

SELF HELP GROUPS IN COMMUNITY ACTION ON HEALTH PARTICIPANT MANUAL



TRAINING MANUAL

Capacity Building of
Self Help Group Members in
Community Action on Health

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Background

The Self-Help Groups (SHGs) are termed as informal associations of people who come together to find ways to improve their living conditions. It is a movement by the community towards holistic and sustainable development with special thrust on empowerment of women.

Looking back, self-help groups originated way back in 1970 with the formation of Self-Employed Women's Association (SEWA). Twenty years later, in 1993, National Bank for Agriculture and Rural Development (NABARD) and the Reserve Bank of India approved SHGs to have savings accounts in banks. In 1999, Government of India (GoI) introduced **Swarn Jayanti Gram Swarozgar Yojana** (SGSY) to promote self-employment in rural areas through the formation and skill building of SHGs.

In 2011, Government of India through the Ministry of Rural Development launched National Rural Livelihood Mission (NRLM) followed by the launch of National Urban Livelihood Mission (NULM) in 2013 with the aim of creating effective Institutional platform for the rural poor, enabling them to increase household income through sustainable livelihoods enhancements and improved access to financial services.

Figure 1: Emergence of Self-help Groups – Origin and Development in India

1970	► Formation of Self-Employed Women's Association (SEWA)
1992	► SHG Bank Linkage project launched by National Bank for Agriculture and Rural Development (NABARD) ► 1993 - NABARD along with RBI permitted SHGs to have savings accounts in banks
1999	► GoI introduced Swarn Jayanti Gram Swarozgar Yojana (SGSY) to promote self-employment in rural areas through the formation and skilling of SHGs
2011	► National Rural Livelihoods Mission (NRLM) launched by MoRD in June 2011 - restructured version of SGSY ► World's largest poverty alleviation programme
2013	► National Urban Livelihoods Mission launched by the Ministry of Housing and Urban Poverty Alleviation, Government of India

Self Help Group (SHG) movement in India has always been seen as a catalyst for socioeconomic development. SHG movement has aided the needy and marginalised people in building better lives, families, and societies. As a SHG member, you may know the importance of collaboration and collective action. A problem can be solved better if we pool our efforts and resources. For example, India had the highest number of people defecating in the open. In some regions such as Bihar, you as SHGs have been instrumental in raising community awareness of the need for toilets and inspiring them to build toilets. You have also contributed to the transformation of an open defecation- free (ODF) nation through social mobilisation and behaviour change.

Health is an integral determinant of development, be it development of an individuals, families or societies. We all need to be healthy for us to function optimally in our lives. This applies across all age groups, new-born babies to older adults. For a healthy baby to be born, the mother should have a healthy adolescent life, good care during pregnancy and childbirth. For a child to grow physically and mentally well, the child should receive good nourishment and care. Keeping healthy is essential for a school going child to learn well, for adults to work optimally and for older adults to continue to be happy, productive and able to perform their activities of daily living.

You possess unique strengths that could be used meaningfully to protect health of your own self, group members, your self-help group, your families, and the community that you are living in. You can identify who are the neediest person, their needs, beliefs and practices.

Figure 2: The strengths of Self Help Group



The unique strengths you possess are summarised below:

1. Social integrity – you can mobilise collective efforts for combating socially harmful practices like alcoholism, tobacco use, gender discrimination etc.
2. Gender equity – you can empower women and inculcate leadership among them. Empowered women participate more actively for the betterment of health services.
3. Pressure groups – Your participation in governance process enables you to highlight social issues of health, the menace of open defecation, primary health care etc. and impact policy decision.

4. Voice to marginalized section – you can increase the participation of marginalized communities to ensure social justice.
5. You can increase the utilization of government schemes and reduce corruption through social audits
6. Impact on health and its social determinants – The financial inclusion attained through SHGs has led to reduced child deaths, improved health of mothers and the ability of the poor to combat disease through better nutrition, housing and health – especially among women and children.
7. Banking literacy – you can encourage and motivate your members to save and act as a conduit for formal banking services to reach them.

Summary: What did we learn?

- ▶ SHGs have immense strength to do a lot of things and act upon many issues
- ▶ Help from our own community / peers is the easiest and fastest help that I can get for my problems
- ▶ Self-help is sustainable and easily available
- ▶ SHGs can work and contribute to many other areas than financial, for improving living conditions (Potential of SHGs)
- ▶ SHGs are spread nationwide and thus form a large fraternity

Self Help Group women emerge as community warriors to contain the spread of COVID-19 in the country

In 2020, SHG played a crucial role in the country's fight against the COVID-19 epidemic by producing more than 5000 PPE kits and 2 crore masks, through 27 State Rural Livelihood Missions (SRLMs). In order to ensure hand cleanliness, they have made significant contributions to the manufacture of liquid soaps and hand sanitizers. SHGs managed community kitchens and assisted the ASHAs and ANMs/MPWs, along with the local health team in mobilising patients for testing, care, and vaccination at the COVID-19 Care Facilities. They also educated community about COVID-19, dispelled common myths and misunderstandings, thus reducing the stigma around it.

Press-release - nrlm-self-help-group

The critical role of community-based organizations in urban sanitation and waste management A compendium of Case Studies 2019

Peer driven campaign engaging Mahila Arogya Samitis in Bhubaneswar city. MAS played the role of interphase between people and government system and assisted people to obtain Aadhaar cards. MAS also supported pregnant mothers to undergo institutional delivery and ensure immunisation of new-borns. Janch and Matru committees monitored service delivery under ICDS. Community management committees monitored and supported sanitation services including access to individual sanitary latrines.

Ministry of Housing and Urban Affairs and Deen Dayal Antyodaya Yojana – National Urban Livelihoods Mission



Understanding Health

To positively impact your community's health, you first need to have a holistic understanding of what health is. Let us now understand what health is, its dimensions, and its determinants.

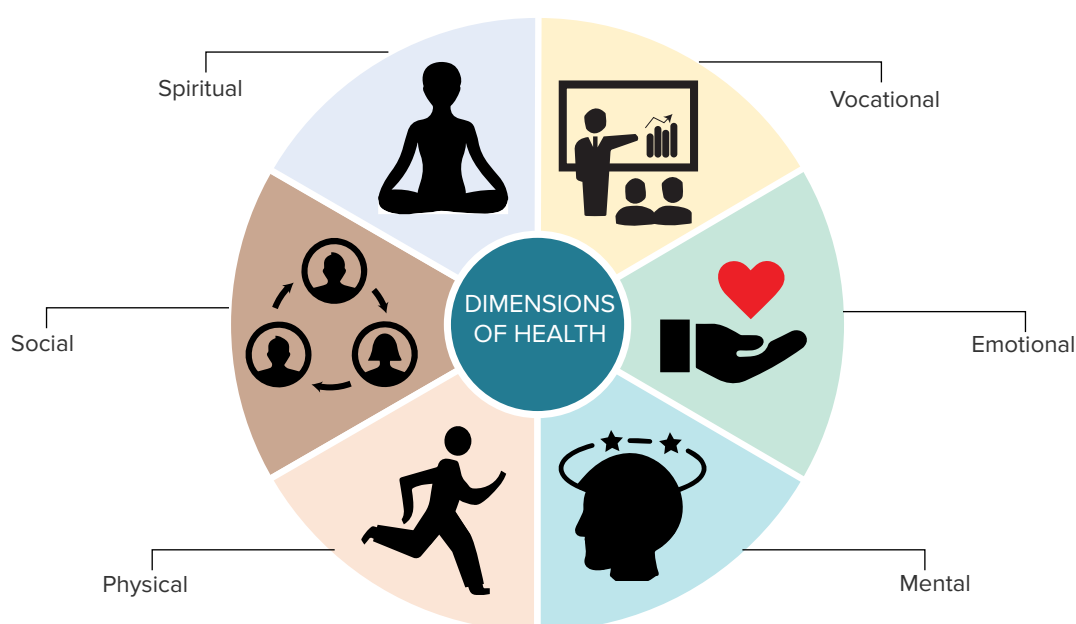
What does health mean?

People usually associate health with illness, doctor, and medicines. Actually, health does not simply mean the absence of disease, but health is a state of complete physical, mental, spiritual and social wellbeing.

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.

Figure 3: 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. 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 as a job for 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 and Harish's health.

Table 1: 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 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.	Mentally positive Wants to conquer TB	Disturbed due to loss in farming Dependent on alcohol

Health dimension	Priya	Harish
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 meaningfully 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, <i>in simple language</i> – enjoying your work because it brings you a sense of contentment)	Found a work of stitching	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 fully healthy.**

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
 - h) personal characteristics occupy the core of the model and include sex, age, ethnic group, and hereditary factors
 - i) 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 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 self-help groups. We will explore your role in health in detail over the next few chapters.

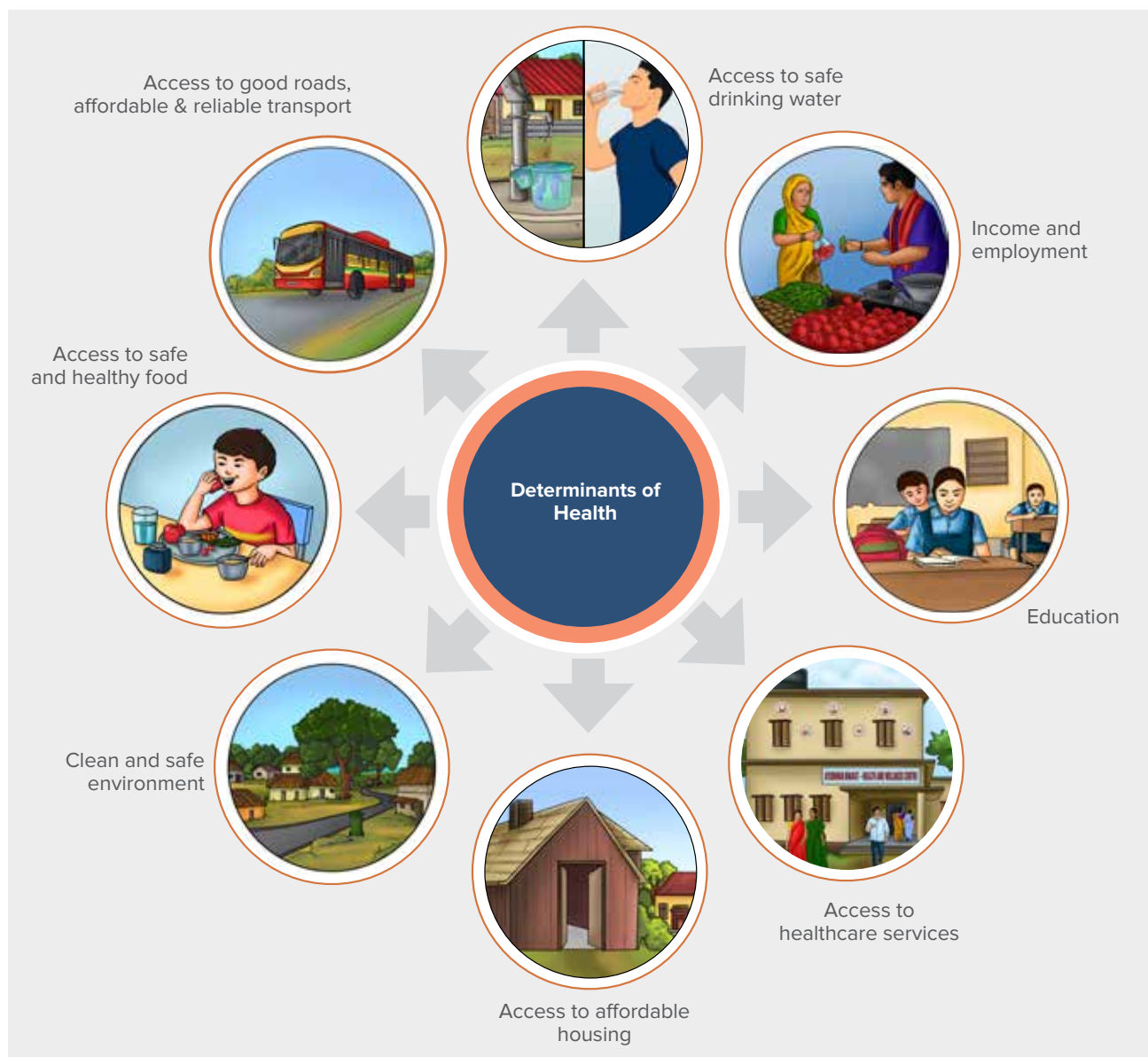
But what has led Harish to turn to alcohol use?

- ▶ **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.

Figure 5: Determinants of Health



Why health is important?

Now that we have understood what health is, its dimensions and determinants, let us try to understand why health is important to us.

Good health is central to wellness and well-being that contributes significantly to prosperity and economic growth of the country, as healthy populations are more productive and live longer. Thus, to stay healthy, it is crucial to keep our body healthy as it is the one that accompanies us till the end of our life. Keeping it healthy can ensure that we live our life to the fullest and in a way without pain and diseases.

How can we stay healthy?

In healthcare self-care is a method of keeping good health and access to basic care. According to the World Health Organization, Self-care is “the ability of individuals, families and communities to promote, maintain health, prevent disease and to cope with illness with or without the support of a health care provider” This concept covers palliative care as well as rehabilitation, health promotion, illness

prevention and control, self-medication, and caring for dependents. It also covers seeking hospital or specialist care as necessary.

Let's examine these terms under "self-care" using some straightforward examples:

1. Taking the key healthy behaviours and measures which can protect the health are:

- Eating healthy diet- Have adequate fruits and vegetables including green leafy vegetables and cruciferous vegetables and legumes especially pulses and beans; as part of cereal consumption, prefer whole grains, hydrate your body with adequate amounts of water intake daily, minimise the consumption of highly processed foods including fruit juices & carbonated drinks. Avoid too much fat, sugar, salt, red meat and highly spiced dishes.
- Physical activity- Adults aged 18–64 years should do at least 150 minutes of moderate physical activity throughout the week such as are brisk walking, jogging, swimming, playing games like tennis/badminton/football/ jumping ropes and yoga.
- Avoid tobacco and alcohol consumption
- Self-care for positive mental health- Ensure breaks and adequate sleep, Keep in touch with relatives/friends, carry out some activities and hobbies unrelated to work, exercise regularly and have a healthy diet, make time for yourself and your family and seek peer support when needed.
- Stress management- build your capacity to cope up with stress by regularly practising yoga asanas, meditation and Pranayam.
- Maintain personal hygiene by following daily and seasonal regimen.

The Daily regimen include activities of which should be followed throughout the day, they are wake up early at least 1 hour before sunrise, never suppress nor forcefully void the natural urges, use toilet for defecation, brush twice a day, exercise, nails should be trimmed regularly, take bath for half to one hour after exercise, expose yourself to 30 minutes to one hour of sunlight daily, take 6-8 hours of sleep daily at night and avoid sleeping in the day time and maintain a same time to sleep every day.

The seasonal Regimen says, the environment changes with the changes in the seasons – winter, summer, rainy and autumn in the year. These seasonal changes in environment also lead to adaptations within the human body. For instance, increased pain in winters, increased thirst in summers, increased acidity in rains and increased weight in winters etc.

2. Participating actively in social activities are all examples of health promotion activities.
3. Disease prevention measures include immunising children and pregnant women against diseases that can be prevented; practising personal hygiene, such as washing hands; storing, preparing, and eating food hygienically; protecting our bodies from diseases; keeping our homes and environments clean; and engaging in safe sexual activity.
4. Self-treatment/medication: utilising home-based remedies for illness, such as drinking ORS for diarrhoea, taking a sponge bath, or taking paracetamol tablets for fever, among other things.
5. Taking care of dependents, such as new-borns, infants, young children, the elderly, and those with disabilities, who are unable to take care of themselves.
6. Seeking medical help: visiting a hospital or health centre for expert care in case of fever, discomfort, pain, or uncontrolled bleeding.
7. Rehabilitation: assist physically challenged or physically challenged members of the family or community in regaining or maintaining their physical capacity. This comprises, but is not limited to, physical and occupational rehabilitation. So, self-care contributes to the overall health of a person, family, and community.

Figure 6: What are the common health problems in the community?



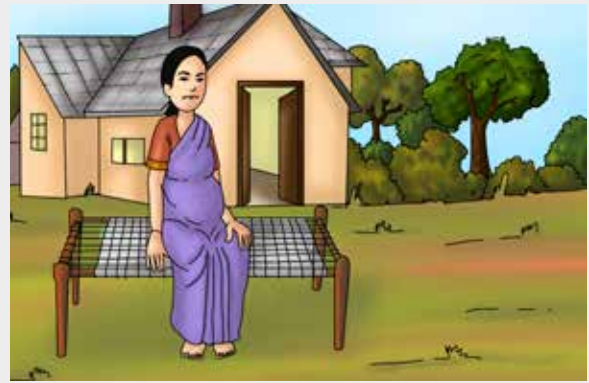
Malnutrition



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



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



Mental health and Substance abuse

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.** 6 dimensions of health are physical, mental, emotional, social, spiritual and vocational dimensions. Only the physical dimensions 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.
- ▶ **Community-level actions** are important for improving people's health.
- ▶ A healthy lifestyle can prevent many illnesses or delay the onset and severity of existing ailments.
- ▶ If the person maintains good health, he/she is less likely to fall sick. However, if illness does occur, self-care with proper management, including medical care where necessary, can help the body heal itself.
- ▶ With self-care, we can take charge of our health to a great extent and lead an active, healthy life.



Understanding Public Health Care Delivery System in India

Now let us see the current health scenario and the existing policies, programmes, and institutional mechanisms that are already in place to ensure public health.

The healthcare system of the country involves a three-tier system with Sub Health Centre (Urban and Rural), Primary Health Centre (Urban and Rural) and Community Health Centre (Urban and Rural) as the three pillars of Primary Health Care System in India. Similarly, District Hospital (DH), Sub-District Hospital (SDH) and First Referral Unit - Community Health Centres provide secondary care services whereas Medical Colleges and State-level Institutions provide tertiary care services.

Table 2: Population Covered by the Primary Health care Facilities

Facility type	Population covered in plain areas	Population covered in hilly and tribal areas
Sub Health Centre -Health and Wellness Centre	3000	5000
Primary Health Centre -Health and Wellness Centre	30000	20000
Urban Health and Wellness Centre	15000	
Urban Primary Health Centre	50000	

The National Health Mission (NHM) aims to ensure that all citizens have access to health care that is affordable and of high quality. This care should meet the needs of people in both rural and urban communities. In the past, the focus of health policy was primarily on providing maternal and child health care and managing communicable diseases such as malaria, dengue, typhoid, tuberculosis, leprosy, HIV/AIDS, etc. However, the rising burden of non-communicable diseases, including cancers and mental health problems were not adequately addressed at the primary health care level. Most of the rural population had to incur high expenditures out of their own pockets to avail of healthcare services outside maternal and child health, pushing them into poverty. In places where there is a lack of staff or regular supplies, people need to seek services from Community Health Centres (CHC) and district hospitals for problems that could otherwise be treated at the PHC level.

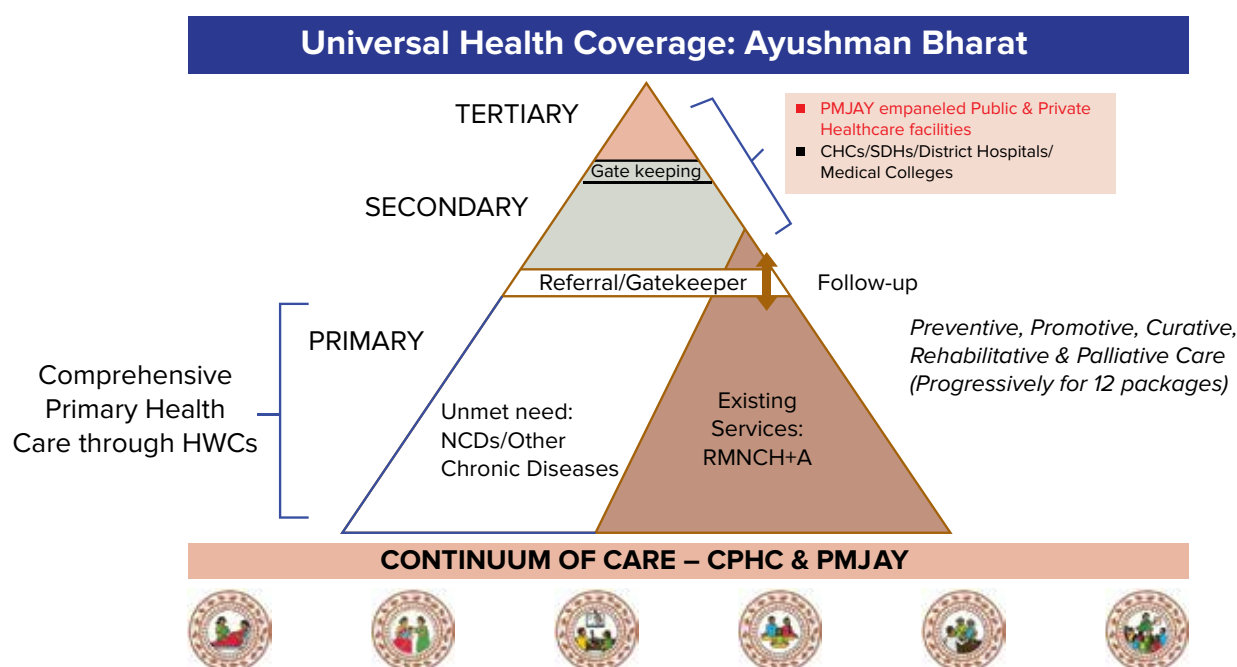
Thus, the National Health Policy, 2017 recommended strengthening the delivery of Primary Health Care, through establishment of “Health and Wellness Centres” as the platform to deliver Comprehensive Primary Health Care and called for a commitment of two thirds of the health budget to primary health care. Ayushman Bharat, a flagship scheme of Government of India, was launched in 2018 as recommended by the National Health Policy 2017, to ensure that all people have access to the health services they need, when and where they need them, without financial hardship. This initiative has been designed to meet Sustainable Development Goals (SDGs) and its underlining commitment, which is to “leave no one behind.”

Comprehensive primary health care through 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 service. 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.

Figure 7: Universal Health Coverage: Ayushman Bharat



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

- 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.
- 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:

Figure 8: Comprehensive Primary Health Care Services through 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



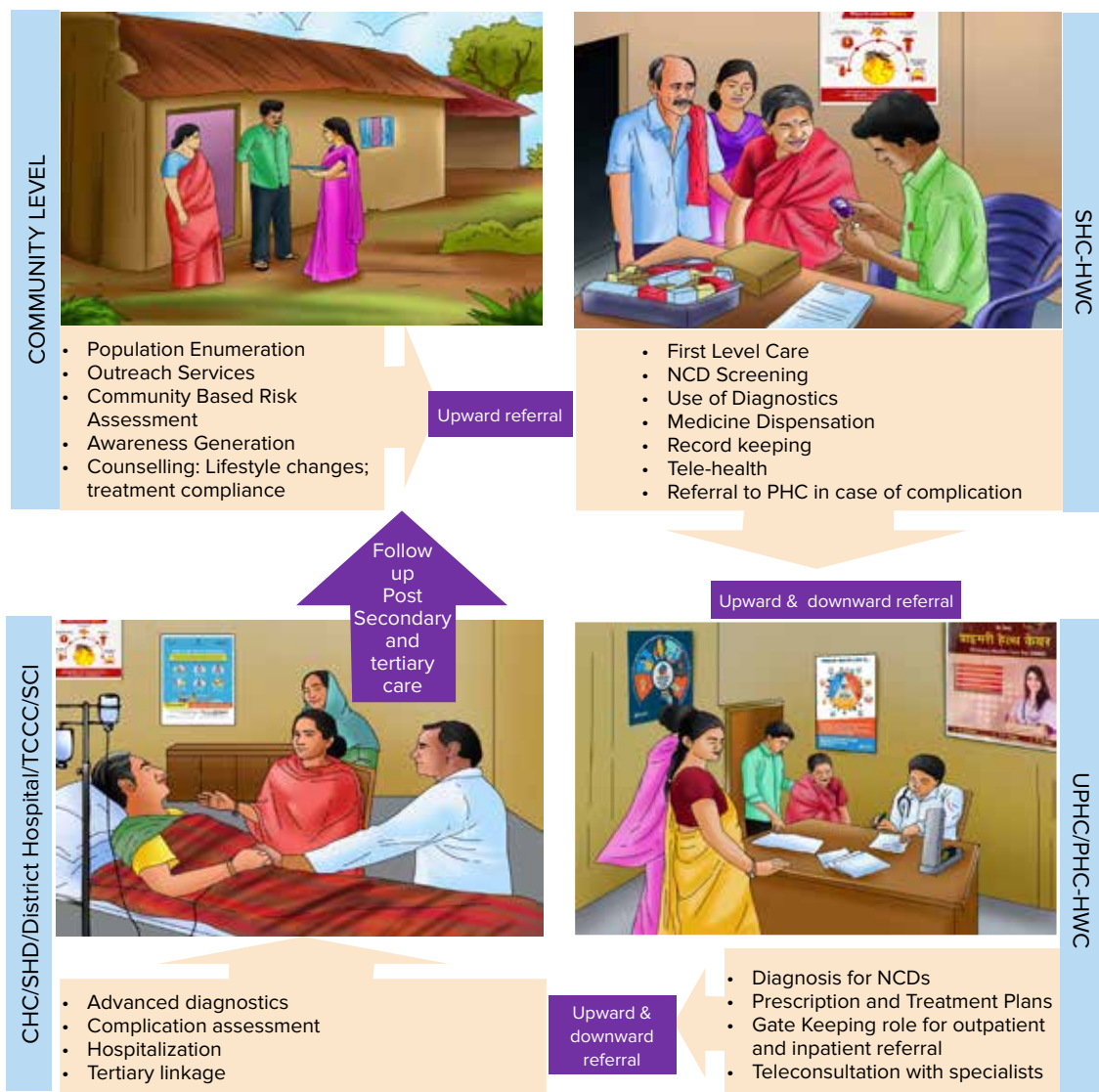
Elderly & Palliative Care

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.

Figure 9: Ayushman Bharat Health and Wellness Centres maintaining coordination of primary healthcare services between Community, Primary Healthcare and Secondary Healthcare levels



Maintaining continuum of care: Ayushman Bharat

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.

Ayushman card generation

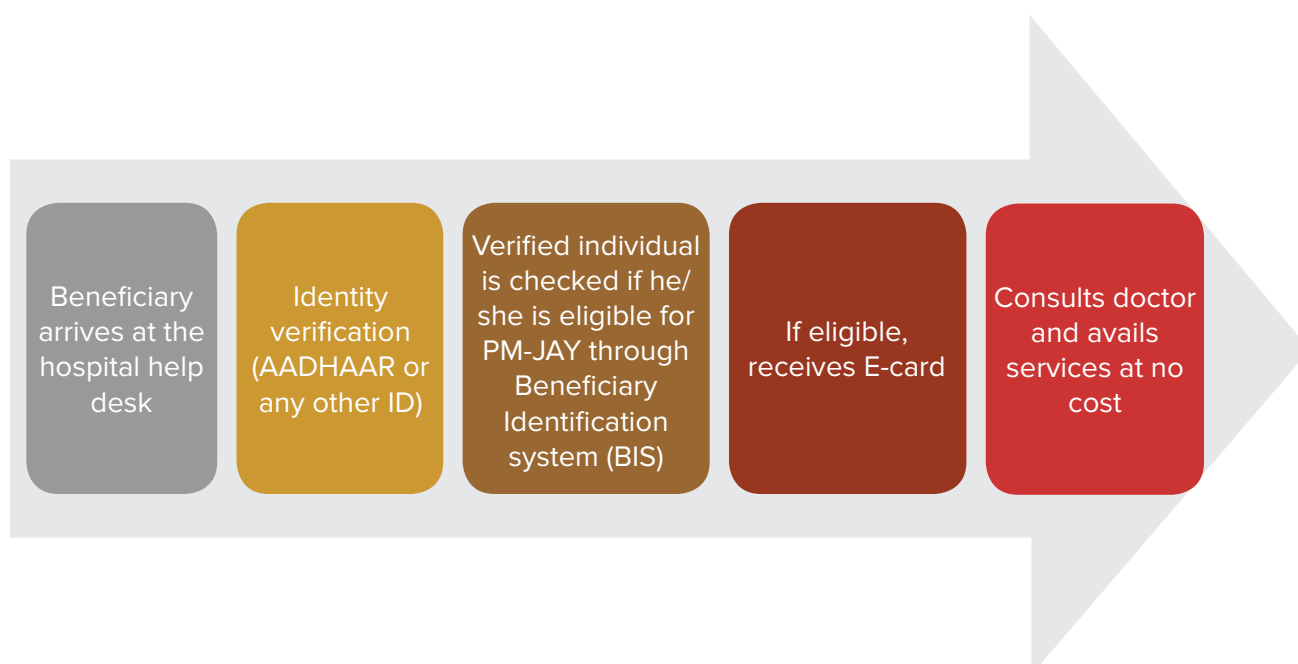
As a member of SHG, you can help your members, their family, and the community in generating their Ayushman Card to avail the benefits under the PMJAY scheme at the empanelled hospitals. You can get the information of empanelled hospitals under PMJAY from the nearest AB-HWCs and thus facilitate the community to reach out to the empanelled hospitals for generation of Ayushman Card. It can be generated by 3 ways:

- a) Online registration by self-user at pmjay.gov.in portal
- b) Through third party by visiting nearest Jan Seva Kendra
- c) Through public health care facilities or empanelled private hospitals.

In all the 3 above mentioned methods the applicants name will be checked for eligibility for PMJAY through beneficiary identification system followed by submission of relevant documents like AADHAAR card and ration card. After successful registration, the beneficiaries will receive a registration ID and the Ayushman card through which they can avail the benefits under PMJAY scheme.

E.g.: Below image shows the process of generation of Ayushman Card through empanelled hospitals.

Figure 10: Process of Ayushman card generation through empanelled hospitals



Government functionaries for health

There are many players in the public health sphere who perform different and directly or indirectly related functions. It is important for you to know who they are and the key functions they perform. It is only after being equipped with this knowledge that you can approach the appropriate health service provider when needed. The diagram below lists some of these players – they may vary in different communities.

The table below briefly explores the roles played by these players –

Table 3: Roles and responsibilities at Community and Health care facility level

Person/ Group	Main Health Function
At the health facility level (PHC-HWC Level)	
PHC Medical Officer (PHC-MO)	- Confirms diagnosis - Gives prescription - Treats different health problems - Manage all the staff, stocks, reports
Staff nurse at PHC	- Assists the medical doctor - Conducts deliveries and supports the ANMs/ MPWs - Provides nursing care to patients
Lab. Technician	- Collects blood and other samples - Conducts tests and gives the results
Pharmacist	- Maintains the medicine stock - Gives out medicines as per the doctor's prescription
At the health facility level (SHC-HWC Level)	
ANM (Field health worker trained in nursing)/ MPW	- Conducts check-ups of pregnant women - Gives immunization to children/ pregnant women - Conducts screenings for non-communicable diseases
Accredited Social Health Activist (ASHA)	- Mobilizes the community to attend programs at VHND - Visits homes to check if beneficiaries are taking their medicines/ eating properly
Community Health Officer (In charge of the Health and Wellness Centre at Sub Centre level)	- Conducts screening for different conditions and treats minor illnesses - Gives out medicines as per the doctor's prescription - Does teleconsultation with PHC medical officer and specialists to get treatment advice - Makes home visits to serious cases, and patients in need of geriatric, and palliative care
At the community level (FLWs and Other CBOs)	
Anganwadi Worker	- Manages the nutrition supplementation for pregnant women, lactating mothers, and children from 0–6 years of age - Responsible for the monthly weighing of children below 6 years for monitoring their growth
Anganwadi helper	- Assists the Anganwadi teacher in nutrition supplementation - Cooks fresh food for the children who attend the Anganwadi
School teacher	- Assists in the annual school health check up - Gives health education on hygiene, nutrition, etc. - Maintains hygiene of the school, drinking water and mid-day meal
Gram Panchayat Members	- Members in the VHSNC - Take charge of building toilets, garbage disposal mechanisms - Ensure availability of safe drinking water in the village

Person/ Group	Main Health Function
Sarpanch	♦ Chairman of the VHSNC– makes final decisions ♦ Ensures that all health programs reach the people
VHSNC committee	♦ Carries out programmes for health, nutrition and sanitation ♦ Conducts monthly VHND in the village with the help of ANMs and ASHAs
NGO staff	♦ Conduct awareness programs and arranges mobile camps ♦ Follows up with outreach programs for nutrition, sanitation, drinking water etc.
Private doctors	♦ Treatment of common illnesses
Private Nursing Homes and Hospitals	♦ Conduct deliveries and have in patient treatment ♦ Regular OPD with doctors available to treat patients
Private medical shops and laboratories	♦ Labs conduct tests ♦ Medical shops sell medicines
Self-help group	♦ Located in the village and can mobilize people to attend VHND and other health campaign programs ♦ Can assist the ASHA to get pregnant women and children to come to the ANM for check-up and immunization on time ♦ Can help arrange transport for emergency referrals ♦ Can support patients, old people, and terminally ill people by providing nutritious food, getting their medicines, doing home visits etc. ♦ Are members of the VHSNC and JAS committees.



Self Help Groups and Community Action on Health

Now, that you have got an overview of health and its determinants, public healthcare delivery system and AB-HWCs; let us learn about what is your role as a SHG member in Ayushman Bharat programme.

As an SHG member, you can play several roles in the Ayushman Bharat programme that are directly or indirectly linked to the existing healthcare system.

To understand this, your roles may be broadly classified into 3 categories:

1. Role & responsibilities of SHG members towards themselves and their families
2. Role & responsibilities of SHG members as a part of the SHG
3. Role & responsibilities of SHG members as a representative in other community platforms like JAS and VHSNC.

1. What is the role & responsibilities of shg members towards themselves and their families?

The first responsibility of the SHG is to its own members and their families, and this is important for both the SHG and health system to accept and ensure.

Understand the health status of your own members and their family through shg health scorecard

Before you plan what role your SHG can play, the health status of the member families of the SHG needs to be understood. A simple 'SHG Health Scorecard' may be used for this purpose. The scorecard is an exemplar framework of few indicators relevant to the health issues in your local area. The score generated through it will help you in understanding yours and your family's health status.

The purpose behind such exercise is if they understand how healthy their own families are, they will then be motivated to play an active role in the community as well.

Figure 11: SHG health score card



Educate and promote health activities

After identifying health issues among your members and their family, you may approach appropriate health authority and seek its help in improving health status. The knowledge gained through such sessions may be used to educate your family members and create awareness regarding the services available at AB-HWCs related to it at free of cost and also the entitlements under different schemes to ensure financial protection. You may also facilitate your members and their families in accessing these services.

Facilitate gainful employment

Socio-economic factors are also a determinant of the individual's and the community's health. You can also play a role in ensuring good health of their member families by facilitating the gainful employment, and consequently a steady income, of their community.

Support in facilitating referral and follow up services

Another area the SHG can play an active role is in supporting the ASHA and other health care providers in the referral and follow up services. You can help to arrange transport, accompany the patient or relatives or provide some basic first aid along with the ASHA. The SHG member can also contact the ANM and CHO for help in the case of emergencies in the village. Referral and follow up services can be for:

Emergencies

- ▶ High-risk pregnant women (pregnant women with anaemia, gestational hypertension, gestational diabetes, short stature, age less than 18 years)
- ▶ Pregnant women with emergency danger signs
- ▶ Preterm infants and low birth weight babies who are not feeding well or have signs of sepsis
- ▶ Severely malnourished children
- ▶ Any emergencies – heart attacks, fits, strokes, falls with fractures, etc.
- ▶ Snake bites, poisoning cases, near drownings, attempted suicide cases, etc.

Referral for higher investigations and care

- ▶ Complicated cases identified for referral by either the CHO or PHC medical officer
- ▶ Those suffering from uncontrolled chronic diseases

Follow-up

- ▶ Provide support required for the patient or others in the home
- ▶ Report any danger signs to ASHA or ANM

Volunteer to provide home-based supportive care

Many elderlies and terminally ill people require home- based care. The SHG can help in several ways:

- ▶ Visit the homes with the ASHA as volunteers to help/ sit with the patient and give some relief to the caregiver
- ▶ Assist the caregiver with some basic home care such as bathing, changing sheets, preparing food, etc.
- ▶ Providing food for the patients or the family members.

- ▶ Arranging for transport in case of emergencies or hospital visits.
- ▶ Giving emotional support to the patient and care giver.
- ▶ Help family members quit alcohol and tobacco; provide social and emotional support.

What is the role of SHGs in health?

Spreading awareness related to comprehensive healthcare services at AB-HWCs

You as an SHG can build awareness in your group on health, healthy behaviours and healthcare services available through government health facilities. You can take the help of the ASHA, ANM, community health officer to conduct awareness sessions in your regular monthly meetings.

When can you provide or arrange for awareness programs?

- ▶ Your regular weekly and monthly SHG meetings
- ▶ Mothers' meetings in the Anganwadi
- ▶ In the school with both parents and children
- ▶ At the Village Health, Sanitation, and Nutrition Days
- ▶ During the observation of important days related to health such as, World Health Day, World TB Day, World Diabetes Day, World Hypertension Day, World AIDS Day, Breastfeeding Week, etc. (choosing from the 42 calendar health days)
- ▶ You can also promote family planning and the use of contraceptives and to underscore the importance of safe sex practises and institutional delivery.

Mobilize the community to access healthcare services

- An important function where SHG members can play a critical role is mobilizing their members for the several services provided at the community level.
- When and where can you mobilize them?

Once you have identified the health needs of your area, you need to know what kind of programs are being held in the village. You can get this information from the ASHA or VHSNC. It is important that some SHG members be part of the VHSNC, as this will give them a voice as well as a forum to know about the services being provided. SHG members can help the ASHAs identify who has not received, or who has not been able to access, antenatal care or immunizations. They can also help to identify those with malnutrition or help ensure that those who have been identified with malnutrition attend the Anganwadi regularly for growth monitoring, food supplements, and regular check-ups.

You can also support people to access schemes and services provided by the Government through the department of health and family welfare. The details of those schemes are provided in Annexure 2.

Several services provided at the community level are as follows:

- ▶ The 42 Calendar Health Days conducted throughout the year
- ▶ Village Health Sanitation and Nutrition Days held every month, which focus on maternal, child health, and nutrition
- ▶ Special health screening camps
- ▶ The Community Based Assessment Checklist surveys conducted by the ASHA

- ▶ Special campaigns under the VISHWAS programme
- ▶ School health check-ups
- ▶ Arogya Sabhas, monthly JAS meetings
- ▶ Thematic community-based camps conducted by the AB-HWCs (e.g., NCD screening camps)
- ▶ A Yoga session conducted by the AB-HWCs

Who can you mobilize?

You may mobilize the target groups like lactating and pregnant mothers, mothers of infants below 1 year and children 0-5 years, school children, malnourished children and adolescents, people with nutrition deficiency, people with chronic diseases like diabetes, high blood pressure, cancer, etc

Leading health promotion activities

As a SHG you can also actively lead health promotional activities by celebrating the annual health calendar days jointly with JAS, organize expert sessions pertaining to local health needs on your monthly meetings, planning and organizing village level campaigns on special days, bringing health into the entrepreneurial activities/ambit, promote hygiene and sanitation; for example – undertake practices such as ‘Shramdaan’ to discourage littering and to promote the cleanliness of their village, peer motivation for a healthy lifestyle

What is the role & responsibilities of shg members as a representative of community platforms such as JAS and VHSNC?

Leverage community platforms to demand for health services

The SHG members are the voice of the community and have their representation on other community platforms. They are an integral part of the local Village Health Sanitation and Nutrition Committees at village level and Jan Aarogya Samitis at facility level i.e., SHC-HWC and PHC-HWC.

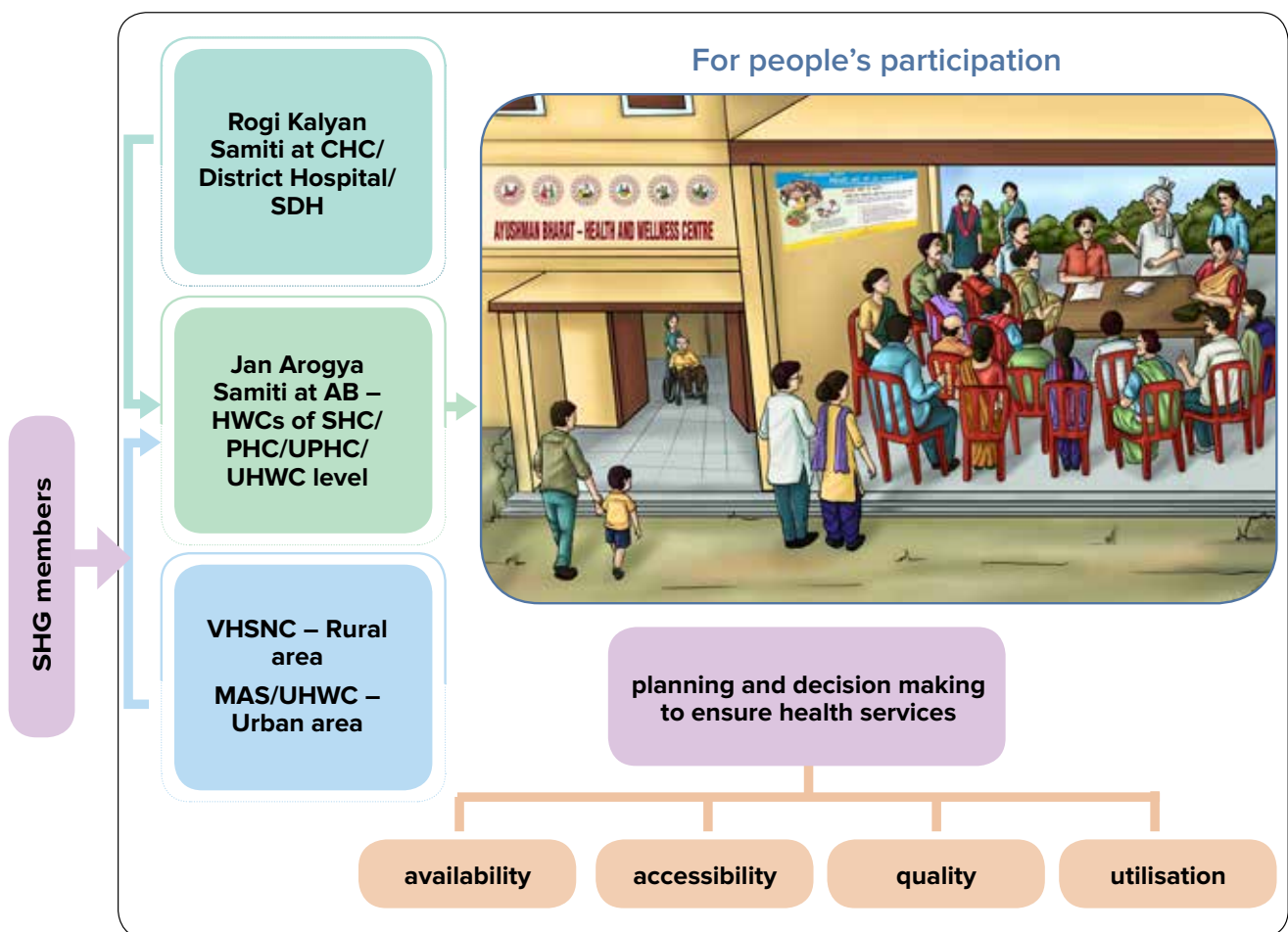
The goal is not only to attend meetings, but they must use these opportunities to demand health services be timely, regular, and of good quality. They should also bring up any local issues that affect the health of their families and neighbours.

Role of shgs as a member of VHSNC and JAS:

1. **Village Health Sanitation and Nutrition Committee:** VHSNCs, one of the key interventions introduced by National Rural Health Mission, are an important mechanism to ensure community participation at all levels, which include participation as beneficiaries, in supporting health activities, in implementing, and even in monitoring and action-based planning for health program. The VHSNCs are formed at the level of revenue villages, where the population of a revenue village is over 4000 the VHSNC can be at the level of a Ward Panchayat. You being the representative of your SHG will be taking up an active role in the functioning of the VHSNC by attending its monthly meetings and being engaged in the activities conducted by the VHSNC. The activities that can become a part of SHG functioning have been given on next page -
 - a) Being part of the VHSNC and attending their monthly meetings regularly.
 - b) Health awareness on a specific topic during SHG meeting and then telling their own family members.
 - c) Listing of pregnant women in their family and community and ensuring they have the MCH card which is updated.

- d) List of children who require immunization updated with ASHA help and followed up with home visits to remind them.
- e) Follow up of all children detected as undernourished or with severe malnutrition - making sure they get regular nutrition supplementation from the Anganwadi/the SHG can also decide to provide support by providing milk/ eggs etc to that child on a regular basis.
- f) Attending the VHND and assisting the health team for various activities.
- g) Fill up the SHG score card every month to monitor the health status of their own families.
- h) Undertake source reduction activities for mosquito-borne diseases
- i) Participate in community Yoga activities conducted by Ayushman Bharat teams

Figure 12: Role of SHGs as members of community platforms



2. **Jan Arogya Samiti:** Jan Arogya Samiti serve as institutional platform of SHC/PHC level AB-HWCs, for community participation in its management, governance and ensuring accountability, with respect to provision of healthcare services and amenities. JAS serve as an umbrella for VHSNCs also by providing mentorship and supporting them in management of Untied Funds and coordination with the health system. Self Help Group members, being a representative of VHSNCs can play important role in community health like:

- a) Mobilize community for celebration of annual calendar health days
- b) Attend monthly meetings of JAS and build consensus in the group to take up health agenda in meetings
- c) Catalyse utilization of healthcare services and the government schemes available through AB-HWCs and other government departments.

- d) Identify and record challenges faced by women in receiving comprehensive primary health care (CPHC) services at AB-HWCs and discuss these issues in monthly JAS meeting.
- e) Inform the community about all health-related services, entitlements and benefits, and how to avail these services at AB-HWCs. ASHAs/ ANMs of the area may be invited for taking up sessions on same in their monthly meeting.
- f) Inform ASHA/ANM about women/ families who need any other support, resistant families and those who face difficulty in accessing healthcare services at AB-HWCs.
- g) Facilitate stronger interface of ASHA/ANMs with women/families from all sections, especially poor and vulnerable sections for better access of health services at AB-HWCs
- h) Liaise with JAS members to organize activities on maternal and new-born health related issues in their neighbourhood.
- i) Organise activities with JAS to resolve issues of the area.

Annexures

Annexure 1

Health schemes and benefits

Scheme	Purpose (Why it is?)	Benefit (what we get?)	Eligibility (who can get)	Whom to approach (authority/ key focal person)	How to apply / process of access	Availability -health facility/ community (where I get?)	Required documents (what I have to produce)	Time of availing the benefit (When will I get)
Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP)	To bring down the healthcare budget of every citizen of India through providing Quality generic Medicines at Affordable Prices	Generic quality medicines at affordable prices and Other medical products	All sections of the population especially the poor and the deprived ones	Dedicated outlets (Janaushadhi Kendra) across the country Janaushadhi Sugam Mobile App provides assistance to local nearby Janaushadhi Kendras	OTC (Over-the-counter) products can be purchased by any individual without a prescription For scheduled drugs medical prescription by registered medical practitioner is necessary	Dedicated outlets known as Janaushadhi Kendra across the country	Medical prescription for scheduled drugs	Working hours: 8 AM to 8 PM daily
JSSK	To provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural and urban areas.	The following are the Free Entitlements for pregnant women: Free and cashless delivery Free C-Section Free drugs and consumables Free diagnostics	All pregnant women delivering in public health facilities.	Community level- ASHA At SHC - CHO and ANM At PHC - MO	Auto-registration of all pregnant women and sick infants availing health care services at public health institutions	Govt. health facility PHC/ CHC/DH/ FRU	MCP card	After the admission in health facility

Scheme	Purpose (Why it is?)	Benefit (what we get?)	Eligibility (who can get)	Whom to approach (authority/ key focal person)	How to apply / process of access	Availability -health facility/ community (where I get?)	Required documents (what I have to produce)	Time of availing the benefit (When will I get)
		Free diet during stay in the health institutions Free provision of blood Exemption from user charges Free transport from home to health institutions Free transport between facilities in case of referral Free drop back from Institutions to home after 48hrs of stay The following are the Free Entitlements for Sick newborns and infants Free treatment Free drugs and consumables						

Scheme	Purpose (Why it is?)	Benefit (what we get?)	Eligibility (who can get)	Whom to approach (authority/ key focal person)	How to apply / process of access	Availability -health facility/ community (where I get?)	Required documents (what I have to produce)	Time of availing the benefit (When will I get)
Janani Suraksha Yojana (JSY)	Reducing maternal and infant mortality by promoting institutional delivery among pregnant women	Free diagnostics	Poor pregnant woman with a special dispensation for states that have low institutional delivery rates, namely, the states of Uttar Pradesh,	Community level- ASHA At SHC - CHO	ASHA identifies pregnant woman as a beneficiary of the scheme and facilitates registration of the beneficiary.	Govt. health facility PHC/CHC/DH/FRU Empanelled private health institutions	BPL Card	Immediately on arrival and registration for delivery
		Free provision of blood						
		Exemption from user charges						
		Free Transport from Home to Health Institutions						
		Free Transport between facilities in case of referral						
		Free drop Back from Institutions to home						
		Provides cash assistance for institutional delivery.						

Scheme	Purpose (Why it is?)	Benefit (what we get?)	Eligibility (who can get)	Whom to approach (authority/ key focal person)	How to apply / process of access	Availability -health facility/ community (where I get?)	Required documents (what I have to produce)	Time of availing the benefit (When will I get)
		Low performing states: all pregnant women delivering in government health centres Rural area = Rs. 1400 and urban area = Rs. 1000. High performing states: all BPL/ SC/ST women delivering in a government health centre Rural area = Rs.700 Urban area = Rs. 600 Cash assistance for BPL pregnant women who prefer to deliver at home: Rs. 500	Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Odisha, and Jammu and Kashmir. While these states have been named Low Performing States (LPS), the remaining states have been named High Performing states (HPS).	and At PHC – MO-ANM	VHND/ immunization sessions at facility			

Scheme	Purpose (Why it is?)	Benefit (what we get?)	Eligibility (who can get)	Whom to approach (authority/ key focal person)	How to apply / process of access	Availability -health facility/ community (where I get?)	Required documents (what I have to produce)	Time of availing the benefit (When will I get)
Pradhan Mantri Jan Arogya Yojana (PM-JAY)	Provide financial protection for secondary and tertiary care to about 40% of India's households	Provides health insurance of up to Rs. 5 Lakh per family per year for secondary and tertiary healthcare hospitalizations	List of criteria for eligibility under AB-PMJAY as per SECC 2011 Automatically included: - Households without shelter - Destitute/ living on alms - Manual scavenger families - Primitive tribal groups - Legally released bonded labour Deprivation criteria in rural area: - D1: Only one room with kutcha walls and kutcha roof - D2: No adult member between age 16 to 59 - D3: Female headed households with no adult male member between age 16 to 59 - D4: Disabled member and no able-bodied adult member - D5: SC/ST households - D7: Landless households deriving major part of their income from manual casual labour	PMJAY Portal			Aadhar Card, Ration Card,	Secondary and tertiary care hospitalization across public and private empanelled hospitals in India

Scheme	Purpose (Why it is?)	Benefit (what we get?)	Eligibility (who can get)	Whom to approach (authority/ key focal person)	How to apply / process of access	Availability -health facility/ community (where I get?)	Required documents (what I have to produce)	Time of availing the benefit (When will I get)
			Occupational criteria in urban area: Rag picker, Beggar, Domestic worker, Street vendor/ Cobbler/hawker / Other service provider working on streets, Construction worker/ Plumber/ Mason/ Labour/ Painter/ Welder/ Security guard/ Coolie and other head-load worker, Sweeper/ Sanitation worker / Mali, Home-based worker/ Artisan/ Handicrafts worker / Tailor etc					
PMTMBA	Provide additional patient support to improve treatment outcome of TB patients	Nutritional support (mandatory), Vocational support, Diagnostics, Additional nutritional supplement. Nutrition Food baskets.	TB patients				NIKSHAY ID	

Scheme	Purpose (Why it is?)	Benefit (what we get?)	Eligibility (who can get)	Whom to approach (authority/ key focal person)	How to apply / process of access	Availability -health facil- ity/ commu- nity (where I get?)	Required documents (what I have to produce)	Time of avail- ing the bene- fit (When will I get)
Pradhan Mantri Matru Vandana Yojana (PMMVY)	To utilize cash incentives to meet their nutritional requirements during pregnancy and lactation periods.	A cash incentive of Rs. 5000/- (in three instalments) being provided directly in the bank/ post office account. The cash incentive is paid in 3 instalments i.e. the 1st transfer (at pregnancy trimester) of Rs. 1,000	Pregnant Women and Lactating Mothers		Registering in nearest AWC/ PHC	DBT	MCP Card	



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