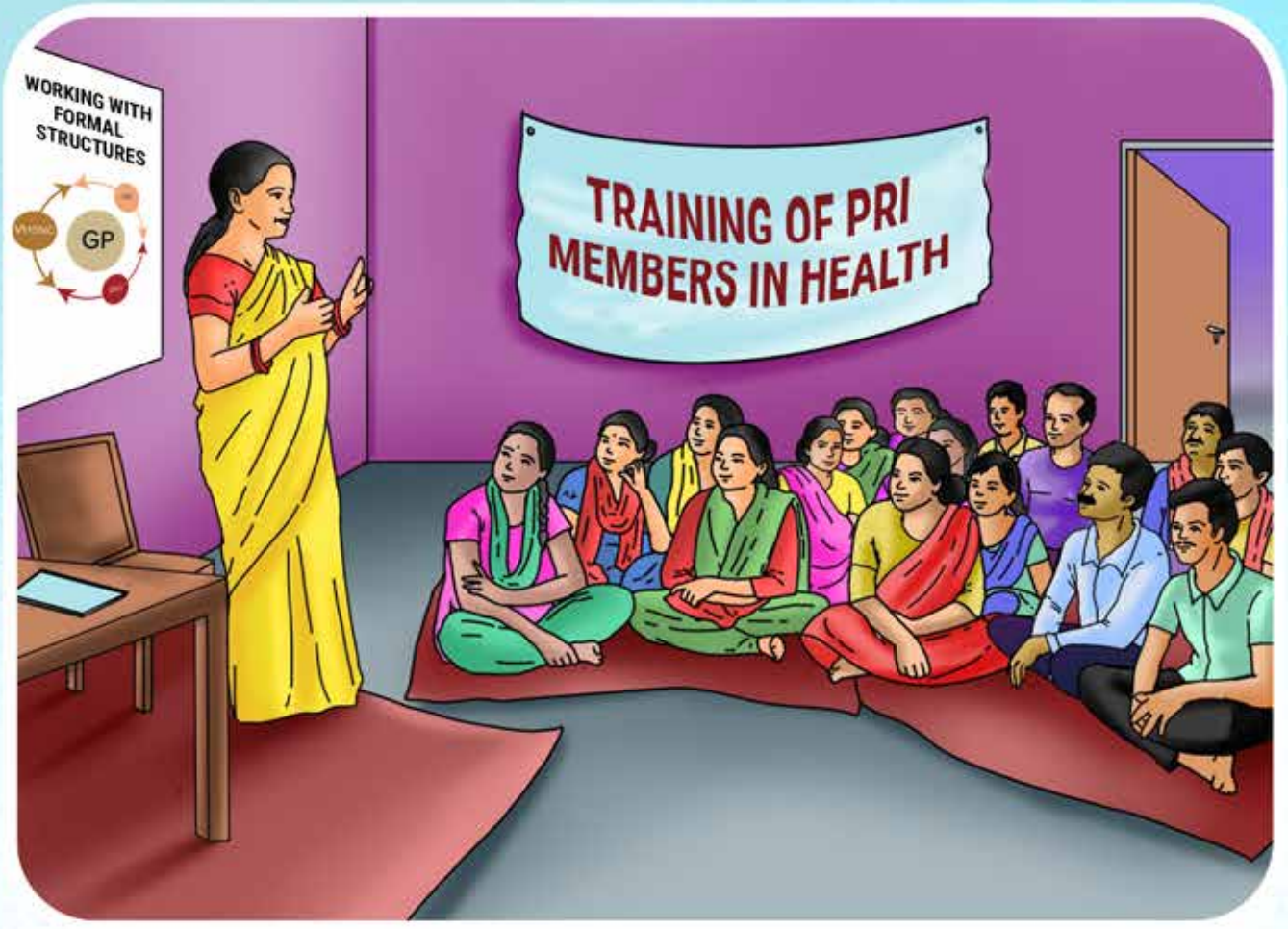
PANCHAYATI RAJ MEMBERS AND HEALTH



FACILITATOR MANUAL

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Capacity Building of Panchayati Raj Institution Members on Health

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BACKGROUND AND OVERVIEW

India has made significant progress in health and development indicators globally over the past two decades; it is still ranked among countries with “medium” human development. According to a report released by the United Nations Development Program (UNDP), India dropped one spot to 131 among 189 countries in the 2020 Human Development Index, which shows that the nation still has a lot to achieve in relation to health, education, and standards of living. The Government of India has made several noteworthy efforts through its various ministries/ line departments and programs towards achieving the health and development targets of its citizens. However, a critical analysis of India’s current scenario shows some overall challenges to achieving holistic community-health and well-being.

The Gram Panchayat (GP) represents India’s decentralized local self-governing body, which envisions people’s rule at the lowest level. Article 40 and the 73rd Amendment of the Indian Constitution incorporates the principle of autonomous self-rule at the local level through village/GPs, endowing them with powers to work as units of self-governance. The configuration of panchayats, representing all genders and castes, make them suitable centers of village administration and development, with potential to provide decentralized services to rural people at the grassroots level The GP has the formal mandate for people’s health and welfare as its core agenda.

The core functions of the panchayat include ensuring the availability of quality services for the community, (especially the marginalized), including healthcare, drinking water, and sanitation; infrastructure, irrigation, and forestry, waste management, housing, electrification; and Women and Child Development, etc. Cross-cutting functions of the GP include monitoring programs and the governance of health systems, which implies setting priorities and planning with community participation.

NSHRC has developed this training manual to train the Gram Panchayat elected representatives across the country where GPs to drive the health of its people as their important intervention. The primary goal of this manual is to facilitate an understanding of the significance of GPs involvement in planning and implementing health programmes of panchayat. The importance of equity in health programmes to enable health for all as a fundamental right has been emphasised. The secondary goal of this manual is to promote participation of GPs and active involvement in health programmes for better outcomes, accountability and fulfilment of local needs in terms of health.

GENERAL INSTRUCTIONS FOR FACILITATORS

BEFORE THE TRAINING

- Prior preparation is essential for effective facilitation. Give yourself sufficient time for this preparation. Read the module at least twice.
- Gather as much relevant information as possible by interacting with co-trainers, program staff, and if possible, the persons participating in the training. This rapport building will be of importance during the program.
- Prior to the training, make an observational visit to the venue to know more about the available facilities. If you find something lacking you can bring it to the notice of the organizers.
- If you need any aides or assistants, make prior arrangements for their presence and ensure task allocation well in advance. Be aware that you will be the focus of attention during the training and be aware of your gestures and general conduct.
- As a facilitator, you should be free from all prejudices or biases relating to persons, ideas or issues.
- Develop the ability and skill to manage dissenting opinions, impediments, overcome confusion, and chaos that may crop up during this training program.
- During the training period, getting sufficient rest and sleep is very important. Do not let problems or worries affect your peace of mind. Keep away from other work pressures and mentally fortify yourself to focus on the scheduled program.
- Begin the session with confidence and self-belief.

DURING THE TRAINING

- Starting the training program on a relaxed and positive note is an important first step. The facilitators should strive to create a warm, cordial and relaxed environment so that the participants can feel at ease with their surroundings and with each other.
- The facilitator must ensure that he or she strikes a good balance between letting participants share their understanding of the subject while not allowing only those few to “remain in the limelight” all through sessions. Ensuring that there is an environment that allows for learning and listening is important. There must be mutual respect among all participants irrespective of the cadre or the position.
- The facilitator must ensure that all participants are prompted to link theoretical concepts to their practical application in the field and encourage participants to use real-life experiences and examples in session discussions. The facilitators must ask for feedback on the training methods, content and activities. They must ensure to allow the participants to voice their frank opinions, without giving justifications or responding defensively to their feedback.

AFTER THE TRAINING

- Feedback is also important to collect suggestions for future training sessions. The facilitators’ skills can be reviewed from input from the participants and by each of the facilitators sharing notes and experiences between themselves.
- Documentation of the feedback also allows program staff to modify the sessions on the basis of what has worked and remove sessions which may have not. If the training were to be scaled up, this learning would be invaluable guidelines as different organisations work in specific contexts.

AGENDA

Session Name	Duration	Methodology
DAY 1		
PART 1: SETTING THE CONTEXT FOR BUILDING HEALTHY VILLAGE PANCHAYATS		
Session 1: Setting the tone and developing familiarity Introduction and valuing our unique selves	60 minutes	Bottle game activity, brainstorming, PPT
Tea break	15 minutes	
Session 2: Situational Analysis Problems, Health Inequities and vulnerable populations	100 minutes	Ball game, power walk, brainstorming
Lunch break	45 minutes	
PART II: WORKING TOGETHER FOR HEALTHY VILLAGE		
Session 3: Healthy Village and Localization of SDGs How are these problems linked to health? What are the different dimensions of health? The concept of healthy village, How it links to SDGs?	120 minutes	Storytelling, Brainstorming, Group work
Tea break	15 minutes	
Session 4: GP and Its roles The mandate of GPs (73rd Amendment, GP responsible for health) The roles & responsibilities of GP	60 minutes	Role-play, Brainstorming,
DAY 2		
Session 5: Support systems available for GP Health care systems, Community structures Formal (JAS, VHSNC BVS) & Informal structures (SHG)	120 minutes	Group discussion, Brainstorming
Tea break	15 minutes	
PART III: FROM LEARNING TO ACTION		
Session 6: Contextualizing Training- Planning & Monitoring Understand the action plan for the gram panchayat, budgeting	60 minutes	Group Activity, and brainstorming
Lunch Break	45 mins	
Session 6: Contextualizing Training- Planning & Monitoring (Continuation) Community monitoring for health status	60 minutes	

SESSION

1 SETTING THE TONE AND DEVELOPING FAMILIARITY

SESSION OBJECTIVES:

- To create an amiable atmosphere by ice-breaking, among the participants
- To help participants introduce themselves and their roles in the Gram Panchayat
- Likely to imbue them with a greater spirit and be able to look at the training programme as a step towards reaching their destination.
- To understand the purpose of training and to lay the ground rules for the 2 days training

LEARNING:

- Appreciating and valuing the unique selves of each participant
- The participants would be able to recognise the ultimate relevance of their intervention.

ACTIVITY 1: INTRODUCTION AND VALUING OUR UNIQUE SELVES

METHODOLOGY: Activity

MATERIALS: A bottle, which can be comfortably held in the hands

DURATION: 20 minutes

PROCESS:

- Facilitator will welcome the participants with a Smile. Introduce yourself and the co-training facilitator.
- Facilitator will propose a game: “The Bottle Game” for a round of introductions by passing a bottle to any participant

- Ask them to perform or demonstrate some form of action with the bottle (e.g. using it as a chapatti roller, or as a cricket bat, or as a walking stick etc.), and introduce themselves by sharing their name and role in the GP.
- Congratulate the participant on their innovativeness in using the bottle and ask them to pass the bottle around until everyone has introduced himself or herself.
- Tell the participants that even though everyone had been given the same object (the bottle) and task (perform an action), each person was unique and thought differently about it and that this uniqueness makes the GP members a very effective team.
- Further, add that these unique insights and valuable experiences must be respected by everyone involved, in order to function as a strong team at the GP level.

ACTIVITY 2: MERI MANZIL (MY DESTINATION) TO SET THE PERSPECTIVE AND EXPECTATIONS OF THE TRAINING

METHODOLOGY: Power Point Templates

MATERIALS: Chart paper or white board, white board markers

DURATION: 25 minutes

PROCESS:

- Tell the participants that we would begin this activity by talking about what we do as GP president/ member/or PDO on a day-to-day basis.
- Use 3 flip charts with GP President, GP members, Panchayat Development Officer (PDO) written on top of each. Ask them one by one to name any four or five tasks that they do as a panchayat president on a regular basis, and jot down these roles in the respective chart.
- Then similarly ask the participants to tell you the tasks that they handle on a day-to-day basis as a member and jot them down in the chart.
- Finally, ask the participants to tell you the tasks that they handle as a PDO on a day-to-day basis and jot them down in the chart.
- Remember to be quick and not spend more than **7 to 10 minutes** on this task as this is just building up the momentum
- Now ask the participants "What do you see as the purpose behind performing these roles?" The question could also be reworded as "**What are we trying to ultimately achieve through these tasks; WHY are we doing these**?"
- Give time to the participants to think until the responses reach the reason ensuring health and wellbeing for all is GPs mandate.

The facilitator will tell the participants that this activity serves two important purposes:

- *Firstly*, it has **helped us recognise our distinctive or unique role as an elected representative**. The facilitator will appreciate the participants by saying how each activity they perform as GP president/member/PDO will contribute to the overall wellbeing of its people.

- Secondly, this **signifies where we stand today.** The facilitator will explain the participants that we will get to know in this -2days training what more we can do as PRI/ what are the resources available, strategies and skills we can build to achieve the better health outcomes of our panchayat people.

The Facilitator will also share PPT slide with the following broad objectives of the training:

- To facilitate an understanding of the significance of GPs involvement in planning and implementing health programmes of panchayat.
- To make the GPs realise the importance of equity in health programmes to enable health for all as a fundamental right has been emphasised.
- To promote participation and active involvement of GPs in health programmes for better outcomes, accountability and fulfilment of local needs in terms of health.

ACTIVITY 3: LAYING GROUND RULES FOR TRAINING AND RECAP TEAM

METHODOLOGY: Brainstorming activity

MATERIALS: Chart paper and marker

DURATION: 25 minutes

PROCESS:

- The facilitator will ask the participants in order to achieve the training objective/make this training program successful, what are some of the common rules that all should follow.
- The facilitator will jot down the points or can ask one volunteer from the participants to write the points in BOLD/BIG/Draw symbols on a chart - in the regional language.
- The facilitator will encourage participants not repeat the points already shared.

Some examples for ground rules;

- Everybody should actively participate in discussions.
- Mutual respect to each opinion.
- Punctuality should be observed.
- Mobiles should be in Switch - off or silent mode.
- One after another will say (take turns, parking lot) ...etc.

After listing, all the norms on a flip chart& fix it on the wall of the training hall. Request the participants to volunteer in pairs to take the responsibilities for effective management of each day's programme and keeping the time.

ACTIVITY 4: PRINCIPLES OF ADULT LEARNING METHODOLOGY

METHODOLOGY: Chart paper and marker

MATERIALS: Chart paper and marker

DURATION: 20 minutes

PROCESS:

- The facilitator will create three groups and ask the participants the key principles of adult learning.
- The groups will articulate principles and a volunteer of each group shall enumerate them. The facilitator shall jolt down the points on a chart. Subsequently, the facilitator shall present the principles of adult learning using a PPT.
- Having understood the key principles, the groups shall be asked to articulate about how to create a conducive environment for adult learning.
- The groups will articulate principles and a volunteer of each group shall enumerate them. The facilitator shall jot down the points on a chart. Subsequently, the facilitator shall present the principles of adult learning using a PPT.

Recap team:

- As part of the participatory principle of the training, participants will monitor the progress of the daily sessions by recording significant processes and learnings to give a RECAP the following day
- The facilitator will ask two volunteers to take charge of recording the days' procedures in order to provide a **RECAP** the next morning
- Tell them that they can present the recap session with any innovative ways they want to present in 15 minutes' time

Conclude the session by stating:

- We have to know each other and the purpose of our roles as GPs for the overall wellbeing of its people. We have also understood the aim of the training and how this training would help us to deep down more. We have also laid down ground rules so that we can fully participate in the 2 days' program successfully.
- Announce the break with information about the time of reassemble

Key Points:

- Every GP member's insight and experience is valuable and makes the GP strong and effective.
- The GP, being an elected body, represents the entire community
- Every individual of the village and their wellbeing is the GP's responsibility
- Participation and active involvement of GPs in health programmes for better outcomes, accountability and fulfilment of local needs.

NOTE FOR THE FACILITATOR: *Facilitator should familiarise with the key functions of GPs (role of presidents, members, PDOs etc.) well in advance and should broadly understand the role of panchayat for overall wellbeing of its people.*

SESSION

2

SITUATION ANALYSIS – PROBLEMS, HEALTH INEQUITIES AND VULNERABLE POPULATIONS

SESSION OBJECTIVE:

- To participants to recognise the most problems faced by the community and prioritise the major 05 problems among those problems.
- To understand the key populations affected by these problems most (vulnerable communities in villages) and why?
- To cultivate an awareness and understanding of inequity in the community, especially in accessing healthcare
- To understand how vulnerability and discrimination causes poorer health outcome
- To understand various health services available under Ayushman Bharat-Health and Wellness Centres

LEARNING:

- Ensuring the safety, health and wellbeing of the people is the most important responsibility of the panchayat.
- As a decentralized body, it is the GP's responsibility to take relevant and appropriate measures for people's health and wellbeing.
- The GP is answerable to all sections of the community and it cannot transfer the responsibility of people's health and life to anyone else
- Universal goals of will be only achieved through local interventions.

ACTIIVITY-1: UNDERSTAND THE KEY PROBLEMS IN THE GRAM PANCHAYATS

METHODOLOGY: Activity Based

MATERIALS: Ball/ Paper ball, Board or Chart paper, Marker

DURATION: 30 minutes

PROCESS:

- Use “Paper Ball” for a round by passing a ball to any participant.
- Ask participants to 2 major problems faced by the community in their panchayat
- The facilitator can categorise the problems in chart with the following headings (e.g. Water, Road, Health, Sanitation, Education and others).
- Note the entire problem in the board or chart paper under categories as they fall.
- Next pass the ball to other participants and repeat the question and record the answers in chart paper
- Repeat the activity until all participants complete their responses.
- If the responses are not progressive towards the health aspects, the facilitator will ask few facilitation questions like **all our people are healthy. Do we have good health infrastructures in the village etc.?**
- Appreciate the participant for finding the major problems.
- Ask in these problems listed which are the major issue as per the participants
- Facilitator can tick each one of the problems as severe, moderate and low with red, blue and green markers respectively as per the responses of the participants.
- Facilitator should highlight the health is one of the major concern of the rural population and how it is affected the development. Also how all these listed factors will have greater impact on the health outcomes of the people.

  For Eg; Lack of Safe drinking water and adequate sanitation facility in the villages, people may have diseases like diarrhoea, dengue, malaria, etc. Similarly make the participant understand if there are no adequate road/ transport system, people cannot reach the health services for the treatment/delivery. If the child in the GP is not attending the school which is the foundation to get decent work/job to earn their living, school dropout will increase the poverty and hunger (Vicious cycle), don’t get to eat nutritious food, which will lead to undernutrition and Anaemia and will affect the overall development. If a person is healthy, he/she can better contribute to the development of the GP/society.
- The facilitator will state that Health is multi-dimensional and various determinants affect the health and wellbeing of an individual, which we are going to see in the upcoming sessions.

ACTIIVITY-2: UNDERSTANDING VULNERABLE GROUPS AND HOW THEIR VULNERABILITIES LEAD TO HEALTH INEQUITIES

METHODOLOGY: Activity Based

MATERIALS: Ball/ Paper ball, Board or Chart paper, Marker

DURATION: 30 minutes

PROCESS:

- Facilitator will state that as we have enlisted all the major issues of GP/society; now let us understand who are most affected by these problems in detail by an activity.
- Request for five or six volunteers from among the participants. Conduct the game by using the instructions below:
- Ask the volunteers to sit one behind each other, in a queue and give each of them a small paper ball.
- Place a bucket or a basket at a small distance in front of the first participant and instruct all the volunteers to throw their balls into the basket/bucket, one by one. (The ones sitting further away from the bucket will have more difficulty getting their ball into the bucket.)
- Ask the participants, "Why is this happening? Why are the participants at the back having more difficulty completing the task?"
- Elicit responses until the long distance from the basket (compared to those in the front of the queue) is mentioned.
- Highlight this response and begin drawing similarities between the volunteers in the queue and community members/villagers with the help of the following points:

Explain to the participants how "some people are closer to the bucket and have more access to healthcare, while others, do not, due to various vulnerabilities (like age, financial constraints, lack of transportation, lack of caretaker or friend/family member who can accompany them to health facilities etc.)."

Add that "there are also external factors and situations, and lack of correct information which can prevent certain people from accessing healthcare. Further, people who have power often also have better access to all kinds of services, whereas members of the oppressed castes and economically weaker sections such as women and the transgender community are often marginalized."

Lastly, summarize by stating, "The privileged, by virtue of caste, class, profession, education and gender are usually positioned to have better access to services and schemes. Those who are marginalized are the ones who require and benefit from such schemes more, but often face numerous barriers in accessing them."

Expand on this actuality further by providing relevant, real world examples that most participants would have seen or felt around them. For instance, how people with financial and social capital (money and social connections), which are often generational; receive better services at shops and government offices. Similarly, the participants may have found public transportation services to be far better in an upper-caste village and this could be an example of caste-based discrimination and its resulting power imbalance.

Lastly, explain how this discrimination affects an individual's health by creating inequity;

"Imagine the condition of a widowed woman living with her son and his family. Her access to anything, from food to clothing and healthcare is determined by her son. If she has a cough for two weeks, she may be unable to go to a healthcare facility because her son works all day, and she has no one else to take her. When the ASHA visits the house and accompanies her to the facility, it is then that she is tested with TB. When the family finds out, they are very upset. They immediately move her belongings to a separate room and forbid contact with her grandchildren. Her son and his wife have daily fights; his wife is being isolated by the other women in the community because her mother-in-law has TB. His wife wants him to send her away. Deprived of any family support, the widowed elderly woman stops

taking the treatment, thinking that there is no point in living like this anymore. She has no one to turn to for support."

Conclude by saying, "Like this woman, some individuals may already be bearing the burden of such vulnerabilities and marginalization, and having diseases like HIV, TB, diabetes, hypertension, cancer, anaemia only compounds their struggles and ill health. Such cases need support, and it is the GP who is well positioned and best suited to reach out to them. Therefore, it is the GP's responsibility to seek out and support individuals who may be deprived and underserved, and help them access services to improve their health and quality of life."

ACTIVITY 3: INTRODUCTION TO AYUSHMAN BHARAT PROGRAMME

METHODOLOGY: Discussion and Presentation

MATERIALS: Presentation -PPT slides

DURATION: 30 minutes

PROCESS:

- Discuss the current health scenario, exisiting services and programmes, and institutional mechanism that are already in place to ensure the health of the community.
- Ask them, 'have they seen or heard about any new health services being provided at the health centers?'
- Discuss about the expanded focus of the health policy from maternal and child health care and managing communicable diseases to the non -communicable diseases,
- mental health disorders, oral, eye, and ENT health problems, elderly care and emergencies; for primary health care to be comprehensive care to cover promotive, preventive, curative, rehabilitative, and palliative aspects of care.
- Present the ppt on Ayushman Bharat Program and throw light on universal health coverage and comprehensive primary health care through AB-HWCs.

KEY POINTS:

- ☞ The social process of becoming/being made vulnerable is a means to keep someone away from power, because of the choices they make in their identities, practices or appearance.
- ☞ Discrimination and oppression of various kinds and at multiple levels exist everywhere, and identifying and remedying it is crucial for improving a GP's health.
- ☞ Understand the problems in the village, problems of vulnerable community and importance of resolving the problems and to find out solutions make them to understand Human Development Index and localisation of SDGs.
- ☞ There are 17 Sustainable Development Goals (SDGs) and Panchayats will have a crucial role to play in achieving the SDGs. These are universal goals with local implications and intervention possibilities.
- ☞ Gram panchayats (GPs) across the country have begun preparing gram panchayat development plans (GPDP), presenting an opportunity for the GPs to synchronize their plans

with SDGs. Resources from various centrally and state sponsored schemes can be leveraged and converged at the GP level.

- ☞ It is important to set GP-level targets with measurable indicators that will have vertical and horizontal linkages, convergence possibilities, resource mobilization potential and feasible action by the GPs.

NOTE FOR THE FACILITATOR: *Familiarise with the SDGs, especially SDG goal related to health and wellbeing and localisation of these SDGs through GPs interventions.*

Snap Shot of activity

Activity No.	Sub-topics	Duration	Method	Materials / Aids Required
1	Understand the key issues/ problems in the GPs area	30 mts	Activity based	Ball / Paper ball, Board or Chart paper, Marker
2	Understand the vulnerable groups and how these vulnerabilities lead to Health Inequities	30 mts	Activity	Paper ball, basket / bucket
3	Introduction to Ayushman Bharat	30 mts	Discussion	PPT
	Summarization -Key messages	10 mts	Q&A, module reading	Manual

SESSION

3

HEALTHY VILLAGE AND LOCALIZATION OF SUSTAINABLE DEVELOPMENT GOALS

SESSION OBJECTIVES:

- To understand what is Health?
- To know about the dimensions and determinants of Health.
- What is meant by Healthy Village and how Healthy village contributes to achieve Sustainable Development Goals (SDGs)

  (Localisation of SDGs)

LEARNINGS:

- Health is multidimensional
- Only the physical dimension is visible
- Other dimensions may or may not be apparent.
- Health of every one in village is important, hence prioritisation and accessibility of health services to vulnerable people is needed to be focussed.
- Health is also index of human development and to achieve SDGs making every village as healthy village.

ACTIVITY 1: UNDERSTAND HEALTH

METHODOLOGY: Storytelling and brainstorming

MATERIALS:

- Drawing sheet and Markers OR White board markers (if white board available)
- Typed or printed sheet of 02 stories
- Chart on What is health, Comparison chart on health of Priya and Harish with the different dimensions of health

DURATION: 30 minutes

PROCESS:

- Facilitator has to narrate the two stories one after the other in their local language.
- Facilitator has to ensure that, if there is any participant with the same name as given in the story going to tell, then the case name can be changed and narrated accordingly.

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.

- After the completion of narration ask the participants, Do you think Priya is healthy?
- Participants may say Not Healthy. Then ask them to list out the- according to them what are all the reasons to say not healthy.
- Note down the points comes from the participants on board and keep for next discussion
- Then narrate another story.

Harish, a 45-year-old young man lives with his wife, 2 kids, and his parents. Harish used to be an ideal husband, father, and son and a hardworking farmer. He has always been fit and healthy. Harish has never taken a day off from his work. Last year, Harish and other farmers suffered from crop loss 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 influences from his friends, Harish started drinking alcohol. In the initial 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 missing 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.

- After the completion of narration ask the participants, do you think Harish is healthy?
- Participants may say Not Healthy. Then ask them to list out the reasons as on previous story.
- Note down the points coming from the participants on board.
- Ask the participants to compare the list noted on the board ask what all affected Priya and Harish's health
- Ask the participants list out the Physical, Mental, Social, Spiritual, Emotional and vocational dimensions of both Priya and Harish separately
- They may say different issues and try to connecting the list made by the participants with chart given in guide on what is health, dimensions of health.
- Facilitator can prepare the chart on what is health, dimensions of health and explain in their local language as simple as possible connecting with their understanding on story and by brainstorming try to bringing them to the points in the chart.

KEY POINTS:

- Facilitator has to communicate that, we have seen all the dimensions of health, we can see that Priya has her physical health compromised but is having better mental, social, spiritual, emotional, and vocational health. On the other hand, Harish though physically fit and active but has compromised the other dimensions of health. **Thus, none of them is completely healthy.**
- **Facilitator has to conclude this session by stating that, Health is a multidimensional state**
- Only the physical dimension is visible
- Other dimensions may or may not be apparent.

SUMMARY

What did we learn?

- The health of every individual in the community is important.
- A healthy community makes a wealthy nation!
- Health issues in the community often lead to poverty in the community.
- Health is a state of ***complete physical, mental, social, and spiritual well-being*** and not merely an absence of disease.
- Health is influenced by several factors called Social Determinants of Health.
- Health is a dynamic state
- Health can be changing with the presence of some illness for variable time duration.

Dimensions of health:

1. **Physical dimension**: Physical activity, normal bodily functions
2. **Mental dimension**: Person at peace, sense of identity
3. **Social dimension**: Social well-being and harmony with others, social relations, interpersonal ties
4. **Spiritual dimension**: Integrity, purpose in life, the moral compass of the person
5. **Emotional dimension**: Ability to feel and express the feelings
6. **Vocational dimension**: Work/job satisfaction/ joy and contentment in vocation pursued.

ACTIVITITY-2 DETERMINANTS OF HEALTH

METHODOLOGY: Group work and Brainstorming

MATERIALS: Drawing sheets/Brown sheets, sketch pens/markers

DURATION: 30 minutes

PROCESS:

- Facilitator make four groups of the participants

- Ask the two groups to discuss and list out about what are all the factors affected the health ofPriya.
- Ask other two groups to discuss and list out about what are all the factors affected the health of Harish
- Give five minutes to discuss and five minutes to note down on chart (If among the participants no one has skills to write ask them to present orally also) or prepare for presentation by each as they wish and make them comfortable
- Ask each for presentation for five minutes, discuss after presentation, and conclude as follows.

KEY POINTS:

- Facilitator explain with Harish's story, that many factors like his being male, his stressful lifestyle, poor education, reduced social support, and lack of access to mental health services have contributed to his alcohol dependency.
- Facilitator explain about the various factors affecting the health in general by brain storming about – Biological factor, Behavioural and sociocultural determinants, environmental factors, Gender, Socio- economic factor, health services.
- Inform about, while understanding various dimensions of health, these determinants of health should also be recognized.
- Make them to understand that, these determinants are not isolated and they do not exist in a vacuum; it should also be kept in mind that they interact with each other.
- Facilitator has to conclude that, Health is multidimensional nature, and the health of people cannot be improved without collective community-level actions.

SUMMARY

What did we learn – Determinants of health:

- 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

ACTIVITY 3: HEALTHY VILLAGE AND LOCALISATION OF SDGS

METHODOLOGY: Group work

MATERIALS: Drawing sheets/Brown sheets, sketch pens/markers

DURATION: 60 minutes

PROCESS:

- Make six groups of participants (each group should not have more than 5-6 participants in each group)
- Ask each to pick two issues/group of the vulnerable people identified during the session Situational Analysis (common deceases in village/s, drinking water, cleanliness, vulnerable people like women, children, marginalised people, pregnant women, transgender, people with special need, elderly people etc.).
- Ask them to discuss in their group on the selected issue/vulnerable people about the problems facing, reasons, how these issues can be addressed and preparethe chart accordingly.
- Why these issues to be addressed and how it helps to village or village development
- After the presentation by all the groups conclude and link each discussion to what is meant by Healthy village and explain how these leads for achieving SDGs, why SDGs are important.

KEY POINTS:

- Health is means for everything,' as this Sanskrit shloka proclaims. In English, there is an old saying 'health is wealth'. While facing the COVID-19 pandemic, we have realized the truthfulness of this adage and wisdom. Our health is impacted by every activity that we undertake during the day, be it getting up early, eating healthy 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 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.
- The health-wealth nexus is also evident from the inclusion of health as an integral component of the Human Development Index (HDI), which is a measure of a country's achievement in three aspects, namely health, knowledge, and standard of living. Health is measured in terms of life expectancy at birth, which reflects the long and healthy lives of people in a country; knowledge is measured by the average years of schooling; and standard of living is measured by the gross income per capita.
- Thus, governance focusing on human development would pursue not just economic growth but also education and health, i.e., the quality of life. Consequently, the development being pursued would have to be 'sustainable.'
- 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).'
- While the SDGs are global, their achievement is reliant on our ability to make them a reality in our cities and villages, through a bottom-up approach. The development framework that is outlined by the SDGs will only be able to meaningfully guide local development policy with the involvement of Panchayati Raj Institutions and a focus on those furthest behind.

NOTE TO FACILITATOR: *Facilitator has to communicate following message in simple language and make them understand what is SDGs and healthy village contributes in achieving the SDGs, why it is important by making use of following message and table in the facilitator guide.*

Snapshot of session plan

Activity No	Sub-topics	Duration	Method	Materials / Aids Required
1	Understanding Health	15 mins	Storytelling and Brainstorming	Prints of stories White Board / Chart
	'Who is healthy'? Dimensions of Health	10 mins	Case studies- Discussion	White board/chart paper
2	'How someone is healthy'? Determinants of Health	30 mins	Group work based on previous case studies	Chart paper, module soft/ hard copy
	Summarization of Key messages for the above topics	5 mins	Manual reading	Manual
3	Characteristics of Healthy Village	15 mins	Discussion	chart paper
	Localisation of SDGs	45 mins	Group work	Drawing sheets, markers/ sketch pens

SESSION

4

GRAM PANCHAYAT AND THEIR ROLE IN HEALTHY VILLAGE

OBJECTIVES:

- To understand the role of GP towards improving the Health and wellbeing of villages
- To understand the potential activities that can be conducted to fulfil these roles

LEARNINGS:

- Gram Panchayat is a local Government
- Legal entity of GP
- Equal participation to women, SC,ST and Backward community
- Key roles of GP members in Health & wellbeing of Villages under GP
- Decision making in planning and implementation

ACTIVITY :1 UNDERSTAND THE ROLE OF PANCHAYAT LEADERS

METHODOLOGY: Group work

MATERIALS: Chart papers and sketch pens

DURATION: 30 minutes

PROCESS:

- Divide the participants into 04 groups of 6 to 8 participants each
- Provide Chart papers & sketch pens to note the discussion points
- Give scenario to each group and 15 min for group work, 5 min each for presenting the same

- *Scenario 1*: In the village five families have not received ration cards, three widows of the SC community have not received the widow pension, and two pregnant women are severely anaemic as they are poor and are not able to get the food required.
- *Scenario 2:* In the village, there is no adequate drinking water available and they depended on one old well and on the stream water nearby the village. The water in the well and stream water is impure.
- *Scenario 3:* In the village four disabled and five aged about 80 years old are suffering from serious illnesses and are bed-ridden. They have not had money or any other resource to go to the Health centre, which is 10 km from the village.
- Scenario 4: There is a Primary Health Centre in GP headquarters. But in PHC there is no regular doctor, he is visiting the centre weekly twice and stays for half day only, other support staff is only two against the sanctioned post of six, and medicines are also not available.
- After completion of the activity ask what they know about the panchayat system and ensure whether they know about Gram Panchayat or not. If they know, ask them what they know about their Gram Panchayat and note down their responses.
- Do brain storming further on the Panchayat Raj system in their area and see that to explore the following points:
  - Mile stone of 73 amendment and establishment of Self Local Government
  - Constitution of Gram panchayat and only local people can elect as GP Member
  - Reservation for women, SC, ST, Backward community to elect as Member and also reservation to elect as President & Vice President of GP
  - Importance of women participation
  - Opportunity to understand on local issues and address by planning themselves.
  - Decision making, implementation and monitoring roles
  - Possible opportunity to develop their village as Healthy village
  - Action points for healthy village
  - Conclude by briefly explaining why panchayat, and what panchayat can do for making every one healthy in a village.

KEY POINTS:

- ☞ The Gram Panchayat is a local self-governing body.
- ☞ 73rd Amendment provides local autonomous governance through village /Gram panchayats.
- ☞ The Gram Panchayat is a development centre that provides decentralized services to the rural people with representation of all gender and castes.

ACTIVITY-2: POTENTIAL ACTIVITIES THAT CAN BE CONDUCTED TO FULFIL ROLES

METHODOLOGY: Facilitated Group Discussion

MATERIALS: Black board/ Chart paper and marker pen

DURATION: 40 minutes

PROCESS:

- Facilitator to initiate the discussion by raising the question on potential activities/ roles of GP members which can have impact on Health & wellbeing of their Village/ Gram Panchayat
- He/ she will list the responses on a board/ chart paper
- When they did not get the response, facilitator can ask the questions to the participants. Eg – What can you do for the improvement of health services in area; how will you know and ensure the mothers, children and elderly are healthy; how will you know and what will you do to ensure the adolescents, youth & adults (>30 years) are in Good health

  (Note: Above are example. Facilitator can frame simple question in local language depending upon the level of understanding by the participants.)
- Consolidate/ Summarize all the responses and try to link the responses with the list of activities envisaged for GPs

Explain the following:

a. Facilitating health service delivery to the community

- Support from panchayats for community-level institutions like
  - Ensure regular monthly Village Health Sanitation and Nutrition Committee (VHSNC) meetings and Jan Arogya Samiti (JAS) and take stock of the situation regularly
  - Ensure regular monthly meeting of Jan Arogya Samiti (JAS) and facilitate the quality service delivery through HWCs
- Address the demand and supply needs (Infrastructure, Human resource, Drugs and supplies, equipment etc.,) of HWCs
- Supporting in implementation of health and related government schemes (JSSK, JSY, PMSMA, HBNC/HBYC, VHND, NRCs, RBSK, Anemia Mukt Bharat, NTEP, National AIDS Control program, National Hepatitis control program, NPCDCS, NVBDCP, NLEP.
- Improving coverage and availing insurance services – AB – PMJAY

b. Community mobilization and awareness generation

- Be a health ambassador / champions of your village/ community
  - Dissemination of information on Healthy lifestyle (Adequate nutrition, physical activity & free from substance misuse)
  - What are the services/ schemes available in the Government for Health?
  - Where to seek care for ailments/ illness
  - How to seek grievance redressal through JAS/GP
  - Finally, health as their fundamental right and also collective responsibility.
- Mobilizing community to Health & awareness Camps organized through HWCs.
  - Undertake & organize community events/activities like yoga day, Walkathon, cycle race, sport events, special vaccination drives & healthy baby show etc.,
  - Developing school children and youth as agents of behaviour change towards Health promotion

c. Organising collective action for health promotion

- Organising cleanliness drive

- Vector control measures
- Sanitation mapping
- Proper waste disposal
- Health promotion through events such as Yoga camps, Marathon etc.
- Community level events and awareness drives

d. Ensure all the births and deaths of the GP area are being reported in liaison with Health functionaries; also report outbreak of any diseases and support the health functionaries in preparedness and management of the outbreak.

e. Mapping vulnerable and unreached population - Ensuring that the community, especially of the poor and vulnerable members (elderly, women, children & tribal/ SC & ST 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.

f. Undertake convergent planning to achieve the health and well-being goals of the community. You can facilitate inter-sectoral convergence 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

g. Develop Village Health Action Plan **Gram Panchayath Development Plan (GPDP)** by localising SDGs

KEY POINTS:

- ☞ As a Panchayati Raj Institution member, they have an opportunity to work for their own, their families', and their village's health.
- ☞ Legally they have power to take decision and implementation
- ☞ Health is mandatory for GP

SESSION

5 SUPPORT SYSTEMS FOR GRAM PANCHAYAT

ACTIVITY 1: WORKING WITH COMMUNITY STRUCTURES

OBJECTIVES:

- To understand the different community groups that the Gram Panchayat can work in their respective areas
- To identify the key informal and formal community structures or groups that the GPs can work with

LEARNINGS:

- Reaching out to people through local community groups is more efficient than simply targeting individuals as GPs work towards a healthy village.

METHODOLOGY: Group Discussion (Brainstorming)

MATERIALS:

- A whiteboard or large chart paper to record responses
- A marker or sketch pen to write responses

DURATION: 60 minutes

PROCESS:

- Ask the participants "Are there any different groups the village community may be a part of? What are the names of some of these groups?"
- Brainstorm with the participants and collate their responses on a whiteboard or chart paper. These responses could include Self-Help Groups, MNREGA groups, caste groups, entertainment groups, youth groups, farmers' unions, labour unions, School Development and Monitoring Committees (SDMC) etc.

- Then ask them the following questions and have a short discussion. Listen to their responses and list them down:
  - Why will the community groups be motivated to partner in this effort?
  - How do you see them contributing towards healthy village?
  - What are the steps that need to be involved for engagement of these community groups?
- After the discussion, tell the participants that instead of targeting individuals, the GP must work with groups who are comprised of members from the village community. Further, by working with these groups, the GP will enjoy the support of communities and be trusted. It is important to engage with structures that already have a welfare mandate, a good reach and connect with vulnerable populations, and which have access to resources for such efforts.
- End the discussion by stating that the Government of India and state governments have recognized the importance of community participation. In many states, Self-Help Groups, Youth Associations, Labour unions and faith-based groups are coming together to make their communities aware of health. The more community structures we engage with, the faster we will be able to achieve our vision of Healthy village

KEY POINTS:

- ☞ Community groups are valuable assets to collaborate with for healthy village. In many cases, vulnerable community members are part of informal and formal groups like SHGs, MNREGA groups, Dalit associations, and youth groups etc., which are influential and trusted by them. The GP can take the support of these groups to reach underserved communities.
- ☞ Community structures have played a significant role in the Government of India's health of the community and can have a significant impact on raising awareness, supporting people and vulnerable, all of which contribute to a healthy village

ACTIVITY 2: WORKING WITH FORMAL STRUCTURES (JAS, VHSNC, BVS)

OBJECTIVES:

- To establish that the GP is the converging point for every health-related response, service and demandTo identify and explore the existing formal structures and their objectives, duties and organization

LEARNINGS:

- The JASs, VHSNCs, and BVS each with their own functional organization, serve as crucial support providers for the GP
- The GP can coordinate between these healthcare systems to ensure beneficial convergence of these resources at the village level

METHODOLOGY: Group Discussion

MATERIALS:

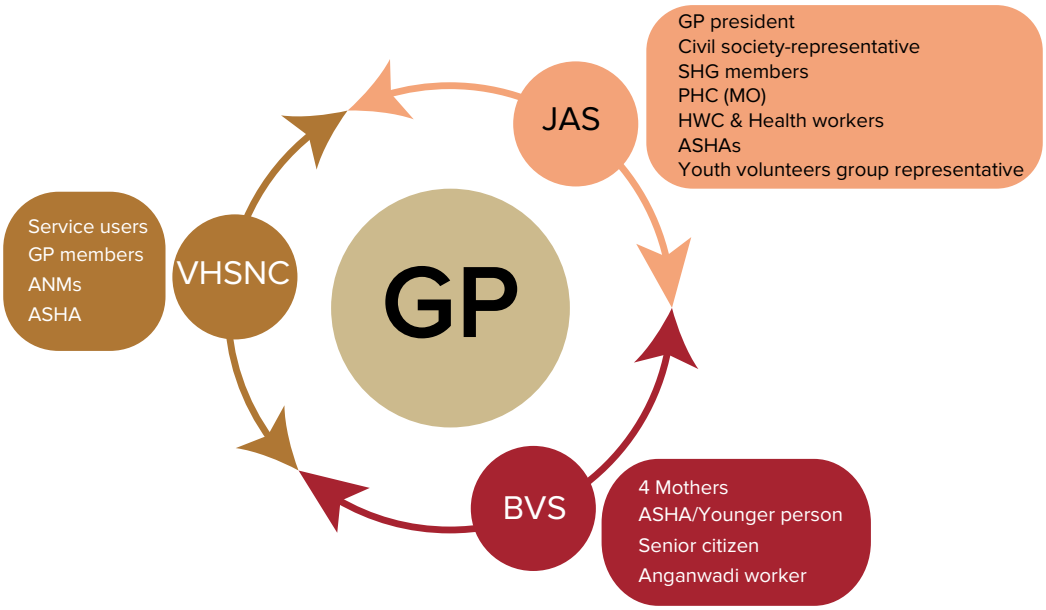
- A whiteboard or large flipchart to record responses
- A marker or sketch pen to write responses
- Annexure – 2 ("Understanding Formal Structures: JAS, VHSNC, BVS")

DURATION: 60 minutes

PROCESS:

- This session explains the roles, composition, targets and mandated services of three supporting health structures which are available to a Gram Panchayat; Jan Arogya Samiti (JAS), Bal Vikas Samiti (BVS), Village Health Sanitation and Nutrition Committees (VHSNC).
- Begin the session by asking the participants about these structures by saying, "If we are going to work on health and issues mentioned in the previous sessions, we would need some support systems. We already have some good individuals, support systems and structures. Can you name a few that come to your mind?"
- Record the responses on a chart paper or whiteboard that can be seen by everyone. List all responses, which seem relevant to realizing or implementing health initiatives with the GP or village.
- Ask the members to group these as either "Individuals" or "Structures." Mark the responses or re-group them as either of the two categories.
- Highlight the three afore mentioned structures (JAS, BVS, VHSNC) from the list of responses. If the participants have not mentioned any of these three structures, then add the missing structures to the list.
- Form and explain the links between responses under the "Individuals" category and those under the "Structures" category. For example, ASHAs are an individual component of the ARS and the Medical Officer-in-Charge of the ARS is the Member Secretary of the BVS and is therefore both a part of the JAS as well as the BVS. Use the information under "Annexure – 2" ("Understanding Formal Health Structures: JAS, BVS and VHSNC") to carry out this step.
- Further, show the linkage between these structures and the GP by drawing a visual on a whiteboard or chart paper with "Gram Panchayat" at the centre and the structures around it, along with their corresponding individual members (Figure 2, below). Explain to the participants, how the GP has been provided with these numerous support systems to help its members carry out their roles and make their village healthy. Emphasize the point that the GP is the converging point for every health-related response, service and demand.

Figure. 1: Example of graphic showing health structures and individuals



Lastly, conclude by adding that the formal structures are support systems given to the GP by the government to ensure the physical, mental and financial health of its people.

KEY POINTS:

- GPs can leverage and streamline the various existing systems and individuals of JAS, BVS, VHSNCs and to provide a comprehensive response to all health concerns of the people.
- GPs should identify potential opportunities for the involvement of Formal structures in a healthy village, in collaboration with the community groups mentioned earlier.

SESSION

6 FORMULATION OF HEALTH ACTION PLAN

ACTIVITY 1: ACTION PLAN FOR A HEALTHY VILLAGE

OBJECTIVES:

- To develop an action plan for the GP

LEARNINGS:

- Having an understanding of diseases, microplanning, and involving community structures in community wellbeing are paramount to planning and working towards community well-being

METHODOLOGY:

- Activity Based (Brainstorming)

MATERIALS:

- Action plan template (on whiteboard/chart paper or as printed sheets)
- Writing aids for participants (notebooks/blank pages and pens/pencils)

DURATION: 30 minutes

PROCESS:

- The participants will remain in the same groups (according to GP) as they were for the previous session. Each group will have 60 minutes to complete the activities, and 30 minutes for presentation and feedback.
- Ask the participants to brainstorm and create a plan for particular vulnerable populations by using the table given below. This plan will help the GP members make an action plan in the next part of the activity you may draw this on a whiteboard or chart paper for easier comprehension. **The table below may be modified as per the needs of the GP.**

Figure 2: Template with examples of vulnerable population for action plan

WHO TO REACH	HOW	WHERE	SERVICES TO OFFER
Pregnant women and new mothers	Through frontline workers, SHG leaders	SHG meetings, VHSNC meetings, village festivals	Awareness generation, Nutrition, testing services
Adolescents			
Senior Citizens			

- Once the groups have mapped out the populations to reach and the opportunities through which they can be reached, provide a simple template to each group and request them to discuss the key activities they will undertake to actualize their plans for their GP and create an action plan for one year with the following details:

ACTIVITY: The key activities that they intend to undertake

TIME PERIOD: The dates (day/month) or duration between which an activity will be conducted

LOCATION: Site(s), area or type of location (door to door, temple etc.) where the activity will be conducted

SUPPORTING BODIES: The missions, programs, community structures, or individuals whose support the GP members would need to take, in order to conduct an activity

TOTAL BUDGET: Monetary requirement for the entire activity, if needed

Figure 3: Action plan template with examples

ACTIVITY	TIME PERIOD	LOCATION(S)	SUPPORTING BODIES	TOTAL BUDGET
Health camp	Oct 15-20	Bengaluru Kolar Mandya	Village PHCs FLWs like ASHAs	Rs. 25,000
Awareness campaign	Oct 21-25	Bengaluru Kolar Mandya		Rs. 15,000
Hygiene and sanitization	Oct 26-20	Bengaluru Kolar Mandya	ASHA, PHCs, Local leaders	Rs. 10,000

- Each group will then present their action plan to the rest of the participants and request feedback from them.
- Bring out the unique points from each of the plans and encourage the groups to take ideas from each other.
- After the discussion has closed, thank the participants for their time and contributions and especially their commitment to creating a Healthy village

- Facilitator can explain about the 15th Finance commission and how to use the fund for different activities/programs during implementing at village

KEY POINTS:

- Planning for an ideal GP involves being aware and well-versed with disease symptoms, treatment, management and prevention, government programs or missions, rights of the people, challenges faced by vulnerable communities, and also the demographics and resources available of the village**.**
- Detailed action plans can be useful to implement the changes that GP members and GP leaders envision for their community.

SESSION

7 SOCIAL ACCOUNTABILITY OF HEALTH SYSTEMS

OBJECTIVE:

- What is social accountability?
- What are the different methods and tools to ensure social accountability of health systems?
- How to implement social accountability of health systems?

LEARNINGS:

- Understand social accountability and its process
- Understand how to implement grievance redressal system at AB-HWCs
- Understand how to plan and implement community-based participatory monitoring and follow-up for corrective measures
- How to mimplement and document community reflection exercise for ensuring social accountability

METHODOLOGY: Group Discussion (Brainstorming)

MATERIALS:

- A whiteboard or large chart paper to record responses
- A marker or sketch pen to write responses

DURATION: 60 minutes

PROCESS:

- Divide the participants in the three groups and name them as:
  1. Grievance Redressal

2. Community Based Monitoring
3. Social accountability through Gram Sabha process

- Ask participants what is Grievance and types of grievances that can be faced by the community for health accessibility and how to address the grievance under the AB-HWC. Brainstorm with the participants and collate their responses on a whiteboard or chart paper.
- After the discussion, tell the participants how community-based monitoring plays an important role in grievance redressal and delivery of quality health services. Tell the participants about the available community monitoring tool.

Figure : 4 Example template for community monitoring of health services

Monitoring of health status	Key themes to be monitored	Tool that can be referred to
Village level		
Anganwadi Centre	Village Health and Nutrition Days (VHND)	Observation checklist for VHND as given in the VHSNC handbook
Services provided by departments other than health like drinking water, Swacch Bharat Abhiyan, Education, Women and Child Development Food supplies, irrigation, rural development, agriculture, etc.	Water, Sanitation, Nutrition, etc	Public service monitoring tool as given in the VHSNC handbook
	Use of chemicals in agriculture or any other industry, Stubble burning	
Facility level		
Sub Health Centre (SHC) SHC-Health and Wellness Centre Primary Health Centre (PHC) PHC-Health and Wellness Centre	◆ Availability of staff ◆ Availability of hospital building and basic amenities ◆ Availability of the services ◆ Jan Arogya Samiti (JAS)/ Rogi Kalyan Samiti functioning	Observation checklist for SHC and PHC as given in VHSNC handbook or User manual of Community Action for Health

- Do brainstorming on social accountability and its process, frequency, location and participation.
- After the participant's discussion, tell the participants to present and have a detailed discussion
- If the participants are not able to identify what needs to be monitored, instruct them to refer to the Annexure – 5 for more details and continue the discussion using the indicators.
- After the discussion has closed, thank the participants for their time and contributions and especially their commitment to creating Indicators for monitoring Healthy village
- End of the discussion by stating that there are some indicators to monitor (Annexure 5) and explain the same in detail

KEY POINTS:

- ☞ GP must be aware of the process and methods of making complaints 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.
- ☞ Community Based Monitoring (CBM) is one of the mechanisms to ensure social accountability. This activity shall be led by Gram Panchayat (GP). They shall leverage the existing community-based structures both formal and informal to conduct CBM.

- ☞ The social accountability exercise is a biannual process of 'Community Reflection and Accountability (CRA)' which is called Jan Darpan, at the village level, and Arogya Sabha at HWC level.
- ☞ In order to avoid the burden of responsibility falling on one individual, the responsibility should be divided among the GP members. The members may wish to put all responsibilities on the ASHA, but this should not be the case. By taking responsibility, all GP members can participate equally and more actively, and the VHSNC will be able to function more democratically. With more monitoring, data will become more credible.
- ☞ Service providers should not have to monitor their services. For example, Anganwadi Workers should not have to monitor AWCs. The member of the SHG who provides mid-day meals should not be given the responsibility of monitoring whether they are provided in compliance with the guidelines.
- ☞ The beneficiary of a particular service should monitor that service. For example, members with children attending anganwadis can be given that responsibility. Members with school-age children can monitor schools, pensioners monitor pensions, MNREGA workers monitor MNREGA wages, etc.

ANNEXURES

ANNEXURE – 1

COMMUNITY STRUCTURES:

DEFINITION AND EXAMPLES

A community structure (CS) is a

- Semiformal or formal/ organized and decentralized network of individuals,
- Representing a certain group (men/ women/ transgender/ youth from marginalized or vulnerable communities/ informal workers)
- In a defined geography having a shared agenda and a welfare mandate, with its own operational systems and leadership,
- Members of which are not remunerated by the government

These include, but are not limited to:

- Self-help Groups
- Labour unions (both formal and informal workers' unions, such as sugar factory unions, cement factory unions, construction workers' unions, auto drivers' unions
- Population-based groups such as Dalit groups, Tribal groups and caste-based community welfare groups
- Youth Associations such as National Cadet Corps, students' clubs at school and college level
- Faith-based organizations such as the Salvation Army, Mathas, Temple boards, etc.
- Panchayat sub-committees such as VSHNCs

NOTE : *The list above is indicative and the definition is intended to guide the trainer on defining a community structure. The trainer may add community structures according to the context of the region where the training is being conducted*

ANNEXURE – 2

UNDERSTANDING FORMAL STRUCTURES (JAS, BVS, VHSNC)

As part of the healthy village, Jan Arogya Samiti (JAS), Bal Vikas Samiti (BVS), and Village Health Sanitation and Nutrition Committees (VHSNC) can be leveraged to identify, treat, and manage. Each of these supporting structures works at a different level, often under the ambit of different departments or programs and, with its own roles and vision, which have been given below.

1. JANA AROGYA SAMITI

The recently constituted Jan Arogya Samitis at the PHC and SHC level aim to formalize people's participation in planning, decision–making, and monitoring the quality of health services in their area. In PHC level AB-HWCs, the existing Rogi Kalyan Samitis will be re-aligned to the framework of JAS. JAS, which will be chaired by the representatives of Panchayati Raj Institutions (PRIs), will have strong participation of the VHSNCs, Women SHGs and other community groups of the area.

Chairperson:	Zila Panchayat Member/ Janpad Panchayat member of the corresponding area
Co-chair:	Block Medical Officer / Taluka Health Officer
Member Secretary:	Medical Officer In-charge of PHC level AB-HWC
Members:	a) Other Medical Officer / AYUSH Medical Officer of PHC b) Senior Staff nurse / LHV / ANM of PHC c) Chairperson of Janpad Panchayat's Health Sub-committee d) Sector Supervisor of Dept. of Women and Child (DWCD) / ICDS of the area e) Block level officer of Dept. of Public Health Engineering Dept. (PHED) Department of Water and Sanitation (DWS) f) Block level officer of School Dept. / Principal / Headmaster of local School g) Block level officer of PWD h) Chairpersons of all JAS of SHC level AB-HWCs of PHC area (may be up to 5-6) i) Block level representative from NYK/Youth volunteers j) 2 Civil society representatives
Special invitees:	◆ Tuberculosis survivor and "any male" who has undergone sterilization after one / two children" ◆ Chairpersons / members of VHSNCs, Women SHGs, Youth Groups on rotation of two years. Number of JAS Members ◆ The total number of JAS members in JAS-SHC and JAS-PHC will likely to be in between 18-20 separately. Principles Governing the Composition of JAS ◆ There should be representation from all habitations and all communities (especially the vulnerable communities like SC/ ST) of AB-HWC area. ◆ All General Members shall have a tenure of two years so as to enable participation of more community representatives. ◆ An ex-officio member of JAS, like, the President of VHSNC, will cease to be member of JAS, when she/he, ceases to be the VHSNC President. ◆ Formation of JAS and its role should be publicized. The details of all JAS members including their contact numbers should be displayed at AB-HWC, Anganwadis /Schools /government offices of the respective AB-HWC area. ◆ At least 50% women members and 33% vulnerable and weaker sections of community should be well represented.

2. BAL VIKAS SAMITI

This is a local committee consisting of 13 members. This Bal vikas Samiti is created to monitor efficiency of AnganwadiAnganwadi centres, management, impact and quality of complementary food program, inspection of quality and quantity in respect of the supply of food materials, under Comprehensive child development plan, and also to help and cooperate with AnganwadiAnganwadi workers (women) in carrying out activities of AnganwadiAnganwadi centres. Bal vikas Samiti is created with the help of supervisors of each Anganwadi centre.

In rural areas the below mentioned are there in Bal Vikas Samiti	**In urban areas the below mentioned are there in Bal Vikas Samiti**
◆ 4 mothers	◆ 4 mothers
◆ Members of Gram Panchayati	◆ Members of respective wards
◆ Asha/Younger persons	◆ Asha/Younger persons
◆ Headmasters and teachers (of the local school)	◆ Headmasters and teachers (of the local school)
◆ 4 stree-shakti representatives	◆ 4 stree-shakti representatives
◆ Senior citizens	◆ Senior citizens
◆ Anganwadi workers (Women)	◆ Anganwadi workers (Women)

Report of president, vice-president and other members

- A member who selects from gram Panchayati samiti (respective ward member)
- A member who is selected from the corporation, municipality, municipal council, and town Panchayati (a respective ward member)

Selected samiti members should elect one of the members as President of the Samiti. The Anganwadi worker will become a member-secretary of the samiti. The samiti will be valid for a period of 3 years only and members are not eligible for any kind of remuneration. The samiti should open a bank account and deposit all amounts received by way of public contributions and government grants to Bal Vikas Samiti. These deposits will be in the joint name of the president and Anganwadi worker (member-secretary). Samiti members have to serve as complementary to the development of Anganwadi and also to preschool education. In the event of member not attending committee meetings or not executing his/her duties or not providing solution to any of the problems of the centre, the worker of the centre, with the approval of the samiti, has the right to remove the particular member from the samiti.

Role of Bal Vikas Samiti in Anganwadis

- To provide a suitable building for the working of Anganwadi
- To provide a suitable place (land) for the building of Anganwadi
- To supervise during the construction so that a quality building is built and to ensure a ramp is compulsorily provided for the use of physically challenged children
- To do minor repair works of the building and whitewashing time-to-time, ensure the provision of toilets in the building, and provide any other facility, keeping in mind some special requirements of physically challenged children. Also to provide water for sanitary purposes and supervise that they are properly utilized.
- Bal Vikas Samiti should make a work plan of Anganwadi centre at least twice a year and should cooperate in implementing the same
- To conduct the meeting of mothers of children registered in the centre, to arrange an exhibition of lessons and games learned by children (as per work plan) and to get opinions/feedback from guardians regarding the same
- To supervise that the Anganwadi workers review the work undertaken by the centre every year
- To supervise that the Anganwadi works satisfactorily between 9.30 am and 4.30 pm.

- To supervise that the Anganwadi worker visits homes between 2.30 pm and 4.30 pm and organises meetings of stree-shakti groups
- Two members should be personally present at the time of supply of food materials to the centre to ensure quality and quantity of the same
- To supervise that the complementary nutritious food distribution programme works satisfactorily in Anganwadi centre, try to get locally available food, such as vegetables, leafy vegetables, fruits etc, free of cost
- To see that health service programs, such as inoculation, medical check-up, health and nutrition etc, are organized systematically
- To see that national festivals and children's festivals are organized with pomp and gaiety
- To be a communication channel between Anganwadi workers, supervisory staff of the child development plan and Gram Panchayati
- To organize meeting of Bal Vikas Samiti every month without fail, to discuss about shortfalls and take necessary action
- To plan various other activities necessary for development of Anganwadi centres

Role of members in the development of Anganwadis

- To make parents/guardians understand that the children, in the age group of 3-6 years and covered under the Anganwadi centre, be present in the centre everyday without fail
- To manage and safeguard properties of the Anganwadi centre
- To make available facilities provided by the government in time
- To participate in all the programme of the centre without fail
- To present in all the meetings of Samiti without fail
- To strengthen the friends group of Anganwadi
- To honour the workers for their efficiency
- To make local organizations and institutions cooperate to strengthen workers

3. VILLAGE HEALTH SANITATION AND NUTRITION COMMITTEES

The VHSNC is an institutional mechanism formed at the village level for the community to voice their health needs, be informed of health programmes and government initiatives, and to participate in the planning and implementation of these programmes, leading to better outcomes. VHSNCs are expected to act as leadership platforms for improving awareness and access of the community to health services, to support the ASHA functionaries, develop village health plans specific to local needs, and serve as a mechanism to promote community action for health (particularly for social determinants of health).

Vision: To be central to local-level community action and gradually support the process of decentralized health planning

Department or Level: Under the Gram Panchayat (as a Panchayati Raj Institution) at the revenue village level

Composition: The VHSNC should have at least 15 members. States have the flexibility to decide the maximum number of members. The ANM, AWW, and ASHA along with the Panchayat leadership are to ensure that every section is represented. Women must constitute 50% of total members and SC, ST & minority groups should be represented as per their population in the village. The VHSNC is composed of:

1. **Chairperson:** Female elected member of the Gram Panchayat (Panch), preferably from among the SC/ST communities, who is a resident of that village

2. **Member Secretary and Convenor:** The ASHA will be the Member Secretary and Convenor of VHSNC. If there is more than one ASHA in the VHSNC village, then one of them is to be selected by consensus as Member Secretary and convener.
3. **Elected GP members:** Residents in the village are to be preferred. In areas where there are no elected panchayats, members of tribal councils could be considered. Though more than one elected member of a Panchayat can be included in the VHSNC, their numbers should be limited to one-third of the total number of members, and preference should be given to female GP members.
4. **ASHAs:** All ASHAs of the village should be on the committee. In small villages, there would be only one ASHA per VHSNC.
5. **Frontline staff of government health-related services:** The ANM of the health department, the Anganwadi worker of the ICDS, and the school teacher should be included as regular members only if they are residents of that particular village. Volunteers or village-level workers of other government departments should also be considered if they are residents of the village.
6. **Community-based organizations:** Representatives of existing community-based organisations like Self Help Groups, Forest Management Committees, Youth Committees, etc.
7. **Pre-existing committees:** Members from separate committees on School Education, Water and Sanitation, or Nutrition.
8. **Service users:** Pregnant women, lactating mothers, mothers with children of up to 3 years of age, and patients with chronic diseases who are using public services.
9. **Special invitees:** They are generally not residents of the village. This includes Medical Officer of the local PHC, the Facilitator of the ASHA Programme, Supervisors in health and ICDS departments, the Panchayat secretary and Block Development Officer, Zila and block panchayat member.

ANNEXURE – 3

UNDERSTANDING INFORMAL STRUCTURE (SHG)

SELF-HELP GROUP (SHG)

Self-help Groups (SHGs) are informal associations of people who come together to find ways to improve their living conditions. They are generally self-governed and peer-controlled. People of similar economic and social backgrounds associate generally with the help of any NGO or government agency and try to resolve their issues, and improve their living conditions.

The emergence of Self-Help Groups – Origin and Development in India

- The origin of SHGs in India can be traced back to the establishment of the Self-Employed Women's Association (SEWA) in 1972.
- Even before, there were small efforts at self-organising. For example, in 1954, the Textile Labour Association (TLA) of Ahmedabad formed its women's wing in order to train the women belonging to families of mill workers in skills such as sewing, knitting, etc.
- Ela Bhatt, who formed SEWA, organised poor and self-employed women workers such as weavers, potters, hawkers, and others in the unorganised sector, with the objective of enhancing their incomes.
- NABARD, in 1992, formed the SHG Bank Linkage Project, which is today the world's largest microfinance project.
- From 1993 onwards, NABARD, along with the Reserve Bank of India, allowed SHGs to open savings bank accounts in banks.
- The Swarn Jayanti Gram Swarozgar Yojana was introduced in 1999 by GOI with the intention of promoting self-employment in rural areas through formation and skilling of such groups. This evolved into the National Rural Livelihoods Mission (NRLM) in 2011.

Every Self-help group usually goes through 3 stages of evolution stated below:

- Formation of group
- Funding or Formation of Capital
- Development of required skills to boost income generation for the group
- Many self-help groups are formed with the assistance of Self- help to promote agencies.

Functions of Self-Help Groups

- They try to build the functional capacity of poor and marginalised sections of society in the domain of employment and income-generating activities.
- They offer collateral-free loans to sections of people that generally find it hard to get loans from banks.
- They also resolve conflicts via mutual discussions and collective leadership.
- They are an important source of microfinance services to the poor.
- They act as a go-through for formal banking services to reach the poor, especially in rural areas.
- They also encourage the habit of saving among the poor.

ANNEXURE – 4

BUDGET (15TH FINANCE COMMISSION, RESOURCE MOBILIZATION, WASH)

15TH FINANCE COMMISSION AND THE ROLE OF PRIS

The Government of India (GoI) forms a Finance Commission every 5 years to recommend the proportion and mechanism of distribution of the funds with the states and the union territories for the development activities. This is the first time that the finance commission has earmarked Rs. 70,005 crores over the five years (2021-26) for strengthening public health care through urban local bodies (ULBs) and Panchayati Raj Institutions.

The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of health sector to the tune of Rs 70,051 crores and the same have been accepted by the Union Government. 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. 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 grants means these have to be used for specified components within given time.*

Role of PRIs

Supervise and monitor

- Construction of health centres,
- Laboratory services availability
- Availability of adequate health staff
- Availability of health care services
- Surveillance of disease outbreaks
- Supporting management of epidemics.
- Contribute in developing health plans for their blocks.

These grants are for strengthening primary care through the following specified components:

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

Besides the above provision, the PRIs will also receive funds of which 60% will be earmarked for water, sanitation, waste management, etc. The rest 40% will be available for the PRIs to spend on local priorities which can be health-related.

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.
2. They would also support implementation of the plans, and undertake periodic reviews of the progress.
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.

ANNEXURE – 5

MONITORING TOOL FOR HEALTHY VILLAGE

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

S. 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.*

ANNEXURE – 6

MONTHLY ACTION PLAN

Issues / Challenges / Causes		Decision Taken
Meeting Date:	Time:	
Place:	Attendence:	
Meeting Date:	Time:	
Place:	Attendence:	
Meeting Date:	Time:	
Place:	Attendence:	
Meeting Date:	Time:	
Place:	Attendence:	
Meeting Date:	Time:	
Place:	Attendence:	
Meeting Date:	Time:	
Place:	Attendence:	

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NOTES

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