

SELF HELP GROUPS IN COMMUNITY ACTION ON HEALTH

FACILITATOR MANUAL



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

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Background and Overview

Self-Help Groups (SHGs) are informal associations of people who choose to come together to find ways to improve their living conditions. The genesis of SHGs started with the SHG Bank Linkage Project launched by National Bank for Agriculture and Rural Development (NABARD) in 1992 which blossomed into the world's largest microfinance project. NABARD along with RBI permitted SHGs to have savings accounts in banks from the year of 1993. This action gave a considerable boost to the SHG movement and paved the way for the SHG-Bank linkage program.

In 1999, the Government of India, introduced Swarn Jayanti Gram Swarozgar Yojana (SGSY) to promote self-employment in rural areas through the formation and skilling of SHGs. The programme evolved as a national movement in 2011 and became National Rural Livelihoods Mission (NRLM) – the world's largest poverty alleviation programme. In course of time, the Government introduced several schemes and measures to strengthen the SHG movement.

The action of SHGs has been predominantly visible in the areas of microcredit and livelihoods. Nevertheless, SHGs have also contributed to various fields other than economic empowerment, ranging from helping the local needy, running community kitchens, awareness generation, addressing stigma and discrimination to fighting for community rights. One best example was the various ways in which SHGs addressed the needs of people during the COVID-19 epidemic.

Several studies have found an association between social capital, generated from participation in microfinance, SHG, and participatory women's groups on diverse health behaviours and health outcomes, as well as reducing inequity. "The effect of Self-Help Groups on access to maternal health services: evidence from rural India" – This study adds to the evidence that trust, solidarity and a sense of belongingness as a result of participation in an SHG are important determinants of health outcomes.

SHGs can become a valuable resource for local communities as they are strong grassroots institutions. They are well aware of the needs, beliefs, practices, social factors and dynamics. By ensuring the participation of SHGs as a community at all levels – as beneficiaries, as facilitators of health activities, and even as planners of health programmes they can become the voices of the community which will help the supply end in tailoring the needs to meet the demand. They can also play a pivotal role in strengthening the health system.

In this context, this module serves to equip the SHGs with information on holistic health perspectives and the potential of SHGs, so as to enable them to work out the collaborative community action for health for effectively playing the role of community catalysts.

Session Plan

DURATION: 05.15 Hours

Session No.	Topic	Duration	Methodology and materials needed
1	Introduction and objectives	15 Minutes	Interactive game/activity A ball or any item that can be passed to one another
2	Why Self-Help Groups – The immense potential and Scope	45 Minutes	Discussion followed by a presentation of success stories LCD, laptop, and success stories
3	Understanding Health, its determinants and dimensions	45 Minutes	Case stories and brainstorming Chart paper and markers
4	a) Self Care, Family Health and Community Health b) Family Health and Community Health and c) Common health problems in the community	30 Minutes	Brainstorming followed by discussions Chart papers and markers
5	a) Where and how can I access health services and who will help me b) Part B- Introduction to Ayushman Bharat Health & Wellness Centres (AB-HWCs)	75 Minutes	Flashcard-based brainstorming followed by discussion. 15 Flashcards with question and answer
6	Schemes and benefits for addressing health issues	30 Minutes	Brainstorming followed by discussions Chart papers and markers
7	Role of Self-Help Groups in strengthening public health system and improving health among communities	45 Minutes	Group work and discussion Success stories (Visual/Narration) Whiteboard, Markers, Chart papers (Card sheets), pens.
8	Formulation of Healthy Village Action Plan	15 Minutes	Brainstorming and consolidation Whiteboard, markers, chart papers (Card sheets), sketch pens

General instructions to facilitators

Before the training

- ▶ Prior preparation is essential for effective facilitation. Give yourself sufficient time for this preparation. Read through the module at least twice and get thorough with the sessions.
- ▶ Gather as much relevant information as possible by interacting with co-facilitators, 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 also 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 and impediments and 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 should 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 should be mutual respect among all participants irrespective of the cadre or the position.
- ▶ The facilitator should 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 should 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 the input of 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 is to be scaled up, this learning would be invaluable guidelines as different organisations work in specific contexts.

SESSION

1

Introduction and Objectives



OBJECTIVES: To help participants know each other better and understand the objectives of the workshop



DURATION: 15 minutes



METHODOLOGY: Interactions



MATERIALS REQUIRED: A ball or any item that can be passed around.

PROCESS:

- ▶ Facilitator will greet the participants, introduce themselves and start a casual conversation.
- ▶ Facilitator will begin by saying, we already know each other for many years, today we will try to know some new things about our friends/peers. Let us begin with an interesting game.
- ▶ Then the facilitator introduces the game by saying that each participant has to narrate their name, an adjective to represent them, their favourite food and one short incident that they would like to share that no one in the group knew before. Five minutes will be given for them to recollect.
- ▶ Facilitator passes the ball to one participant. The participant has to introduce herself by narrating the above.
- ▶ Next the participant will throw the ball to another participant who has to introduce herself. The game will go on till all participants introduce themselves.
- ▶ The facilitator now introduces briefly the objective of the workshop.
- ▶ The facilitator shall explain the principles of adult learning using a PPT.
- ▶ Having understood the key principles, the participants shall be asked to articulate about how to create a conducive environment for adult learning. Subsequently, the facilitator shall present the principles of adult learning using a PPT.

Recap team:

- ▶ As part of the participatory approach to 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 SHG for the overall wellbeing of its people. We have also understood the aim of the training and how this training would help us too deep down more. We have also laid down ground rules so that we can fully participate in the program successfully.

Announce the break with information about the time of reassemble

SESSION

2

Why Self-help Groups – Potential and Scope



OBJECTIVES: To make the participants understand the potential and scope of SHGs in strengthening the health system. To make them explore the activities they can perform in their own localities for improving the health of their community.



DURATION: 45 minutes



METHODOLOGY: Discussion followed by a presentation of success stories



MATERIALS REQUIRED: Success Stories cards for reference.

Ask what the participants think are the strengths of SHGs. Elicit responses by probing to link to the following points.

- ▶ Effort is built on mutual trust and support; every individual is equal and responsible.
- ▶ They are well-knit and have good network with other peer groups in the locality as well as with the federations at next levels.
- ▶ They have their leaders from their own groups and hence not externally dependent to be led.
- ▶ Most of the SHGs represent the vulnerable groups of people, hence they are ready to move together for a shared purpose.
- ▶ SHGs act as appropriate people's institutions that provide the poor with the space and support necessary to take effective steps towards greater control of their lives in private and in society.
- ▶ These community-based groups are not static institutions but grow on the resources and management skills of members and their increasing confidence to get involved in it.
- ▶ Every individual is committed to the cause of the group.
- ▶ Decision is based on the principles of consensus.
- ▶ Scale: In the current Financial Year, up to 28th February 2022, against the target of 7.80 lakh SHGs, 5.43 lakh SHGs have been formed cumulatively. A total of 74.80 lakh SHGs have been formed across the country (except Delhi and Chandigarh) under DAY-NRLM.

Now ask them what they think are the strengths or say good things that make the SHGs unique and strong.

- ▶ Probe to get answers on leadership from among the local group. These may include no restrictions/impositions due to the virtue of operating as independent and self-reliant structures, decision-making power etc.
- ▶ Probe advantages of operating in an SHG and talk about things like how SHGs help to organise themselves, help them financially, provide them work, help them in other matters including domestic issues, violence, children's education, household requirements etc.,
- ▶ Add that even many banks and the government trust SHGs and have released many schemes for the upliftment of SHG women through various initiatives. (Do not talk more about what are those initiatives because it could be a diversion from the current topic)
- ▶ Now summarise by asking whether they knew about the strengths before or only now they realized it. Continue by saying that now we know that in spite of being a small local group, we have a lot of strength and potential to bring changes in the community.
- ▶ Ask them if it makes sense to do things beyond the scope of finance and whether it would be beneficial for them. Normally the response would be positive.
- ▶ Then lead them to the roles of SHGs session saying that, now that we are all discussing health which is very precious and which cannot be bought with money, let's see what we can do for health.

KEY MESSAGES

- ▶ 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 nationwide spread and thus form a large fraternity

Notes to the facilitator:

For the session on the potential of SHGs, the facilitator should touch upon the points beyond financial/economic empowerment to include scope beyond financial empowerment. The facilitator has to reinforce the idea that self-help should not be restricted only to financial self-help, but to the overall improvement of quality of life which includes health, sanitation, education, nutrition and holistic well-being.

SESSION

3

Understanding Health, its Dimensions and Determinants



OBJECTIVE: To help the participants understand health, its different dimensions and the determinants which affect health.



DURATION: 45 minutes



METHODOLOGY: Case stories and brainstorming



MATERIALS REQUIRED: Chart paper and markers

PROCESS:

- ▶ Start the conversation by asking participants what health means to them. Encourage them to respond.
- ▶ Tell them that now you are going to narrate the stories of Anitha and Harish.

Story 1: Story of Priya

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 as a job to earn her living. In the night, she reads to her parents for their pastime.

Story 2: Tell them that now you are going to narrate another similar story and start.

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.

- ▶ After narrating the above stories ask them according to you, “Who is healthy?” Encourage them to respond and summarize the discussion with the key message:
- ▶ *Based on physical appearance we cannot judge a person’s health status. We also need to consider his/her ability to respond to a problem with resilience, have clarity regarding purpose in life (spiritual), live in harmony with others, able to feel and express feelings appropriately and able to enjoy the work of health.*
- ▶ Now ask the participants, “What are the different factors that affect the health of an individual?”
- ▶ Get their responses and encourage them to elicit the factors, which contributed to their health. Help them to recall the story of Priya and Harish before responding.
- ▶ Summarise the discussion with the help of below mentioned key messages and tell them these are the determinants of health.

Determinants of Health

- ▶ *Unhealthy living conditions:* Crowded living spaces, unhygienic environment including improper waste management systems, damp rooms, smoke and dust-filled environment, all these give rise to respiratory problems and lead to diseases like TB.
- ▶ *Unhealthy habits like regular consumption of alcohol and using drugs:* Unhealthy habits related to lifestyles like regular alcohol consumption and use of other intoxicants (drugs and tobacco products) are also major causes of bad health in many families. They also lead to social problems at the family and community levels.
- ▶ *Working under unsafe or difficult conditions:* Hard labour, working for long hours, using unsafe equipment and work tools, etc., may increase the possibilities for disease and illness. Working unprotected in stone quarries can lead to severe breathing problems; spraying pesticides without protective gear can lead to exposure to harmful substances. Eg: Mining related jobs, shift jobs of 12 hours stretch or more, working in conditions with unavailability, inaccessibility of clean drinking water and toilets etc.
- ▶ Some health issues are passed from one generation to the next generation or we develop health issues as some changes happen in our body before we are born.
- ▶ Women are more vulnerable to various health issues. In most societies, women do not consume adequate nutritious food as they tend to eat the leftover after serving the family.
- ▶ Lack of access to health services – Availability of and access to health services is a major factor that can impact your health or that of your community.
- ▶ Unmet health needs, delays in receiving appropriate care, or an inability to get preventive services will jeopardize health. For example - immunization of children can influence the prevalence or incidence of certain diseases, and care of pregnant women and children can contribute to the reduction of maternal and child mortality.

SESSION

4

Importance of Health



OBJECTIVE:

- ▶ To make the participants understand the importance of health and that their bodies.
- ▶ To make the participants recall the common ailments/health problems prevailing in their locality and the reasons for the same.



DURATION: 30 minutes



METHODOLOGY: Storytelling followed by discussions



MATERIALS REQUIRED: None

PROCESS: Part A and Part B

Part A: Self-care, family health and community health

Ask the participants to divide themselves into three groups and give each group one topic, such as self-care, family health and community. Give them 15-20 minutes to discuss among the group.

Group-1	Group-2	Group-3
Self -Care	Family Health	Community Health
1. Why self-Care is important? And what are the key components (Healthy diet, physical activity, personal hygiene, social connections, avoiding alcohol and tobacco, meditation, and yoga)	How do you protect health of your family? {Social connections, eating together, support during hardships, diet practice based on all family member's need, physical activities, psychosocial support, and support for quitting unhealthy habits (alcohol, tobacco, and other narcotic substances)}	Cohesive neighbourhoods, community activities like periodic cycling, exercise, yoga.

Groups will first define Self Care, Family Health & Community Health and explain the components and how they can maintain their health.

A Power Point Presentation will be taken by the Resource Person/Facilitator. The PPT will include the following information:

- ▶ Healthy living and its associated factors
- ▶ WHO definition of Self-Care
- ▶ WHO definition of Family Health and Community Health

KEY MESSAGES

- ▶ Health involves all the three components self-care, family health and community health.
- ▶ Maintaining a healthy body makes life beautiful
- ▶ Taking care of own health and body is very important to lead a quality life

Part B: Common health problems in the community

- ▶ Ask the participants what ailments that they have seen/experienced in their locality.
- ▶ Encourage them to respond, then list and group all of them in two boxes:

Category	Diseases
Communicable diseases	Malaria, dengue, typhoid, diarrhoea TB, leprosy, HIV/AIDS, COVID-19
Non-Communicable diseases	Diabetes, hypertension (BP), cancer, heart disease, Mental health issues (anxiety, depression etc.), malnutrition among children, anaemia among pregnant women etc.

- ▶ After grouping their responses under two categories- communicable and non-communicable diseases, explain the meaning of both
- ▶ Now explain that, like this, there are several diseases. Then ask them why they think these problems persist in their village. Encourage them to respond with reasons
- ▶ Emphasise probing the reasons for the diseases, which are prevailing in their village
- ▶ Lead the discussions on the reasons for diseases and try to connect with the issue prevailing in their locality like hygiene and sanitation, good/poor health practices, accessibility of health services, awareness etc.,
- ▶ Ask them whether any of them are preventable (Dengue, malaria etc.)
- ▶ Then ask them how many and which of the diseases could be prevented
- ▶ Ask them in their locality, through what steps the existing/current diseases could be prevented from further spreading (Dengue, malaria, TB)
- ▶ Connect to the session on determinants of health and conclude by saying that most diseases can be prevented and prevention is better than cure

Reading material

Communicable diseases: Also known as infectious diseases or transmissible diseases, these illnesses result from the infection, presence and growth of pathogenic (capable of causing disease) biological agents in an individual human or another animal host.

Non-Communicable diseases: Non-Communicable Diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors.

KEY MESSAGES

- ▶ NCDs, also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental, and behavioural factors.
- ▶ Various factors affect the spread of diseases in the locality like hygiene and sanitation, access to healthcare services, awareness among the community.
- ▶ Many diseases can be prevented from spreading through appropriate hygiene, sanitation, good health practices and others.

Notes to the facilitator:

- ▶ Do not read the definition of communicable and non-communicable disease as it is. Explain the meaning in simple words.
- ▶ Emphasise probing the reasons for the diseases and that many of them are preventable, which are prevailing in their village.

SESSION

5

Where and how can I access Healthcare Services and who will help me



OBJECTIVES: To highlight the immediate point of contact for availing different services and networking with workers field level health functionaries, health and wellness centres and community-based organisations working for health in their localities.



DURATION: 1 hour 15 minutes (Part A – 30 min & Part B – 45 min)



METHODOLOGY: Flashcard-based brainstorming and presentation



MATERIALS REQUIRED: 15 Flashcards

PROCESS: Part A and B

Part A: Where and how can I access health services and who will help me

- ▶ Ask a participant to pick a flash card and read out the question. Take back the card.
- ▶ Initiate discussions and arguments about the question.
- ▶ Then show the back of the flashcards where the correct answers are given, discuss in detail and summarise.

Questions are to be printed on one side and answers are to be printed on the back of the cards.

S. No.	Question	Answer
1	Your neighbour, a woman, who is pregnant is alone at her home. Suddenly she gets labour pain. What do you do?	i) Inform her family members. ii) Call the ASHA worker and inform her. iii) Call 108/ Take her to the nearest PHC.
2	Your father-in-law feels weak, urinates frequently and experiences a burning sensation in the feet. You suspect diabetes. Where and how do you ask ASHA workers about facilitating testing	Nearest Primary Health Centre/ Sub Centre. Inform ASHA workers for facilitating testing.
3	Your neighbouring woman is coughing continuously for two weeks, lost a lot of weight in a month, and every day gets a fever at night and chest pain. What do you suggest her to do?	Inform ASHA workers for facilitating testing; Suggest her to approach the nearest PHC immediately and get tested for TB.

S. No.	Question	Answer
4	What is secondary and tertiary care? Who provides it?	<p>Secondary care is when your primary care provider refers you to a specialist.</p> <p>Secondary care is the care of a specialist. These specialists may include surgeons, gynaecologists, oncologists, cardiologists, orthopaedic surgeon and endocrinologists. It may also include hospitalisation.</p> <p>If you require hospitalization and require a higher level of speciality care, your doctor may refer you to tertiary care.</p>
5	In which cases I may require to go to Taluk or District hospital?	<p>For secondary and tertiary care. Tertiary care requires highly specialized equipment and expertise.</p> <p>At this level, you will find procedures such as:</p> <ul style="list-style-type: none"> ♦ Coronary artery bypass surgery ♦ Dialysis ♦ Plastic surgeries ♦ Neurosurgeries ♦ Severe burn treatments ♦ Complex treatments or procedures <p>A small, local hospital may not be able to provide these services.</p>
6	I am willing to learn yoga and practice every day. Where can I get help?	<p>Health and Wellness Centre (HWC)</p> <p>These are centres to deliver comprehensive primary healthcare that is universal and free to users; Focuses on wellness.</p> <p>Discuss the services available at HWCs in detail.</p>
7	I do not know which hospital should I go to for higher service needs. What should I do?	<p>Visit the PHC; if there is a need for advanced services, PHC will refer to the appropriate referral centre.</p>
8	Can you name the health insurance care provided by the Government? Where is it available? What are its benefits?	<p>Pradhan Mantri Jan Arogya Yojana</p> <p>Cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization; Across public and private empanelled hospitals in India</p>
9	Where is the immunisation service for babies available in your locality?	<p>Nearest Sub Centre.</p>
10	I want to offer my feedback/suggestion to improve health service delivery in our village. Where should I provide this?	<p>Mahila Arogya Samiti./ VHSNC.</p> <p>(Discuss MAS/VHSNCs)</p>
11	There is a house construction going on in your locality. One of the migrant labourer ladies is bringing her 3-year-old child to the workplace. The child looks very weak, pale, and thin. What will you do?	<p>Link the child to the nearest Anganwadi centre for addressing nutrition requirements.</p>
12	You have been seeing a heap of waste dumped in a corner of the street where you are residing. Whom will you approach to clear this?	<p>Gram Panchayat or any GP/ VHSNC member.</p> <p>(Additionally, discuss the types of issues addressed by GP)</p>

S. No.	Question	Answer
13	An earning member of an extremely poor family in your village has expired. He has left an illiterate widow and three children behind. The widow is not exposed to going to work. They need immediate help for a few days. Whom in your village do you approach?	Gram Panchayat. Gram Panchayat has funds to address such extreme cases of poverty and destitution.
14	You find a woman in your locality who experiences domestic violence. What do you advise?	Advise approaching the Women's helpline (telephonic) and counselling centre (if available in their locality).
15	You know someone who wants to donate money for improving infrastructure in the school of your village and donate some books. Whom will you link this person with?	School Development and Monitoring Committee. (Discuss this in detail)

Part B: Introduction to Ayushman Bharat-Health & Wellness Centres (AB-HWCs)

- ▶ Now ask the participants about what they learnt from the previous activity.
- ▶ Then, tell them that now we all know there are various services for addressing our health problems as well as people who lend us or support us to avail these services. Now, present them about the Ayushman Bharat program through presentation.
- ▶ Summarize the presentation and present the key takeaway messages.

KEY MESSAGES

- ▶ We can access different health services (functionaries and facilities) in our area for our health problems.
- ▶ Seeking timely help will help address the health problem and avoid further complications.
- ▶ Various barriers influence people from accessing services meant for them – few like unawareness, monetary factors, physical factors including the distance of service location etc.

SESSION

6

Schemes and Benefits for Addressing the Health Issues



OBJECTIVES: To make the participants aware of the schemes and benefits available for addressing health issues for linking the needy to appropriate ones.



DURATION: 30 minutes



METHODOLOGY: Brainstorming followed by discussion

PROCESS:

- ▶ Ask them to share their experience-
 - How did they come to know about the scheme?
 - Have you seen anyone availing any of the scheme?
 - If so, could you explain the process of how they availed, was it any different from what we discussed?
 - What kind of benefits did they receive? Was the benefit really helpful?
 - How was it helpful?
- ▶ Understand the gaps and present a consolidation of schemes by using below template through group work and presentations.

Template: 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/home (where I get?)	Required documents (what I have to produce)	Time & place of availing the benefit (When, where will I get)	Role of SHG	Problems and Grievance redressal	
PMBJP											
JSSK											
JSY											
PMMVY											
PM-JAY											
NPY											

- ▶ Divide the participants in 7 groups with one chart to each group.
- ▶ Chart1- Purpose, 2-benefit, 3-Eligibility, 4-Whom to approach and how to apply, 5- Availability and Required Documents, 6- When and where I will get, 7- Role of SHG. For example, the chart will look like –

Chart 1- Purpose of the scheme	
JSSK	
JSY	
PM-JAY	

- ▶ The groups will sit in order (G1-G2....) not in random manner (G3-G1-G2....)
- ▶ The groups will work on issues pre-marked in columns in the template.
- ▶ Ask them to refer the manual.
- ▶ At first, each group will enter the information in the first row /scheme only assigned to them in the chart. (1minute)
- ▶ Groups will swap the charts (Group 1 will pass the chart to G2, G2 to G3 and so on.) and fill the second row of the newly received chart(1minute).
- ▶ Again, the groups will swap the charts and fill the third row of the newly received chart and it will continue until each group receive the chart with which they started.
- ▶ Once all the columns in all the charts are filled, each group will present the scheme wise information.
- ▶ The charts can be displayed, and participants can go through them in a carousal manner.

KEY MESSAGES

- ▶ For providing basic health facilities to all citizens, government has introduced various health schemes and benefits.
- ▶ There are specific schemes to address the health needs of the communities. Hence, it is the right and responsibility of people to avail these schemes.
- ▶ Many schemes and benefits will be unutilised by needy people due to ignorance on these. Hence SHGs can play a role of providing information and linking the needy people to appropriate services.

Reading materials

- ▶ **Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP):** Under this scheme, dedicated outlets known as Janaushadhi Kendra are opened to provide generic medicines at affordable prices. It ensures access to quality medicines for all sections of the population especially the poor and the deprived ones.
- ▶ **Janani Shishu Suraksha Karyakaram (JSSK):** This scheme is aimed at eliminating out-of-pocket expenses for both pregnant women and sick infants. This initiative entitles all pregnant women delivering in public health facilities to free and no-expense delivery including the caesarean section. She would be also entitled to free transport from home to the government health facility and between facilities (in case she is referred on account of complications) and dropped back home after 48 hours of delivery. It would also include free drugs and consumables, free diagnostics, free blood wherever required, and a free diet for the duration of a woman's stay in the facility, expected to be 3 days in case of normal delivery and 7 days in case of caesarean section. Similar entitlements have been put in place for all sick new-borns accessing public health facilities.
- ▶ **Janani Suraksha Yojana (JSY):** JSY is a centrally sponsored scheme, which integrates cash assistance with delivery and post-delivery care. It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme focuses on a poor pregnant woman with a special dispensation for states that have low institutional delivery rates, namely, the states of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan and Odisha. The rural pregnant woman belonging to Low performing states can avail of Rs.1400 and the pregnant woman belonging to the urban area can avail of Rs.1000 cash entitlement. The rural pregnant woman belonging to High performing states can avail of Rs.700 and the pregnant woman belonging to the urban area can avail of Rs.600 cash entitlement.
- ▶ **Pradhan Mantri Matru Vandana Yojana (PMMVY):** This is a Centrally Sponsored scheme with a cash incentive of Rs. 5000/- (in three instalments) being provided directly in the bank/post office account of pregnant women and lactating mothers for the first living child of the family subject to fulfilling specific conditions relating to Maternal and Child Health. Its main purpose is to utilize cash incentives to meet their nutritional requirements during pregnancy and lactation periods. The cash incentive is paid in 3 instalments.
- ▶ **Pradhan Mantri Jan Arogya Yojana (PM-JAY):** PM-JAY is the world's largest health insurance/assurance scheme fully financed by the government. It provides a cover of ₹5 lakhs per BPL family per year and ₹1.5 lakhs per APL family for secondary and tertiary care hospitalization across public and private empanelled hospitals in India. PM-JAY provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.

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

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

SESSION

7

Role of Self-help Groups in Strengthening the Public Health System and improving Health among the Communities



OBJECTIVE: To highlight the roles of SHGs who can contribute to strengthening the public health system.



DURATION: 45 minutes



METHODOLOGY: Group work and discussion



MATERIALS REQUIRED: Whiteboard, markers, chart papers (card sheets), pens

PROCESS:

- ▶ Linking them to the previous session on the strengths of SHGs, now tell them to explore some areas of health where SHGs can contribute.
- ▶ Also discuss why they think health emergencies, complications and deaths are happening. Various responses may be expected from the participants; acknowledge them.
- ▶ Brainstorm the reasons for complications. Reasons may range from not being aware of services, did not know where to go, or whom to approach, neglect for getting testing done, timings were not favourable and others.
- ▶ Tell them that these are the gaps observed which hinder the accessibility of services. Adding to that, tell them that these gaps could be definitely filled. As we are aware of our own strengths, we shall explore what we could do to fill these gaps.
- ▶ Ask them how they think these gaps could be filled; acknowledge their responses.
- ▶ Tell them that now that we have understood the potential of SHGs, we have a lot of strength that could be used to address these gaps.
- ▶ As a result, the benefit would be available to individuals, families and friends and at the larger community level.
- ▶ Now divide the participants into 2 to 3 groups and ask them to list out what they can do for improving the health of people living in their locality. (Before breaking into teams, give them pointers to include the activities that they can perform at individual levels, among their own peers, as SHGs and as federations; what they can do for the community, including how can they strengthen and utilise the link with health functionaries).

- ▶ Let them work in their own groups and reconvene after twenty minutes.
- ▶ Let each group make their presentation; summarise the key points after each presentation.
- ▶ After all the presentations are over, summarize the session by saying that as SHGs we have a lot of potential and strengths to contribute effectively to the health services through the listed activities. This, in turn, will benefit personally, our own community, friends and family as well as society.
- ▶ By doing these activities, we also will be having a healthy community.
- ▶ SHGs can form a good model in society because they are very well recognised and available everywhere, have the potential and are localised groups.
- ▶ Now tell them whatever we have discussed as possibilities is not new. Some of the SHGs have also acted beyond the financial scope and done many useful things.
- ▶ Let them know about a couple of things that they have done, and narrate/show them the success stories.
- ▶ End by saying that by doing these small steps we will be contributing to a larger objective of healthy communities.

SUCCESS STORY – 1

Sushila Devi, a mother of four in the rural Rohtas district of Bihar, India, has no significant assets and depends primarily on casual labor for income. She recently was able to take out a bank loan of INR 12,000, which she used to construct a toilet in her family home.

It was the Self-Help Group (SHG) in her village that persuaded Sushila of the importance of sanitation for her children's health and nutrition and helped her get the loan she needed. SHGs generally consist of 12 to 15 rural women, grouped into larger federations. They engage with formal financial institutions to help unbanked households access financial services, acting as platforms for standardized large-scale sensitization of community members on a variety of subjects.

SUCCESS STORY – 2

Aishwarya SHG -The Aishwarya SHG is a strong group of women from Abbigere locality, on the outskirts of Bangalore metro city. They are well-established and along with microfinancing, they do work for the betterment of society. The frontline workers of an NGO found them active in the community and decided to work with them after an initial meeting. SHG members showed great interest in improving the health of economically weak, uneducated and children. They specifically wanted to help people who were having Tuberculosis (TB).

The members participated actively in the government Active TB case-finding programme; They in groups went door to door and provided awareness in slums. They took ownership and organised a screening camp in Medi Agrahara slum with the help of Yelahanka District Hospital NCD Cell. In this camp, 62 participants were screened out of which, 6 participants were identified as having TB symptoms. Out of these 6, 2 were referred for chest X-ray in Saptagiri Medical College and 4 to DMC. They also raised awareness of TB and the treatment options available at government hospitals.

cont...

The SHG members are planning to have TB health camps and organise a Patient Support Group meeting and also provide nutrition support to poor patients and continue to do this good work and make their village a TB- free village. Villagers and Government Hospital people are very thankful for the contribution of these SHG members and they have earned a lot of respect in their locality.

KEY MESSAGES

- ▶ SHGs can play important role in tackling issues of nutrition, health, moral support, and domestic violence.
- ▶ When we support our local systems like health, panchayat, waste management, water distribution, we will have good quality of life.
- ▶ By helping the public health system, we can maintain our people and our village in good health.
- ▶ Many SHGs have performed exemplary work which in turn has benefitted their own communities in a big way.

Note to the facilitator:

- ▶ Stories for describing self-help can be picked from local examples. Facilitators need to explore in advance for collecting such success stories.

Reading materials

Some activities that SHGs can do for strengthening the public health system:

- ▶ Creating awareness among their peers on the importance of health.
- ▶ Awareness to their fellow SHGs and among the community on pertinent health issues and prevention methods.
- ▶ Refer needy and prospective patients for services to ASHA workers.
- ▶ Motivating/convincing community people for availing of early detection and treatment services.
- ▶ Offering to support in-kind wherever possible for the health needs of a vulnerable community.
- ▶ Being an active part of community structures for health like MAS, VHSNC and other village-level committees and recommending actions for health and hygiene.
- ▶ Linking needy children with Anganawadi services for nutrition and child development support.
- ▶ Offering support to PHC/health facilities when they plan community-level activities like surveys, health camps and screening camps.
- ▶ Supporting ASHA workers in special surveys/camps/activities by mobilising people etc.

SESSION

8

Next Steps



OBJECTIVES: To encourage creating 'next steps' (plan) that the SHGs can immediately take up.



DURATION: 15 Minutes



METHODOLOGY: Brainstorming and consolidation



MATERIALS REQUIRED: Whiteboard, markers, chart papers (Card sheets), pens

PROCESS:

- ▶ Ask the participants how they felt during today's session and acknowledge their responses.
- ▶ Continue by saying that now that we have understood the importance of health, services available, gaps existing as well as the potential of SHGs, let us quickly list a few doable things which we can take up individually and as SHGs.
- ▶ List down the activities as narrated by the members.
- ▶ If the points are not clear, probe and seek answers.
- ▶ Consolidate the responses and rephrase them one by one.
- ▶ Tell them that these are good plans that they have decided to do which in turn will serve the community and in accessing health services.
- ▶ Thank them for their responses and their contribution.

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REFERENCES

Katz AH. Self-help and mutual aid: An emerging social movement?. Annual Review of Sociology. 1981 Jan 1:129-55.

Park K. Concept of Health and Disease. Park's Textbook of Preventive and Social Medicine. 2007.

Ayushman Bharat: Comprehensive Primary Health Care through Health and Wellness Centres. Operational Guidelines (MoHFW)

Community Ownership of Health and Wellness Centres, Guidelines for Jan Arogya Samiti (MoHFW)

Handbook for Members of Village Health Sanitation and Nutrition Committee (MoHFW)

NRLM self help group women emerge as community warriors to contain the spread of COVID-19 in the country. 2020 Press Information Bureau. <https://pib.gov.in/newsite/PrintRelease.aspx?relid=202179>

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. At the top center, there is a small heading that reads "Note".



National Health Systems Resource Centre