Darpan - The social accountability exercise will undertake a biannual process of 'Community Reflection and Accountability (CRA)' which will be called *Jan Darpan*, at the village level, and will conduct Arogya Sabha at HWC level.

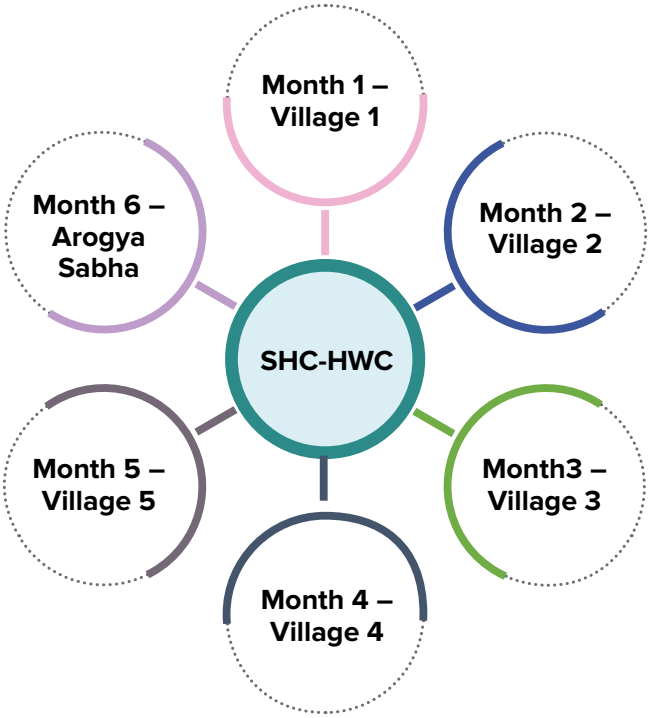
II. Community Reflection and Accountability (CRA)

Community Reflection and Accountability (CRA) exercise will be undertaken in the participating villages of SHC-HWC, taking one village every month. A field level group communication between HWC team and community members at community setting rather than facility setting will foster communication between them and bridge the gap between the facility and community. The proposed process has been described below-

Head	Description
1. Process	HWC team members comprising of CHO, MPW and Chairperson of JAS will visit the concerned village on the designated day. ***Preparatory activities-*** i) ASHA Facilitator will be a key coordinator of this entire exercise. She will communicate meeting date and venue, coordinate with concerned stakeholders to ensure their participation, manage crowd, support CHO in discussions and following up village specific issues. She will be given an incentive for this activity.
	ii) On the day of the CRA exercise, ASHA will mobilise the community members from the village to participate in the meeting. ***Activities during the main event-*** i) In the beginning, local traditional prayer/song can be sung to inculcate a festive atmosphere which would encourage active participation by everyone. ii) CHO will begin the discussion by presenting services delivered at SHC-HWC in the past month (Refer- Village Health Report in Annexure-1) iii) MPW(F)/ANM will then present a brief summary of key health indicators of that specific village including list of target audience who are not seeking services in a manner. This shall be presented with sensitivity, enabling discussion for identification of solutions iv) JAS Chairperson will facilitate the discussion on updation of an easy pictorial Supportive Community Monitoring tool to rate health services at HWC (Refer to Annexure 2- CRA Tool) v) A discussion will be undertaken on the issues faced by the community members in seeking services – a) health services delivered at community level - through VHNDs and through ASHA b) services at the level of SHC/HWC /PHC-HWC c) referral facility A 'Follow up Action Note (FAN)' will be prepared on the issues raised by community, in each village, before the end of the CRA exercise. This note will list – a) the issue raised, b) the expected follow-up action, c) expected timeline, d) person responsible for reporting the follow-up action back to the community. At the end, the HWC team will use the opportunity for educating the community on a specific subject relevant to the village.
2. Frequency	Community Reflection and Accountability (CRA) exercise will be conducted in one of the villages under SHC-HWC every month. The activity will be rotated amongst the villages. Each village will be taken up in each biannual round, so will be covered twice a year.
3. Location	At a convenient location in the village which is accessible to the majority of village population such as prayer hall, Panchayat ghar, community hall, school, Anganwadis, etc. *The Village Health Nutrition Day could be one of the preferable platforms for the activities as many pregnant women, children, adolescents gather to avail services.*
4. Participation (Who?)	◆ All segments of the community should be invited to the Community Reflection and Accountability exercise, especially the vulnerable and marginalised population. ◆ Representation from different categories of targeted beneficiaries such as pregnant women, children, elderly, middle aged persons, adolescents, socially disadvantaged people, and VHSNC president, SHG members should be sought. ◆ HWC Team members including CHO, ANM, ASHA (of that particular village) and ASHA Facilitator and Anganwadi worker (desirable)

The results from the Community Monitoring tool will be analysed to determine the satisfaction of the village with respect to the services provided at HWC. Since the tool is simple, no intricate analysis will be required and the results will be available real time for the group to see. As mentioned earlier, 'Follow up Action Note (FAN)' will be prepared on the issues raised by community, in each village, at the end of the CRA exercise.

The discussions will be based on Supportive Community Monitoring Tool. Issues which need to be escalated will be presented in the next JAS meeting. The CHO will take note of such issues and will duly inform the PHC Medical Officer about them. The update on follow-up action / resolution of issues raised will be shared in the subsequent JAS meetings.



Coverage of villages under SHC-HWC on a rotational basis

Follow up Action after the Village level CRA exercises

After the CRA exercise in each village, the CHO shall prepare a Follow-up Action Note (FAN). The template for the note is given in Annexure 3 below (Template 1 – Village Follow-up Action Note). The FAN will be presented in the succeeding monthly meeting of the Jan Arogya Samiti (JAS), of the SHC-HWC. The JAS will discuss the FAN of the CRA exercise/s conducted in the previous month, and will review the actions taken.

Based on the review by JAS, the CHO will prepare the summary report on the Follow-up action under the HWC, and will submit it to – a) MO of the PHC to which the SHC is linked, b) the concerned Gram Panchayat, as part of the monthly report of the JAS.

The template for the SHC – HWC level summary report is given in Annexure 3 below (Template 2 - SHC - HWC level Summary Report on Follow-up Action). With the summary report, copies of the FAN of the respective villages will also be enclosed.

Arogya Sabha at SHC-HWC level: As a culmination of the each round of the Community Reflection and Accountability (CRA) exercise conducted in the linked villages, a biannual Arogya Sabha will be organised at the SHC-HWC level.

One of these Arogya Sabhas shall be organised on 14 April, which is celebrated as Shri Baba Saheb Bhimrao Ambedkar Jayanti, and is also the AB-HWC day (AB-HWC programme was launched on this day). It will be conducted as part of the mandatory Gram Sabha of the Gram Panchayat under which the SHC-HWC is situated. The other biannual Arogya Sabha will be conducted six months later.

In the Arogya Sabha, the CHO, and the AB-HWC team, will also share the challenges faced by the health system in the delivery of health services in the community, and the support and facilitation required from the VHSNC / PRI and the community. Through a consultative process and the public dialogue, JAS will make efforts to arrive at an agreement between health system and community representatives, on the corrective actions on the community level health issues, as well as the support required from the community by the health system.

CRA Exercise at the PHC-HWC

Every PHC-HWC also caters to a population, similar to the other SHC-HWCs, through its co-located SHC-HWC. The Social Accountability Exercise will be conducted in this area, in the same manner, as in other SHC-HWCs, but under the leadership of PHC MO. This will ensure that, no area and population under PHC-HWC is left out of the purview of the Social Accountability exercise.

The PHC - HWC level Arogya Sabha –

The Arogya Sabha at the PHC area, will be organised as the larger Arogya Sabha for the entire area under the PHC-HWC. The PRI representatives, VHSNCs, and other community members from the entire area under the PHC will be invited to promote an active public dialogue. The President of the Block Panchayat and Block Health Officer shall also be invited for the event.

Courtesy: KHPT, Karnataka

ANNEXURES

ANNEXURE 1:
Village Health Report (suggested example)

(Report pertaining to last **one / six months** for the village to be presented by ANM)

Reporting Period: From _____ **to** _____

Name of Gram Panchayat _____

Name of Village _____

Progress on health services in the Village *Note- All the numbers and percentage are to be given for the duration of* ***last month – to be calculated with respect to the village.***				
1. No. of Births				
2. No. of Deaths registered	1. Newborns (0-28 days) 2. Infants (0-1 year) 3. Under 5 children 4. Maternal deaths 5. Adolescents (10-19 years of age) 6. Elderly population (more than 60 years of age)			
3. No. of VHND sessions held (planned vs. held)				
4. No. of people linked to PM-JAY	**Eligible**	**Registered**	**Referred**	**Nos. who received services under PM-JAY**

ANNEXURE 2
Community Reflection and Accountability (CRA) Tool (Suggested)

During CRA exercise, JAS Chairperson will facilitate the discussion on updation of an ***easy pictorial Supportive Community Monitoring tool*** to rate health services at HWC. The responses on the indicators are to be marked as either a 'Happy face icon' or a 'Sad face icon', depicting the satisfaction of the community about each of the indicators. A role for the PRI member could be facilitation of the CRA tool literacy.

Once the indicators are responded, the group will consolidate the total number of happy faces and sad faces. The overall status of village will be understood on following basis-

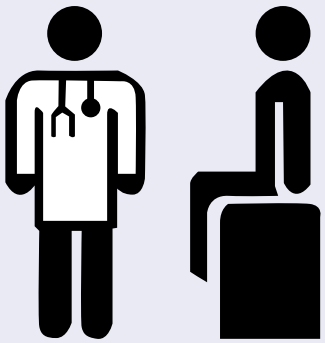
(i) If the total number of smiley faces across all indicators is more than 12, it indicates that the satisfaction level of the community about the services is good.

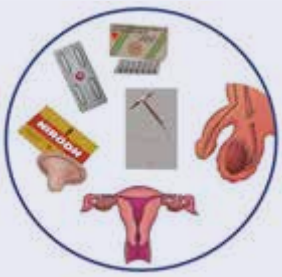
(ii) If the total number of smiley faces across all indicators is between 7-12, it indicates that the satisfaction level of the community about the services is average.

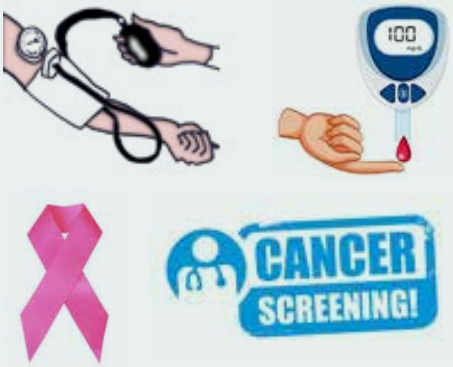
(iii) If the total number of smiley faces across all indicators is 1-6, it indicates that the satisfaction level of the community about the services is poor.

It has to be kept in mind, that, before administering the CRA tool, an assessment of programmes and services being provisioned, through AB-HWC in the area will be undertaken. If a programme or service has not been rolled out in the area, the questions related to it will not be administered.

Please tick mark the appropriate smiley or sad smiley for each question

Sl. No.	Question	Village Name	Response	
			Month 1	Month 2
			Yes/No	Yes/No
1	Is CHO available at SC-HWC regularly? 			
				
2	Are outpatient services for fever, cough, diarrhea, minor injuries, etc. provided regularly ? 			
				

Sl. No.	Question	Village Name	Response	
			Month 1	Month 2
			Yes/No	Yes/No
3	Are ANC services provided in your area regularly? 			
				
4	Are normal deliveries conducted at centre regularly? (Special emphasis on inclusivity of services) 			
				
5	Are immunization services provided in your area regularly? 			
				
6	Are Family Planning services available in your area regularly? 		Yes/No	Yes/No

Sl. No.	Question	Village Name	Response	
			Month 1	Month 2
			Yes/No	Yes/No
7	Is Tuberculosis testing and treatment available at HWC regularly? 			
8	Are testing services for chronic conditions, such as, diabetes, hypertension and cancers provided at HWC regularly?			
9	Are patients of Diabetes, Hypertension followed up regularly? 			
10	Rollout of Other Services (depending upon rollout of services in the area) -		Yes/No	Yes/No
	1. Care for Common Ophthalmic and ENT Problems			
	2. Basic Oral Health Care		Yes/No	Yes/No
	3. Elderly and Palliative Health Care Services		Yes/No	Yes/No
	4. Emergency Medical Services including Burns and Trauma		Yes/No	Yes/No
	5. Screening and Basic Management of Mental Health Ailments)		Yes/No	Yes/No
11	Are malaria testing services available at HWC regularly? 			

Sl. No.	Question	Village Name	Response	
			Month 1	Month 2
			Yes/No	Yes/No
12	Are VHND sessions conducted in your area regularly? 		Yes/No	Yes/No
13	Are yoga sessions conducted at the HWC regularly? 			
				
14	Is referral transport facility available in your area regularly? 			
				
15	How will you rate the referral facilities available in the area – A) At block level			
				
	B) At district level			
				

Sl. No.	Question	Village Name	Response	
			Month 1	Month 2
			Yes/No	Yes/No
	C) At Medical College level			
				
16	How will you rate the teleconsultation facilities available in the area – A) At block level			
				
	B) At district level			
				
	C) At Medical College level			
				
17	Are medicines available at HWC regularly for fever, cold, diarrhea, diabetes, hypertension and other ailments ? 			
				

Sl. No.	Question	Village Name	Response	
			Month 1	Month 2
			Yes/No	Yes/No
18	Are you happy with the staff behaviour at HWC? 		 	 
19	Do you incur any expenditure in seeking health services at SHC-HWC? 		**Yes/No**	**Yes/No**
20	Do you seek health services at private facilities? 		**Yes/No**	**Yes/No**
	20.1. If yes, why do you seek services at private facilities? a) Service not available at public facility		**Yes/No**	**Yes/No**
	b) Quality service available at private facility		**Yes/No**	**Yes/No**
	c) Extra money asked at government facility		**Yes/No**	**Yes/No**
	d) Service available at private facility at all times		**Yes/No**	**Yes/No**
	e) Behaviour of service provider better at private facility		**Yes/No**	**Yes/No**
	f) Any other			
	20.2. If yes, for what conditions do you seek services at private facilities? a) Pregnancy and delivery care		**Yes/No**	**Yes/No**
	b) Newborn care		**Yes/No**	**Yes/No**
	c) Communicable diseases		**Yes/No**	**Yes/No**
	d) Non-communicable diseases		**Yes/No**	**Yes/No**
	e) Acute simple illnesses		**Yes/No**	**Yes/No**
	f) Emergency services		**Yes/No**	**Yes/No**

Sl. No.	Question	Village Name	Response	
			Month 1	Month 2
			Yes/No	Yes/No
	g) Others (depending upon rollout of services in the area) – • Care for Common Ophthalmic and ENT Problems		Yes/No	Yes/No
	• Basic Oral Health Care		Yes/No	Yes/No
	• Elderly and Palliative Health Care Services		Yes/No	Yes/No
	• Emergency Medical Services including Burns and Trauma		Yes/No	Yes/No
	• Screening and Ba sic Management of Mental Health Ailments		Yes/No	Yes/No

ANNEXURE 3:
Templates for Follow-up Action (Suggested Example)

Template 1 - Village Follow-up Action Note (FAN) to be prepared after CRA exercise

Sl. No.	Area of concern	Issue raised	Decision taken	Person responsible	Support required[2]	Expected timeline	Remarks
1	Infrastructure						
1.1		Issue 1					
1.2		Issue 2					
2	Drugs and diagnostics	Issue 3					
2.1		Issue 4					
2.2							
3	Human Resources	Issue 5					
4	Other issues	Issue 6					

Template 2 – SHC - HWC level Summary Report on Follow-up Action (Monthly / Six-monthly – this template will also be used for area directly being covered by PHC / co-located SHCs)

Sl. No.	Village	No. of Issues raised	No. of Issues resolved	No. of Issues[3]	No. of Issues pending / under process	List of pending issues	Timeline[4]	Support required from – PHC / Blockm/ District
1	Village 1							
2	Village 2							
	Total numbers for the SHC							

2 Support required from community / VHSNC & person assigned.
3 No. of Issues on which Action Taken Report has been shared with community.
4 Timeline for resolution of pending issues & reporting to community.

ANNEXURE 4:
Technology Enabled community monitoring ranking of shc-hwc (optional)

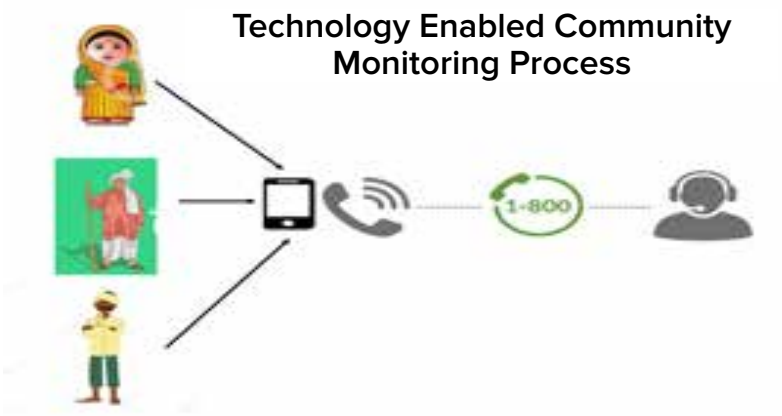
Evidence from the field suggests that technology can be leveraged effectively to monitor the coverage and quality of health services, while also involving community members. An initiative called *Arogya Shreni* - an action research project implemented by the Swami Vivekananda Youth Movement (SVYM) across Mysore District of Karnataka covering 112 rural PHCs - worked with communities to build their capacities in monitoring the PHCs with the aid of technology and thereby significantly improved the services. The committee members contributed to the ranking of PHCs across the district by responding to a questionnaire about the availability and quality of services of their PHCs using their mobile phone dialing to an Interactive Voice Response System (IVRS) technology through their mobile phones. The district- level ranking of PHCs was displayed in all health facilities and district health office.

A similar community monitoring intervention, M Shakti, has been implemented by the Population Foundation of India (PFI) in Bihar since 2016, through mobile-based IVRS. These interventions have demonstrated the easy adoption of technology-enabled simplified response systems and their effectiveness in providing scorecards for health services on a real-time basis.

In order to supplement the field-level community support system, a regular quarterly exercise to rank SHC-HWC will be undertaken. During the field CRA exercise, the community members will be oriented and encouraged to voice their opinion about the quality of services at SHC-HWC by dialling a Toll-Free number specially created for this purpose. Since these answers are collected through IVRS, scores will be automatically calculated to generate SHC-HWC ranking within the block. Civil society members of JAS including SHG members, peer educators, adolescent members Ayushman Ambassadors, and other active members can support technologically challenged beneficiaries to respond to the recorded questionnaire.

The ranking will instill a competitive spirit amongst the HWCs and encourage the HWC team to put in their best efforts and constantly work towards the improvement of services at respective HWCs. To complete the feedback loop, key issues emerging from community responses will be discussed during monthly JAS meetings at SHC-HWC and PHCs.

Empowering the community to directly respond and rate the services at HWC will lead to dialogue among the stakeholders and sustain the momentum for further engagement in local advocacy efforts to drive positive changes at HWCs.



Ranking of HWC SHC in Block	
Name	**Rank**
HWC Dhurampur	1
HWC Rampur	2
HWC Shyampur	3
HWC Madhopur	4
HWC Devarla	5
HWC Gurrari	6
HWC Nagar	7
HWC Ichat	8
HWC Ghampur	9
HWC Duraria	10

Estimated cost of the system - A central system of Toll Free number to capture community responses will be created which requires financial investment. An indicative cost for establishing this IVRS system, based on the past experiences, will be up to Rs 30 Lakhs.

ANNEXURE 5:
List of local health targets and indicators related to it

(i) **List of local health targets**

1. Reduce the maternal mortality
2. End preventable deaths of new born and children under 5 years of age
3. Promote prevention, early diagnosis and treatment of communicable diseases
4. Ensure access to quality of health care services in collaboration with health department
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
6. Take steps to reduce deaths and injuries from road traffic accidents
7. Ensure that all have access to sexual and reproductive health care services and family planning
8. Provide essential health care service to all in GP level
9. Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
10. Take steps to reduce the use of tobacco /Alcohol among adults
11. Ensure quality nutritious food to all children aged under five years
12. Facilitate enrolment of children, pregnant women and adolescent girls under ICDS
13. Reduce malnutrition among children, women
14. Facilitate the nutritional needs of adolescent girls, pregnant and lactating women and older persons

(ii) List of indicators related to the local health targets

1. Maternal Mortality Ratio
2. Percentage of births attended by skilled health personnel (Period 1 year)
3. Under-five mortality rate, (per 1,000 live births)
4. Neonatal mortality rate (per 1,000 live births)
5. Tuberculosis incidence (per 1,000 population)
6. Malaria incidence (per 1,000 population)
7. Prevalence of Hepatitis ‘B’ (per 1,000 population)
8. Dengue: Case Fatality
9. Number of new cases of Kala azar in the panchayats of endemic blocks
10. Number of Covid Cases (per 1000 population)
11. Number of deaths due to cancer
12. Suicide mortality rate (per 1,000 population)
13. Number of persons treated in de-addiction centres (in number)
14. People killed/injured in road accidents (per 1,00,0 population)
15. Percentage of currently married women (15-49 years) who use any modern family planning methods
16. Total physicians, nurses and midwives per 10,000 population
17. Total GP spending on Health to the total expenditure
18. Number of men and women reporting Asthma in the age group 15-49 years
19. Percentage of people using Tobacco
20. Percentage of people using Alcohol
21. Percentage of children aged under 5 years who are underweight

22. Percentage of children under age 5 years who are wasted.
23. Percentage of women whose Body Mass Index (BMI) is below normal
24. Percentage of Children age 6-59 months who are anaemic (<11.0g/dl).
25. Percentage of pregnant women age 15-49 years who are anemic (<11.0g/ dl).
26. Percentage of older person who are anemic (45 above)
27. Percentage of Adolescent Girls who are anemic

(iii) Suggestive action plan for various health targets

Health Target	Issue/Challenges	Programme	Action Plan by Panchayat
Reduce Maternal Mortality Rate	◆ Insufficient attention to high risk pregnancies. ◆ Lack or irregular ANC checkups. ◆ Lack of access to medical support and institutional deliveries. ◆ Lack of proper nutrition and prevalence of deficiencies like Anaemia.	Surakshit Matritva Ashwasan (SUMAN) Janani Suraksha Yojana (JSY) Janani Shishu Suraksha Karyakaram (JSSK) Pradhan Mantri Surakshit Matrutav Abhiyan (PMSMA)	Awareness at regular intervals on safe pregnancies and institutional child birth to reduce risk. Nutrition counselling to ensure well-being of pregnant women Support women from marginalised communities to access healthcare services. Coordinate with ASHAs/ ANMs / AWC to be in contact with the families/ to provide required support.
Identification of High-risk pregnancies and provision of required care	◆ Lack of awareness among families about the risks during pregnancies. ◆ Inability to afford and access proper medical care. ◆ Inability to report pregnancy to the health facilitator.	Pradhan Mantri Surakshit Matrutav Abhiyan (PMSMA)	Create awareness among families regarding high-risk pregnancies. Disseminate knowledge about pre-existing conditions and problems that can stem during the pregnancy. The GP need to provide service delivery support to the centres and ensure there is no discrimination of any kind. ASHAs to support the families in accessing information and also the right place to get medical care.
Reduce Infant Mortality Rate	◆ Lack of nutrition to pregnant mothers. ◆ Lack of diagnosis and attention to maternal pregnancy complications. ◆ Lack of sanitation which makes the newborn susceptible to infections. ◆ Premature births due to complications in pregnancies.	Janani Suraksha Yojana (JSY) Janani Shishu Suraksha Karyakaram (JSSK)	Nutrition counselling sessions to be made regular through community action. Direct linkage with a medical professional for childbirth to provide timely care and treatment. Families to be counselled and made aware of the nutritional and health needs of the mother to ensure well-being of the child and mother. Timely ANC check-ups of mothers to ensure any risk is identified and treated on time. Emphasis on the importance of breastfeeding and its role in child's well-being.

Health Target	Issue/Challenges	Programme	Action Plan by Panchayat
Ensure ANC checkups for all the pregnant women	◆ Lack of knowledge about the importance. ◆ Geographical hindrances and distance to the healthcare centre. ◆ Apprehensions and stereotypes in families and communities.	Pradhan Mantri Surakshit Matrutav Abhiyan (PMSMA)	Awareness through ASHAs to families on significance of ANC checkups. VHSNCs can assure that all women are gaining access to ANC check-ups and if not, the reasons need to be identified.
Infrastructure to provide emergency natal care and child birth	Geographical distance from healthcare services. Inability to afford transportation and services at the healthcare centre. Unavailability of medical professional at the centre specially at nights.	Janani Shishu Suraksha Karyakaram (JSSK) Pradhan Mantri Matru Vandana Yojana (PMMVY)	Community based initiative to allocate an emergency car to provide transport services to pregnant mother. Blood donor network to be created or to be connected with, in order to meet emergency requirements. GP to ensure that there is a emergency transport and a medical professional to support in such scenarios.
Increasing institution based deliveries	Apprehensions to visit a healthcare centre, and preference for homebirths. Inability to afford healthcare services. Lack of information and knowledge. Cultural and community beliefs and stereotypes.	Surakshit Matritva Ashwasan (SUMAN) Janani Suraksha Yojana (JSY) Janani Shishu Suraksha Karyakaram (JSSK) Pradhan Mantri Surakshit Matrutav Abhiyan (PMSMA) Pradhan Mantri Matru Vandana Yojana (PMMVY)	The GP should ensure that the community members opt for institution based deliveries. ASHAs, ANMs and anganwadi centres to share and reinforce the benefits of institution-based childbirth. Pro activeness to be shown for women with high-risk pregnancies or with complications. Counseling to families, elders and community members, and increasing utilisation of service through role-modeling. The information about the service needs to be disseminated fairly to all the community members, so that each and every woman has access to the services irrespective of differences.
Family Planning services like access to contraceptives and pregnancy kits need to accessible for all	Societal apprehensions, one's individual beliefs regarding contraception. Inability to afford and access pregnancy kits.	National Program for Family Planning Pradhan Mantri Surakshit Matrutav Abhiyan (PMSMA)	GP should engage with NGOs to ensure availability, accessibility and affordability of contraceptives and pregnancy testing kits for all. Ensure that every section is given due attention. Normalising usage contraceptives.

Health Target	Issue/Challenges	Programme	Action Plan by Panchayat
New-borns and Infants to be monitored for developmental delays for early interventions.	Lack of knowledge with mothers and families about developmental milestones. Innate fear, apprehensions to reach out for support. Lack of nutrition, breastfeeding can cause delays. Inability to reach to the medical official to discuss the concerns, due to social and economic reasons.	Ayushman Bharat	Mothers and families need to be made aware of signs to look for- so that the child receives early intervention. ASHAs, ANMs and anganwadi centres need to be proactive in reaching to families and children to ensure their well-being, and education about developmental milestones. Increase awareness regarding breastfeeding, proper nutrition for the child and mother. The GP needs to assure regular medical check-ups for the infants for first 1000 days after birth, and ensure that every child is provided with the service and the required intervention.
Post Partum care for the mother, to ensure her physical and mental well-being	Lack of time to recover due to financial limitations. Lack of support system and the complete responsibility of child-rearing is on the mother. Inability to access required nutrition post childbirth.	Ayushman Bharat	Making families and their partner aware of the post-partum care and how they can support the women. A Community-based creche system, where mothers can leave their children while going to their workspace. Counseling services for new mothers, where they can share their apprehensions and thoughts. Awareness on the collective responsibility of family in the child rearing process.
Access to immunization for both mother and child	Disruption in supply chain, availability of vaccinations. Unavailability of information among families about the importance of vaccinations.		The GP should overlook that every child and mother receive the required vaccination. ASHAs and Anganwadi Centres to ensure that every child receives complete immunization. Mothers receive the required vaccination on time and there is record maintenance for the same.
Communicable diseases	Lack of identification and detection of people with communicable diseases Associated stigma and discrimination faced by people found positive with CDs. Lack of awareness about the appropriate behaviour in prevention of CDs.	National AIDS Control Programme (NACP) National Tuberculosis Elimination Program (NTEP) National Viral Hepatitis Control Program (NVHCP) National Leprosy Eradication Programme (NLEP)	Community awareness sessions for prevention and control of CDs. Surveillance activities at the time of outbreaks. Follow-up of retention on care and treatment. Monitoring immunization campaigns.

Health Target	Issue/Challenges	Programme	Action Plan by Panchayat
Elderly care, palliative care and persons with disability	◆ Lack of social support to the elderly people. ◆ Lack of sensitivity towards persons with disability. ◆ Lack of awareness of nutrition needs of the elderly, persons.	National Program for Health Care of the Elderly (NPHCE)	◆ Health Education related to healthy ageing. ◆ Domiciliary visits for attention and care to home bound / bedridden elderly persons. ◆ Linkage with other support groups and day care centres etc. Building safe, accessible, green and public spaces for elderly. ◆ Mobilisation of local resources for the elderly and palliative care.

ANNEXURE 6
Community Based Monitoring - Sections

Section 1
Service regarding ANC, PNC and Newborn child

Sl. No.	Indicators		Month					
			Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
1		ANC registration						
2		TT injections						
3		Distribution IFA tablets						
4		ANC visits						
5		Institutional deliveries						
6		PNC visits						
7		Immunization of infants during the month						
8		Family Planning						
9		DOT service for TB						
10		IFA tablet distribution to school going adolescent girls						
Total Number of 'smiley' Faces								
Total Number of 'sad' Faces								

** A new card is to be used after every six months.*

Section 2
Nutrition

Sl. No.	Indicators		Month					
			Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
1		Monthly mother's meeting						
2		Observation of Village Health and Nutrition Day (VHND)						
3		Distribution of supplementary food						
4		Regular weight monitoring of all children						
5		Supplementary food for children with low birth weight						
6		Ensuring that all eligible children are receiving benefits under JSSY						
7		Ensuring that all eligible children are referred for *girl child incentive schemes*						
8		Maintaining cleanliness in Anganawadi						
Total Number of 'smiley' Faces								
Total Number of 'sad' Faces								

** A new card is to be used after every six months.*

Section 3
Key health aspects to be monitored by VHSNC

Sl. No.	Indicators		Month					
			Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
1		Chlorination of drinking water						
2		Ensuring if all ASHA and AWW are recruited						
3		Ensuring that the ANM regularly visits the village						
4		Support for anaemic pregnant women, mothers of new born and malnourished infants from VHSNCs (in the form of medicines or supplementary food)						
5		Monitoring of immunization programme						
6		Instances of gender violence in the village						
7		Ensuring that all children are availing the mid day meal scheme.						
8		Ensuring that anaemic pregnant women and mothers of new born have received all the necessary care/services						
Total Number of 'smiley' Faces								
Total Number of 'sad' Faces								

** A new card is to be used after every six months.*

Section 4
Village's health status

Sl. No.	Indicators		Month					
			Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
1		Instances of child marriage	☺	☺	☺	☺	☺	☺
			☹	☹	☹	☹	☹	☹
2		Instances of Infant deaths	☺	☺	☺	☺	☺	☺
			☹	☹	☹	☹	☹	☹
3		Instances of Maternal deaths	☺	☺	☺	☺	☺	☺
			☹	☹	☹	☹	☹	☹
4		Death due to communicable diseases	☺	☺	☺	☺	☺	☺
			☹	☹	☹	☹	☹	☹

** A new card is to be used after every six months.*

Section- 5
Anganwadi Centre Checklist

Sl. No.	Factors to be assessed (to be duly verified)	Response		Additional observations
		☹	☺	
1	Is the centre accessible to all the households in the village?	☹	☺	
2	Is there any lane/road connecting to the centre?	☹	☺	
3	Does the centre open up on time?	☹	☺	
4	Does the centre have access to clean drinking water?	☹	☺	
5	Does the centre have a clean toilet?	☹	☺	
6	Does the centre have sufficient staff to manage children?	☹	☺	
7	Does the centre have a supply of raw vegetables/lentils to provide food for all beneficiaries?	☹	☺	
8	Is the centre clean?	☹	☺	
9	Do they conduct sessions in groups/individually regarding nutrition education?	☹	☺	
10	Are the awareness sessions conducted every month?	☹	☺	

** A new card is to be used every month.*

Consolidation

The total score for all five sections is 40. Under each section, once the indicators are ticked, PRI members will count the total number of smiley faces and sad faces which will be consolidated in the following table. However if in Section 4 if one indicator shows Sad face then villager health performer should be considered as sad face only

Results	Month					
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
If the total number of smiley faces across all indicators is 32 and above, it indicates that the status of the village is good. 						
If the total number of smiley faces is between 20 and 31, it indicates that the status of the village is average. 						
If the total number of smiley faces is 19 or below it indicates that the status of the village is poor. 						

** A new card is to be used after every six months.*

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