

Book-2

# **Training Module for SLMTs on LSDGs:**

## **Theme 2: Healthy Village**

*(Ensure Healthy Lives and Well-Being for All at All Ages)*



**G&G Skills Pvt. Ltd.**  
**Panchkula, Haryana**



## Foreword

The journey towards sustainable development remains unfinished without placing a profound emphasis on the vital aspects of health and well-being. In our collective endeavour to attain the United Nations' Sustainable Development Goals (SDGs), it becomes imperative to draw these global objectives closer to our local communities, ensuring their utmost relevance and transformative influence at the grassroots level. This process of localization involves the seamless integration of specific thematic targets and indicators into our local planning efforts, with a particular focus on effectively tackling the distinctive health challenges.

The vision of LSDG Healthy Village is profoundly simple yet transformative: "Ensure Healthy lives and Well-Being for all at all ages." It's worth noting that SDG – 2 (Zero Hunger) and SDG – 3 (Good Health & Well-Being) are intrinsically, and sometimes subtly, interwoven with Theme 2 - "Healthy Village". Health, indisputably, is one of the prime and foundational pillars of rural development. The concept of a Healthy Village is inherently inter-sectoral, and within it, all three tiers of Panchayat Raj Institutions (PRIs) hold pivotal roles and a vast reservoir of potential to contribute towards fostering Good Health and Well-Being for people of all ages.

The National Institute of Rural Development and Panchayati Raj (NIRDPR), standing as the apex training institution, has pledged its commitment to empower State-level Master Trainers (SLMT) through Training of Trainers (ToT) sessions. These SLMTs are set to play an indispensable role in the cascading of knowledge and expertise, reaching District and Block-level Master Trainers. Together, they will orchestrate the remarkable transformation of villages into havens of Healthy and Well-Being spaces.

I am immensely pleased to introduce this comprehensive module on Theme 2 - Healthy Village, meticulously crafted by Dr. Anusha Pilli, Senior Consultant (Capacity Building & Training) of the Centre for Panchayati Raj, Decentralized Planning, and Social Service Delivery (CPRDP&SSD) at NIRDPR. Within its confines, you will find a meticulously designed Training Design, Session-Wise FAQs, Learning Materials, Pre and Post-Training Evaluation Tools in the form of MCQs, and a treasure trove of valuable links to related videos.

I wholeheartedly believe that this module shall stand as an indispensable guide for the esteemed Faculty of NIRDPR and the SIRDPR as they embark on the journey of conducting training sessions for Master Resource Persons, focusing unwaveringly on Theme 2 - Healthy Village, I extend my heartfelt appreciation to Dr. Anusha Pilli for her dedicated efforts in compiling this invaluable resource. Together, let us take significant strides towards the noble vision of building Healthy Villages where "No One Is Left Behind, and No Village Is Left Behind," thus ensuring Good Health and Well-Being for all.

Dr. G. Narendra Kumar, IAS  
Director General  
NIRDPR, Hyderabad



## INDEX

Sl. No	Description	Page No
1	Volume I - Training Design	1
2	Volume II - Learning Material	13
3	Volume III - FAQs	149



## **VOL I – Training Design**

### **Contents**

<b>Sl. No</b>	<b>Description</b>	<b>Page No</b>
1	INTRODUCTION	1
2	BACKGROUND OF LSDG THEME 2: HEALTHY VILLAGE	4
3	PURPOSE OF THE TRAINING	6
4	OBJECTIVES OF THE TRAINING	6
5	EXPECTED OUTCOMES OF THE TRAINING	7
6	TRAINING APPROACH	7
7	TRAINING METHODOLOGY	8
8	MODEL TRAINING SCHEDULE FOR 3 DAYS	9
9	CONDUCTING THE TRAINING PROGRAMME	11
10	GUIDELINES FOR TRAINING FACILITATORS	11
11	ASSESSMENT AND EVALUATION	12

## **VOL II – Learning Material**

### **Contents**

<b>Sl. No</b>	<b>Description</b>	<b>Page No</b>
1	Session 1: Concept and Importance of Clean and Green Village	13
2	Session 2: Overview on Localization of Sustainable Development Goal focusing on Healthy Village Theme- Activities, Local Goals, Targets and Indicators for Healthy Village - Role of PRIs and GPs	28
3	Session 3: Implementation of Schemes, Programs, and challenges for Healthy Villages and Role of GPs (Women, Child and Adolescent Health)	48
4	Session 4: 15 <sup>th</sup> Finance Commission, Funds available from other Central and State government schemes, line departments; and State-wise Health Grants	67
5	Session 5: Formulation of Health Development Planning in GP in convergence with line departments	80
6	Session 6: Community Participation and need for VHSNC- Role of PRIs to promote LSDG theme 2: Healthy Village	101
7	Session 7: Self-Help Groups on Community Action on Health	116
8	Session 8: Overview of Panchayat Development Index and its integration in GPDP	128

## **VOL III - FAQs**

### **Contents**

<b>Sl. No</b>	<b>Description</b>	<b>Page No</b>
1	Session 1: Overview of Health and Public Health System and Role of Panchayat Raj Members	149
2	Session 2: Overview on Localization of Sustainable Development Goal focusing on Healthy Village Theme - Activities, Local Goals, Targets and Indicators	159
3	Session 3: Implementation of Schemes, Programs, and challenges for Healthy Villages: Role of GPs (Women, Child and Adolescent Health)	171
4	Session 4: 15th Finance Commission, Funds available from other Central and State government schemes, line departments; and State-wise Health Grants	180
5	Session 5: Formulation of Health Development Planning in GP in convergence with line departments	187
6	Session 6: Community Participation and need for VHSNC- Role of PRIs to promote LSDG theme 2: Healthy Village	197
7	Session 7: Role of PRIs and GPs for promoting Self-Help Groups on Community Action on Health	207
8	Session 8: Overview of Panchayat Development Index and its integration in GPDP	216





## **VOL-1: Training Design**

### **Theme 2: Healthy Village**

#### **1. INTRODUCTION**

India is a signatory of Sustainable Development Goals (SDGs) 2030. Ministry of Panchayati Raj (MoPR) is committed to the achievement of SDGs through the Rastriya Gram Swaraj Abhiyan (RGSA) Scheme. Panchayat Raj Institutions being the nearest institutions to villagers are best placed to design and implement locally relevant policies aligned to SDGs.

The Localization of Sustainable Development Goals (LSDGs) by MoPR refers to the process of aligning and integrating the 17 global SDGs into local development planning and implementation at the grassroots level. LSDGs assumes even more an important role to reach the goals to the rural areas so as to build back better for all, to ensure **No One Is Left Behind and No Village Is Left Behind**. The Ministry recognizes the crucial role of Gram Panchayats (local self-government bodies) in achieving the SDGs and ensuring inclusive and sustainable development in rural areas.

The LSDGs is done through a thematic approach to planning, where the 17 SDGs are aggregated into 9 broad themes. Each theme corresponds to specific development objectives and targets, and the Ministry aims to achieve these goals through concerted and collaborative efforts of all stakeholders, with Gram Panchayats being the principal actors in the last mile delivery of SDG outcomes. The process of Localization involves the following key steps:

- i. **Thematic Approach:** The 17 SDGs are grouped into 9 themes, reflecting various aspects of development, including health, education, gender equality, poverty alleviation, sanitation, clean water, and more.
- ii. **Grassroots Integration:** The Ministry emphasizes the localization of SDGs at the grassroots level, ensuring that the development planning and interventions are tailored to the specific needs and challenges of each Gram Panchayat.
- iii. **Capacity Building:** Capacity building programs are conducted for elected representatives of Gram Panchayats and other stakeholders to enhance their understanding of SDGs and their role in achieving them.
- iv. **Convergence:** The Ministry encourages convergence among different government departments, agencies, and stakeholders to work collaboratively towards achieving the SDGs.
- v. **Monitoring and Evaluation:** Regular monitoring and evaluation mechanisms are put in place to assess the progress and impact of SDG implementation at the local level.
- vi. **Participatory Planning:** The localization process involves participatory planning, where local communities and stakeholders are actively engaged in identifying priorities, setting targets, and formulating action plans to achieve the SDGs.



- vii. Resource Allocation: The Ministry supports Gram Panchayats in accessing financial resources for SDG implementation, including central and state government funds, as well as external funding sources.

By localizing the SDGs, the Ministry aims to empower Gram Panchayats to address the unique challenges and opportunities within their respective areas and contribute significantly to the overall national efforts towards sustainable development and social justice. The localization approach recognizes that sustainable and inclusive development can only be achieved when it reaches the grassroots level and positively impacts the lives of all citizens.

Among the 17 SDGs, the Expert Committee constituted by the MoPR on Localization of SDGs has recommended the following 9 Thematic Areas along with 168 local targets and 389 local indicators:

Theme #	Theme Description	Connected SDGs	No of Local Targets	No of Local Indicators
Theme 1	Poverty Free & Enhanced Livelihoods Villages	SDGs 1, 2, 8	21	40
Theme 2	Healthy village	SDGs 2, 3	14	26
Theme 3	Child Friendly Village	SDGs 1, 2, 3, 4, 5	14	20
Theme 4	Water Sufficient Village	SDGs 6, 15	10	31
Theme 5	Clean & Green village	SDGs 6, 7, 12, 13, 14, 15	17	45
Theme 6	Self-Sufficient Infrastructure in Village	SDGs 1, 2, 4, 5, 6, 9, 11	14	18
Theme 7	Socially Secured & Socially Just Village	SDGs 1, 2, 5, 10, 16	27	79
Theme 8	Village with Good Governance	SDGs 16	26	78
Theme 9	Women Friendly Village	SDGs 1,2,3,4,5, 8	25	52
<b>Total</b>			<b>168</b>	<b>389</b>

Government of India aimed at promoting sustainable and inclusive development at the grassroots level. In the context of MoPR recommended all the GPs to follow Sankalp-based Thematic Gram Panchayat Development Plan (GPDP) "Sankalp" stands for "Sustainable Action for Harnessing Economic Growth (Sankalp)" a development plan that aligns with the objectives and principles of the Sankalp taken by the GP.



The Sankalp-based Thematic GPDP focuses on integrating sustainable development goals, inclusive growth, and local priorities to create a comprehensive and actionable plan for the development of the Gram Panchayat. It is a participatory planning process that involves active involvement from the Local Community, Gram Panchayat Representatives, and other stakeholders to identify priorities and design development interventions that are locally relevant and sustainable.

By adopting a Sankalp-based Thematic GPDP, Gram Panchayats can effectively address the specific development challenges and opportunities in their areas while contributing to the broader sustainable development goals of the country. It empowers local communities to take charge of their own development and fosters a sense of ownership and responsibility in creating a better and more sustainable future for all.



सशक्त पंचायत सतत् विकास



## 2. BACKGROUND OF LSDG THEME 2: HEALTHY VILLAGE

The vision of LSDG Healthy Village is to ‘Ensure Healthy lives and Well-Being for all at all ages.’ SDG – 2 (Zero Hunger) & 3 (Good Health & Well-Being) are directly or indirectly connected to Theme 2 - “Healthy Village”. It has 14 Local targets and 26 Local indicators.

To understand the Concept of Health as a subject one should understand the definition and determinants of health. It is defined as ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (World Health Organization). Health of individuals and communities is affected by so many combined factors. In addition to personal characteristics and behavior of the individual, the circumstances and environment where the individual lives determine the health status to large extent. These circumstantial and environmental factors associated with individuals and communities impacts our health considerably high compared to more commonly considered factors such as access and use of health care services. The determinants of health include:

- Social and Economic Environment,
- Demographic
- Physical Environment, and
- Person’s Individual Characteristics and Behaviours

The Social Determinants of Health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the broad set of forces and systems shaping the conditions of daily life. These forces and systems include Economic Policies and Systems, Development Agendas, Social Norms, Social Policies and Political Systems.

The SDH have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health. The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways:

- Income and Social Protection
- Education
- Unemployment and Job Insecurity
- Working Life Conditions
- Food Insecurity
- Housing, Basic Amenities and The Environment
- Early Childhood Development
- Social Inclusion and Non-Discrimination
- Structural Conflict
- Access To Affordable Health Services of Decent Quality.



Health is one of the prime and basic sectors of rural development. Article 243G of constitution has given opportunity to Panchayats to plan and implement healthcare related interventions in the villages. There are four kinds of interventions in the Health Sector – Prevention, Promotion, Cure and Rehabilitation. The Gram Panchayats have primary responsibility in three areas viz., Preventive, Promotive and Rehabilitative Health Care.

Healthy Village is an inter-sectoral theme. All three tiers of Panchayat Raj Institutions (PRI) have roles and the potential of contributing to Good Health and Well-Being for people of all ages. From basic health care through Sub-centres, to Primary Health Centres (PHC), Taluk hospitals, establishing Patient Welfare Societies, effective functioning of Village Health Sanitation & Nutrition Committee (VHSNC), creating support institutions and mechanisms for individuals and families needing direct health-related assistance or indirect support to enable them to access and address their health issues, establish preventive and early intervention mechanisms in joint working with Health Department and Department for Differently Abled, Women & Child Development, Rural Development etc. This is in addition to their role concerning 29 subjects transferred to the Panchayats that are connected to Health covering without fail the poorest and most vulnerable.

The subjects concerning this Healthy Village theme are: Family welfare, Health, Nutrition and Sanitation, including hospitals, primary health centres and dispensaries, Rural housing, Drinking Water, Fuel and Fodder, Non-Conventional Energy Sources, Poverty Alleviation programmes, Education, Women and Child Development, Social Welfare including the welfare of the Differently Abled, Welfare of weaker sections, and in particular of SC and ST.

To achieve the local targets and local indicators by the GPs under Healthy Village theme, MoPR and its Expert Committee identified certain high impact activities (59) including Low-Cost and No-Cost activities and resources through which these activities can be planned. The following are the resources available for attainment of LSDG Healthy Village:

- National Health Mission
- Intensified Mission Indradhanush
- National AYUSH Mission
- Umbrella ICDS
- Pradhan Mantri Matru Vandana Yojana (PMMVY)
- Poshan Abhiyan
- National AIDS Control Programme
- Swachh Bharat Mission (SBM) - Rural
- National Health Protection Scheme (Ayushman Bharat)



### 3. PURPOSE OF THE TRAINING

The purpose of the training for state-level master trainers is to equip them with the necessary knowledge, skills, and expertise to effectively facilitate the LSDGs under the theme of "Healthy Village" in the respective states. These master trainers will play a crucial role in cascading the training and capacity-building efforts down to the district and village levels, ensuring that all stakeholders involved in the implementation of LSDGs are well-informed and empowered.

### 4. OBJECTIVES OF THE TRAINING

Overall, the training for state-level master trainers should contribute to the successful localization of SDGs, specifically focusing on achieving the health-related targets and indicators under the "Healthy Village" theme, leading to inclusive and sustainable development in rural areas. The objectives of ToT are:

- i. **Understanding SDGs and Localization:** To provide SLMTs with comprehensive understanding of the localization of SDGs into the 9 thematic areas and to familiarise with the specific local goals, targets, and indicators related to the "Healthy Village" theme and how these align with the broader SDGs.
- ii. **Thematic Approach and Integration:** To capacitate SLMTs to be able to effectively explain and promote the thematic approach to planning and integrating SDGs into local development strategies and to highlight the significance of addressing health-related issues in rural areas and how it contributes to the overall sustainable development of the villages. To help them prepare Healthy Village Plan integrate with GPDP.
- iii. **Capacity Building Techniques:** To equip master trainers with effective capacity-building techniques to engage with elected representatives of Gram Panchayats and other stakeholders, ensuring they understand the importance of LSDGs and their roles in achieving them.
- iv. **Convergence and Collaboration:** To foster convergence among different government departments, agencies, and stakeholders and to understand the importance of collaborative efforts to achieve the goals of "Healthy Village" and ensure that 'No One Is Left Behind and No Village Is Left Behind'.
- v. **Monitoring and Evaluation:** To provide guidance and support to SLMTs in establishing robust monitoring and evaluation mechanisms to assess the progress and impact of LSDG on Healthy Village implementation at the grassroots level.
- vi. **Participatory Planning:** To enhance their skills in facilitating participatory planning processes, involving local communities and stakeholders in identifying priorities, setting targets, and formulating action plans related to health and well-being in rural areas.
- vii. **Resource Mobilization:** To provide knowledge on available funding sources and how to utilize them effectively. The training should address resource mobilization strategies to support Gram Panchayats in accessing financial resources for LSDG implementation.



## 5. EXPECTED OUTCOMES OF THE TRAINING

- i. **Empowered Master Trainers:** At the end of the training, SLMTs should feel confident and empowered to take on their role in facilitating the localization of SDGs under the "Healthy Village" theme.
- ii. **Enhanced Knowledge:** Master trainers should have a thorough understanding of the LSDGs, the specific targets and indicators under the "Healthy Village" theme, and the inter-sectoral nature of the health-related interventions.
- iii. **Effective Capacity Building:** The training should equip SLMTs with the necessary skills to conduct capacity-building programs for Gram Panchayats and other stakeholders effectively.
- iv. **Improved Collaboration:** SLMTs should be able to promote and foster collaboration and convergence among different stakeholders involved in LSDG for Healthy Village implementation.
- v. **Actionable Plans:** As a result of the training, SLMTs should be able to guide Gram Panchayats in formulating actionable plans that address the health-related challenges and opportunities in their respective areas. Integration of Healthy Village Plan with GPDP plan.
- vi. **Strengthened Monitoring and Evaluation:** The training should lead to the establishment of robust monitoring and evaluation mechanisms at the local level, ensuring progress towards the Healthy Village local targets is tracked effectively.
- vii. **Increased Resource Mobilization:** SLMTs should be able to assist Gram Panchayats in accessing financial resources and support to implement health-related interventions under the "Healthy Village" theme.

## 6. TRAINING APPROACH

By adopting a Participatory and Interactive training approach, SLMTs will be better equipped to support and guide Gram Panchayats in achieving the local targets and indicators related to the Healthy Village theme, thereby contributing to the overall Localization of SDG efforts in India.

- i. **Holistic Approach:** The training should take a comprehensive and holistic approach to address the various aspects of health, including physical, mental, and social well-being. It should emphasize the importance of addressing social determinants of health and promoting health equity.
- ii. **Interactive Learning:** The training should be interactive, encouraging active participation and engagement from the SLMTs. It should include group discussions, case studies, role plays, and hands-on exercises to enhance learning and application of concepts.
- iii. **Practical Relevance:** The training content should be tailored to the specific context of the state, considering the unique challenges and opportunities related to health in rural areas. Real-life examples and success stories from similar initiatives can be used to make the training more relevant.



- iv. **Multi-Stakeholder Perspective:** Since the localization of SDGs involves collaboration among various stakeholders and line departments, the training should adopt a multi-stakeholder perspective. It should encourage SLMTs to consider the roles of different departments, agencies, and community members in achieving the Healthy Village goals.
- v. **Participatory Learning:** The training should promote participatory learning, where master trainers actively contribute their knowledge and experiences. They can share best practices, challenges faced, and strategies employed in their own local areas.

## 7. TRAINING METHODOLOGY

Training methodology refers to the systematic approach and techniques used to impart knowledge, develop skills, and facilitate learning during a training program. A well-designed training methodology ensures to achieve the Objectives and the effective Learning Outcomes and enhances the participants' understanding and application of the subject matter. To track the progress of learning of the participants a Pre-Training Assessment is conducted before the start of the Training Programme along with Post-Training Assessment conducted at the end of the Training Programme. This helps to measure and reflect the participants knowledge and understanding of the subject matter. Engaging participants in group discussions, brainstorming and presentations allow trainers to assess the participants understanding of the subject matter, and ability to articulate ideas and concepts. Feedback mechanisms are also incorporated to gather input from participants.

The progress of learning of the participants will be assessed by conducting a pre-test before the training program begins and a post-test at the end can help measure participants' knowledge and understanding of the subject matter. Comparing the scores can indicate the progress made during the training. Engaging participants in group discussions and presentations allow trainers to assess their, understanding of the subject matter, and ability to articulate ideas and concepts. Regular feedback is provided to participants to track their progress and address any challenges they may face. Assessment tools such as quizzes, tests, or practical demonstrations are used to measure the participants' learning outcomes.

A well-designed training methodology is a combination of various elements to create a dynamic and engaging learning experience, fostering skill development and knowledge enhancement among the participants such as:

- i. **Case Studies:** Provide case studies from award-winning and successful implementation of health-related initiatives by the GPs at the grassroots level. Analyze the factors that contributed to their success and discuss how similar approaches can be adopted in other areas.
- ii. **Role Plays:** Organize role plays to simulate real-life scenarios that SLMTs may encounter during their work. This can include situations where they need to facilitate



- collaboration among different departments or engage with the community for health promotion.
- iii. **Expert Sessions:** Invite subject matter experts to conduct specialized sessions on specific topics such as maternal and child health, nutrition, infectious diseases, mental health, etc. These sessions can deepen the SLMTs understanding of critical health issues.
  - iv. **Group Discussions and Brainstorming:** Encourage group discussions and brainstorming sessions where SLMTs can exchange ideas, identify challenges, and collectively come up with innovative solutions.
  - v. **Collaborative Project Work:** Assign collaborative project work to SLMTs, where they can work in teams to develop action plans for achieving specific local targets under the Healthy Village theme.
  - vi. **Follow-up Sessions:** Conduct follow-up sessions to assess the implementation of the training insights and provide ongoing support to SLMTs as they work with Gram Panchayats on the localization of SDGs.

## 8. MODEL TRAINING SCHEDULE FOR 3 DAYS

The following is the model training schedule for 3-Day ToT for SLMTs. The timing of the training can be altered based on local situation, learning needs and requirements.

Session #	Duration	Topic	Specific Objectives	Method
Day - 1				
	45 Min	Inauguration of the Training Programme.	Registration, Self-introduction.  Introduction, norms setting and expectations of the participants.  Sharing design of the training, its objectives and matching it with the expectations of the participants.	
Session 1	90 Min	Overview of Health and Public Health System and Role of Panchayat Raj Members	Understanding of the concepts of health and public health.  Familiarize with the structure and components of the public health system in the country.  Crucial role of Panchayat Raj members in promoting health and well-being at the grassroots level.	Lecture, Presentation, Audio-Visuals & Role-Plays.
Session 2	90 Min	Overview on Localization of Sustainable Development Goal	Understanding SDG Localization.	Lecture & Presentation



		focusing on Theme 2- Healthy Village Activities, Local Goals, Targets and Indicators for Healthy Village - Role of PRIs and GPs	Familiarize with Local Indicator Framework.  Understanding Role of PRIs.	
Session 3	90 Min	Implementation of Schemes, Programs, and challenges for Healthy Villages: Role of GPs. (Women, Child and Adolescent Health)	Familiarize with various schemes and programs.  Designing, implementing, and evaluating healthcare programs for women, children, and adolescents in alignment with LSDG Theme 2.  Role of Gram Panchayats (GPs) as key actors in the effective implementation.	Lecture, Presentation & Group Work
Session 4	90 Min	15th Finance Commission, Funds available from other Central and State government schemes, line departments; and State-wise Health Grants	Understanding 15th Finance Commission and its significance in fiscal devolution and resource allocation for health and development at the local level.	Lecture & Presentation
Day - 2				
30 Min	Recap of Day – 1 Learnings			
Session 5	90 Min	Formulation of Health Development Planning in GP in convergence with line departments	Understanding the importance of health development planning at the Gram Panchayat level.  Significance of convergence between Gram Panchayats and line departments for effective health interventions	Lecture, Presentation & Audio-Visuals
Session 6	45 Min	Community Participation and need for VHSNC- Role of PRIs	To equip with knowledge and skills to effectively promote community participation and the role of VHSNC in Theme 2: Healthy Village.	Lecture, Presentation & Audio-Visuals.
Session 7	45 Min	Self-Help Groups on Community Action on Health- Role of PRIs to promote LSDG theme 2: Healthy Village.	Importance of Self-Help Groups (SHGs) in promoting community action on health.	Lecture, Presentation & Case Studies.
Session 8	90 Min	Overview of Panchayat Development Index and its integration in GPDP	To introduce participants to the concept and significance of the Panchayat Development Index (PDI) as a tool for assessing the overall development performance of Gram Panchayats.	Lecture & Presentation



Day - 3				
30 Min		Recap of Day – 2 Learnings		
Session 9	90 Min	Preparation of Model GPDP on LSDG Theme 2- Healthy Village.		Interaction, Discussion & Group Work
Session 10	90 Min	Group Presentations on the prepared Model GPDP for Healthy Village by the participants.		Interaction, Discussion & Group Work
30 Min		Concluding remarks and Valediction		

## 9. CONDUCTING THE TRAINING PROGRAMME

The training facilitator takes charge of the programme and follows a broad sequence:

- Introduce the training programme with overall session plan as per schedule at each stage of the content delivery adopt an interactive methodology and participatory styles to ensure that the quality of delivery does not get diluted as it gets cascaded.
- Begin each sub-session with a predictive question to the participants related to the expected outcome of that sub-session. The indicative questions are given in FAQs which the facilitator can ask, the participants to discuss in groups and note down key points.
- Make a brief presentation covering the topic and then the session could be opened for discussion and experience sharing for conceptual clarity on the subject.
- Encourage participants to share positive as well as negative experiences from field
- While organizing field training to elected representatives on LSDGs certain themes could be delivered in an immersive mode through engagement with a village. This will help the learners absorb a lot of theory naturally, which may not be explored otherwise, as few people spend time with the reading material. Experiential learning/immersive learning would motivate the learners to actually bring out the desired impact on the ground.
- Conduct a recapitulation session at the beginning of day 2 & 3 for the participants to reflect on the previous day's learning.

## 10. GUIDELINES FOR TRAINING FACILITATORS

The facilitators may follow the following guidelines:

- Ensure the training arrangements are functional by visiting the training venue in advance
- Before commencement of the training session refer to learning material, FAQs and the relevant guidelines on the theme for presenting the subject matter in sequence within the stipulated time



- iii. Be proficient and know the subject matter related to the theme. Read widely beyond the information provided in the training module
- iv. Where possible share views with co-facilitators or other people conversant with the subject matter
- v. Prepare own power point presentations, and other audio-visual support aids based on the content in each topic. Before commencement of the session ensure that all the training materials are in place and ready to be used
- vi. Be prepared to handle any training related problems as they arise in the course of the training.
- vii. Minor changes/innovations can be made in the content as per local needs and time-spills etc.
- viii. Have a positive attitude about the training, the participants and other co-facilitators.
- ix. All the salient points that featured in the previous day's session shall be briefly highlighted before beginning of day session for consolidation of learning.

## 11. ASSESSMENT AND EVALUATION

The progress of learning of the participants will be assessed by conducting online a pre-test before the beginning of the training program and a post-test at the end to measure participants' knowledge and understanding of the subject matter. Comparing the scores can indicate the progress made during the training.





## **VOL-2: Learning Material**

### **Theme 2: Healthy Village**

## **Session- 1: Overview of Health and Public Health System and Role of Panchayat Raj Members**

### Session Plan

**Session Duration:** 90 minutes

**Methods Suggested for the Conduct of the Session:** Lecture, Presentation, Audio-Visuals & Role-Plays.

### Session Objectives

To provide participants with an understanding of the concepts of health and public health.

To familiarize participants with the structure and components of the public health system in the country.

To highlight the crucial role of Panchayat Raj members in promoting health and well-being at the grassroots level.

To discuss the challenges and opportunities in implementing public health initiatives in rural areas.

To equip participants with knowledge and skills to effectively engage in health-related decision-making and planning within their respective Panchayat Raj institutions.

### Expected Outcomes

- i. Participants will have a clear understanding of the importance of health and the role of the public health system in ensuring community health & well-being.
- ii. Participants will be able to describe the key components and functions of the public health system in India.
- iii. Participants will recognize the significance of Panchayat Raj members in advocating and implementing health-related initiatives in rural communities.
- iv. Participants will be aware of the challenges faced in promoting public health in rural areas and identify potential solutions.
- v. Participants will be better equipped to actively contribute to health-related decision-making and planning in their respective Panchayat Raj institutions.

### Sub-Topics to Be Covered

- i. **Introduction to Health and Public Health System:**
  - Definition of health and its multidimensional aspects (physical, mental, social).
  - Distinction between individual health and public health.
  - Importance of a robust public health system for community well-being.
  - Overview of the healthcare system in India (Primary, Secondary, Tertiary healthcare).
  - Roles and responsibilities of various healthcare facilities and institutions.



- ii. **Panchayat Raj Institutions and Health Governance:**
  - Overview of the Panchayat Raj system in India and its structure.
  - Role and functions of Gram Panchayats in health governance.
  - Collaborative efforts between Panchayat Raj institutions and the health department.
- iii. **Public Health Challenges in Rural Areas:**
  - Understanding the unique health challenges faced by rural communities.
  - Issues related to maternal and child health, sanitation, nutrition, disease prevention, etc.
  - Identifying barriers to accessing healthcare facilities and services in rural areas.
- iv. **Addressing Health Inequities:**
  - Understanding and addressing health disparities and inequities in rural communities.
  - Ensuring inclusivity and social justice in health-related decision-making.
- v. **Role of Panchayat Raj Members in Promoting Health:**
  - Advocacy and awareness-building for health-related issues in the community.
  - Strengthening community health programs and initiatives.
  - Involvement in health planning, resource allocation, and implementation.
- vi. **Best Practices and Success Stories:**
  - Showcase examples of successful health initiatives led by Panchayat Raj members.
  - Highlight innovative approaches and community-driven solutions.
- vii. **Role-Play and Group Discussions:**
  - Interactive exercises to simulate scenarios where Panchayat Raj members play a role in health governance and decision-making.
- viii. **Q&A and Conclusion:**
  - Open forum for participants to ask questions and clarify doubts.
  - Recapitulation of key learnings and the way forward.

By covering these sub-topics and achieving the stated objectives, the training will provide SLMTs with a comprehensive understanding of health and public health systems and equip them to effectively contribute to health promotion and planning within their Panchayat Raj institutions.



## Case Study

### **The Healing Village: A Tale of Public Health and the Panchayat Raj Members**

In a serene village named Kasol, surrounded by rolling hills and lush green fields, lived a community of warm-hearted villagers. Their peaceful life was interrupted by health challenges, and they realized it was time to understand the importance of public health and the role of their Panchayat Raj members.

#### **The Village of Kasol**

Kasol was known for its tranquil beauty, but it faced health issues like any other community. Residents struggled with limited access to healthcare, clean drinking water, and proper sanitation facilities. The need for a healthier village was evident, but many villagers were unsure of how to make it happen.

#### **The New Panchayat Raj Members**

In Kasol, a new group of Panchayat Raj members were elected. They were enthusiastic and eager to bring positive change to the village. Among them was Ravi, a young and passionate member who believed in the power of community and the importance of public health.

#### **Understanding Public Health**

Ravi organized a community meeting and invited an expert in public health, Dr. Priya, to explain the concept of public health. Dr. Priya shared that public health focused on improving the health and well-being of an entire community, emphasizing preventive measures, health education, and access to healthcare services.

#### **The Role of Panchayat Raj Members**

Dr. Priya emphasized the vital role Panchayat Raj members played in promoting public health. They were responsible for:

- **Advocacy:** Lobbying for improved healthcare facilities and clean water sources.
- **Health Education:** Organizing workshops and awareness campaigns on hygiene and nutrition.
- **Community Engagement:** Encouraging villagers to participate in health-related initiatives.
- **Monitoring and Evaluation:** Ensuring that health programs were effective and addressing community needs.

#### **The Birth of Change**

Ravi and the other Panchayat Raj members formed a Health and Sanitation Committee (HSC) within the Panchayat. They initiated projects to address Kasol's health challenges, such as building a health clinic, improving sanitation, and ensuring clean water sources.

#### **Community Participation**

To ensure the success of these projects, the Panchayat members encouraged community participation. They formed Village Health Committees (VHCs), consisting of villagers who actively contributed to the planning and implementation of health initiatives.

#### **The Transformation**

With the dedication of the Panchayat Raj members and active community involvement, Kasol transformed over time. The health clinic provided regular check-ups, sanitation improved, and



clean water sources became accessible. Health and hygiene awareness spread throughout the village.

### **A Healthier Kasol**

As the years passed, Kasol became a healthier and happier place. Disease rates decreased, maternal and child health improved, and the overall well-being of the community thrived.

### **The Legacy of Community Health**

Kasol's success story was celebrated far and wide. Other villages looked to it as an example of how community participation and dedicated Panchayat Raj members could bring about positive changes in public health.

### **The Healing Village**

The story of Kasol illustrates the importance of public health and the significant role Panchayat Raj members play in promoting it. It shows that when a community and its leaders work together, they can create a healthier and more vibrant village for all to enjoy.

This story underscores the significance of public health and the critical role Panchayat Raj members can play in improving the well-being of their communities. It highlights the power of community engagement, education, and advocacy in transforming a village's health landscape.



## Reading Material

### Introduction

Health and well-being are critical concerns that affect all segments of society. Creating a society free from the constant struggle against diseases is a challenging task. While science and technology have made great strides in controlling epidemics and increasing longevity, the biomedical model's focus on disease control and therapeutics is a narrow perspective. Health encompasses a broader domain that impacts all aspects of human existence, including social, economic, and political aspects. The World Health Organization (WHO) defines **'health as a state of complete physical, mental, and social well-being, not merely the absence of disease'**, enabling individuals to lead productive lives.

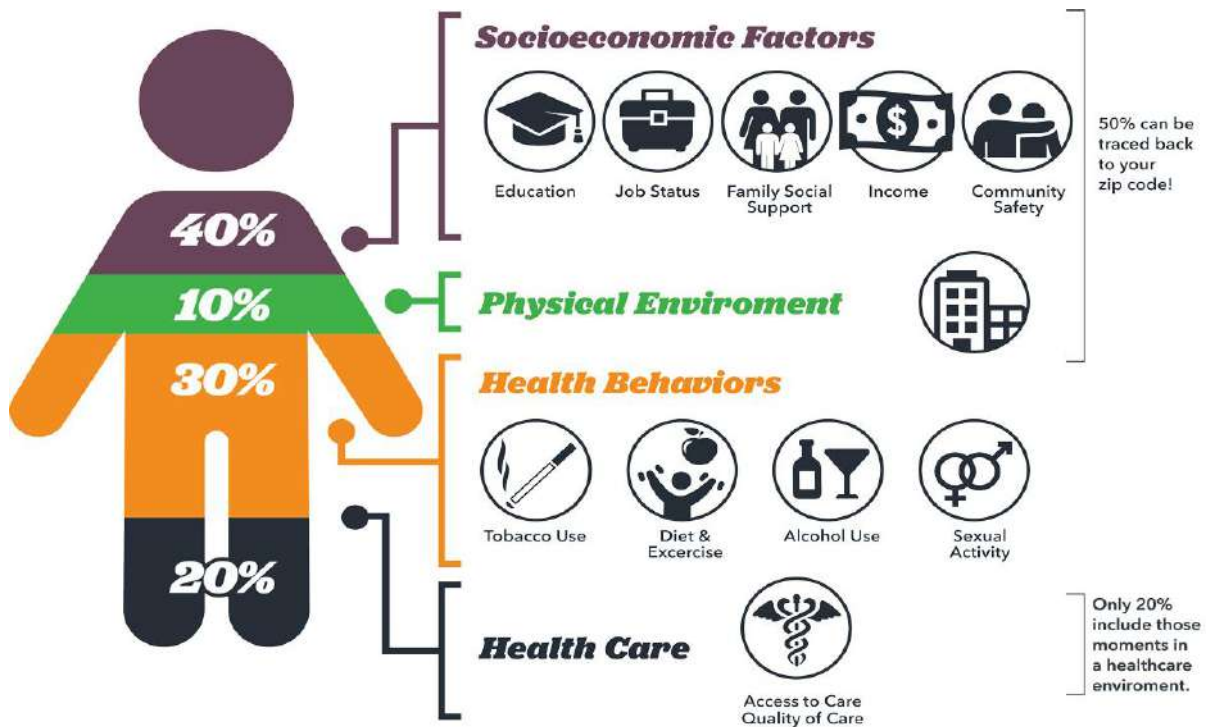
A healthy population forms the foundation of sustainable development, fostering inclusive growth in a country. Despite some progress, India's human development index highlights the need for health promotion and disease prevention, particularly among disadvantaged groups. Poor health impedes education and human capital formation, making investments in health essential to break the cycle of poverty and enable vulnerable populations to participate in the growth process.

Public health and nutrition play crucial roles in rural development. Infectious diseases, nutritional deficiencies, and the rising burden of non-communicable diseases in rural India require focused efforts to achieve SDG goals and combat poverty in these areas. Annual reports from WHO and other health organizations recognize the influence of social and psychological factors on 21st-century health challenges. Socioeconomic and sociodemographic factors such as ethnicity, gender, age, religion, caste, and social class influence disease exposure, vulnerability, and responses to health problems. Poverty, in particular, presents significant institutional challenges that cannot be addressed solely through community healthcare programs but require broader social and economic interventions.

Health is a complex interplay of environmental, social, economic, and individual factors. Accessible and acceptable health care services should be developed in collaboration with the community, addressing their specific health needs, utilizing local resources, and establishing local organizations.

### Social Determinants of Health

The social determinants of health (SDH) are non-medical factors influencing health outcomes, such as living conditions, economic policies, education, food security, and access to healthcare. These determinants significantly impact health inequities and can be more important than lifestyle choices or healthcare itself in influencing health outcomes. Addressing SDH is fundamental to improve health and reduce inequities, requiring collaborative action from all sectors and civil society due to their complex, interrelated, and integrated nature.



Source: Institute for Clinical Systems Improvement, *Going Beyond Clinical Walls: Solving Complex Problems* (October 2014)

The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality.

Health and well-being are influenced by various factors, including infections, injuries, harmful substances, and unhealthy habits. However, social and environmental determinants also play a crucial role in determining the health of individuals in both rural and urban areas.

For instance, Tuberculosis (TB) caused by the same bacteria can have different impacts on individuals based on their social and economic circumstances. A wealthy individual may recover faster due to access to nutritious food, medicines, and family support, while a poor person may struggle to recover due to lack of resources and support. Prolonged illness for the poor can lead to financial difficulties and perpetuate poverty. Additionally, societal norms and gender roles may affect women's access to healthcare, leading to delayed diagnosis and treatment.



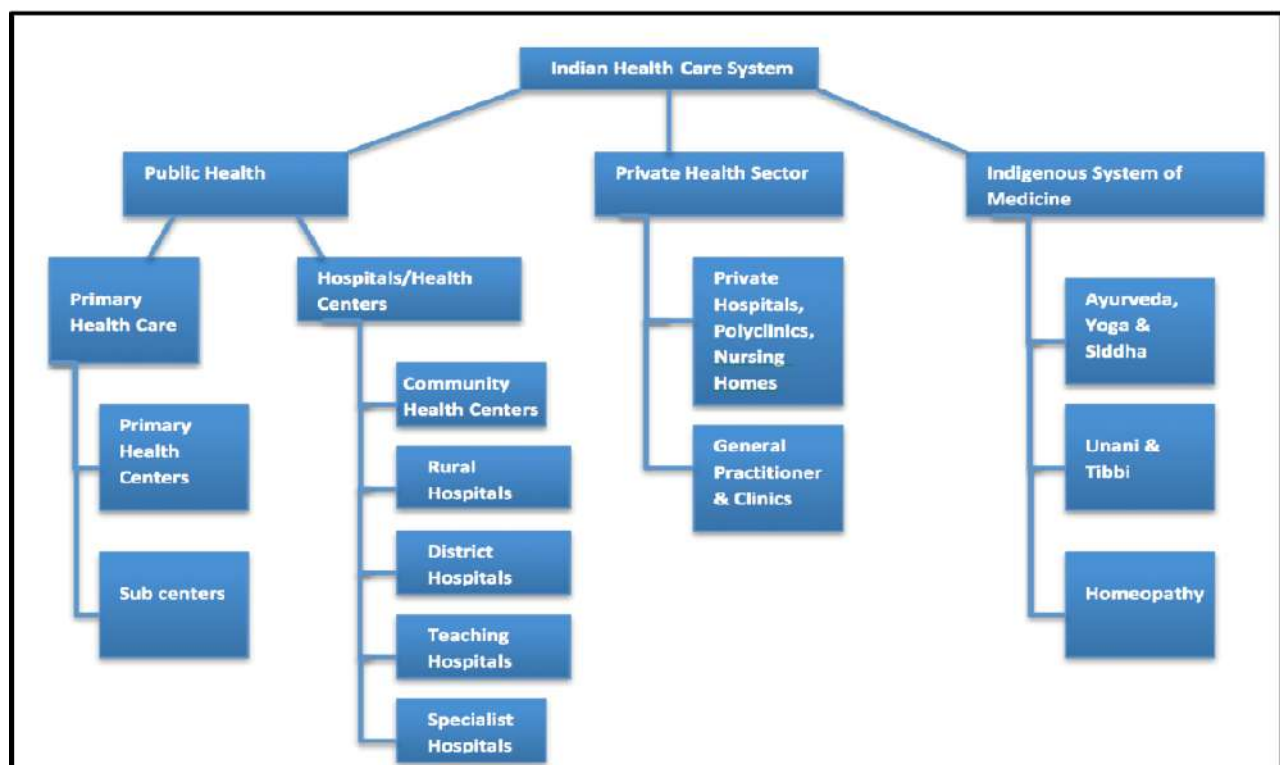
Environmental factors such as lack of clean drinking water, poor sanitation, and air pollution can also contribute to the spread of diseases. For instance, open defecation can lead to the contamination of soil and water, leading to the transmission of diseases.

Communicable diseases like Malaria, Typhoid, and Tuberculosis can be transmitted from person to person, while non-communicable diseases like heart attacks, strokes, and diabetes are not contagious but often linked to unhealthy lifestyles. Addressing both types of diseases requires a robust public health approach, focusing on prevention, control, and promotion of good health practices.

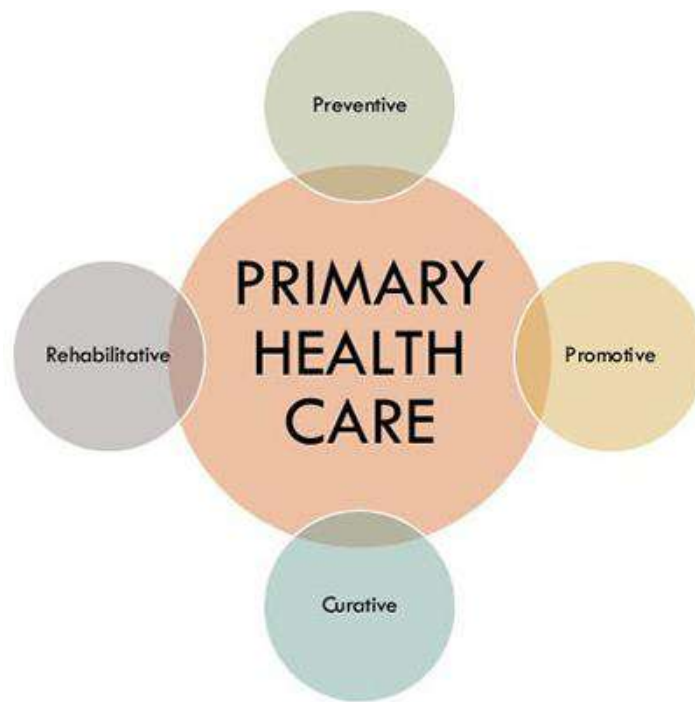
## Healthcare Systems in India

The healthcare system in India is a complex and diverse mix of public and private sectors, aiming to provide medical services to its vast and diverse population. India's healthcare system faces numerous challenges, including a significant burden of communicable and non-communicable diseases, uneven distribution of healthcare facilities, workforce shortages, and financial constraints. Despite these challenges, the government has implemented various initiatives and policies to improve access to healthcare and address the health needs of its citizens.

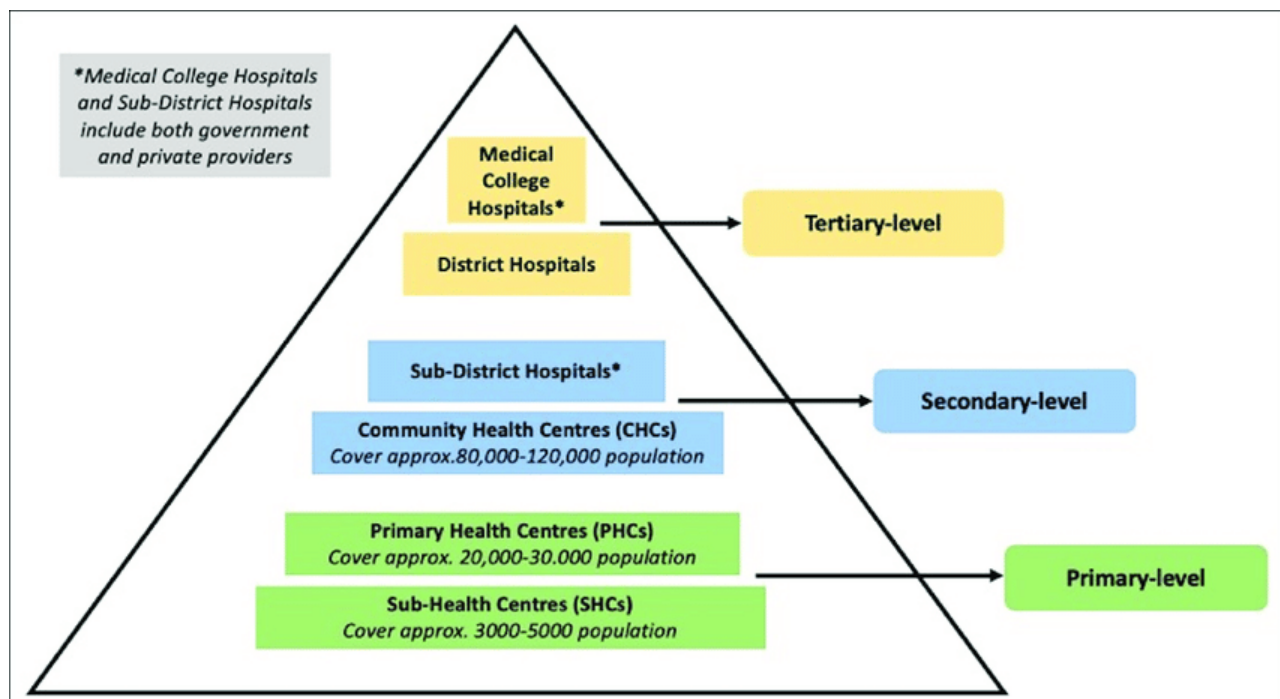
Overview of the Indian Health Care System is as follows:



The Public healthcare system in India is a vital component of the country's healthcare landscape, aiming to provide affordable and accessible medical services to its vast population. Public healthcare plays a crucial role in addressing the health needs of the economically vulnerable and marginalized sections of society. It encompasses a network of healthcare facilities and programs at various levels, focusing on preventive, promotive, curative, and rehabilitative services.



The Public Healthcare System in India operates through a three-tier system consisting of Primary, Secondary and Tertiary levels.



Primary healthcare serves as the foundational element of India's healthcare system. It acts as the initial point of contact for individuals seeking medical attention, offered through Sub-Centres, Primary Health Centres (PHCs), and Community Health Centres (CHCs). Sub-Centres provide basic care and health promotion, PHCs offer broader services to around 30,000 people, while CHCs specialize in referral and specialized care.



Challenges faced by primary healthcare include insufficient infrastructure, inadequate healthcare workforce, uneven distribution of services, service quality issues, lack of health awareness, and limited emphasis on preventive care.

Secondary healthcare is a tier above, with district and sub-district hospitals providing specialized care and serving as referral points. These facilities deal with complex health issues and offer advanced diagnostics and treatments. Challenges in this tier involve specialist shortages, unequal service distribution, high costs, and limited insurance coverage.

Tertiary healthcare represents the highest level of medical care in major cities. Tertiary care facilities encompass medical colleges, advanced procedures, medical research, and training. Challenges include limited accessibility for rural populations, facility overburdening, affordability concerns, and a shortage of transplant services.

The private healthcare sector is substantial but can be costly and inaccessible for lower-income groups. India's traditional medicine systems, including Ayurveda and Homeopathy, are also part of the healthcare landscape.

### Future Directions to address Challenges in Healthcare Delivery

To address these challenges and improve the public healthcare system, the government is continuously working on:

- **Increasing Healthcare Spending:** The government is gradually increasing its healthcare spending to improve infrastructure, healthcare workforce, and service delivery.
- **Enhancing Human Resources for Health:** Initiatives are being taken to recruit and retain more healthcare professionals, especially in rural and underserved areas, through various incentive schemes and training programs.
- **Strengthening Health Information Systems:** The use of technology and data is being promoted to enhance healthcare planning, monitoring, and evaluation.
- **Expanding Health Insurance Coverage:** Initiatives like Ayushman Bharat aim to provide financial protection to vulnerable families and reduce out-of-pocket healthcare expenses.
- **Promoting Public-Private Partnerships:** The government is exploring collaborations with the private sector to expand healthcare access and services.

The government is addressing these issues by increasing healthcare spending, enhancing human resources, strengthening health information systems, expanding health insurance, and promoting public-private partnerships.

In conclusion, India's healthcare system faces challenges, particularly in primary, secondary, and tertiary tiers. However, the government is actively taking steps to improve infrastructure, workforce, and access to care, with collaboration among stakeholders being key to successful transformation.



## National Health Mission

The National Health Mission is a flagship program launched in 2005 to strengthen the healthcare system and improve healthcare access in both rural and urban areas. It encompasses two sub-missions: the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The NHM focuses on maternal and child health, family planning, immunization, communicable and non-communicable diseases, and strengthening healthcare infrastructure.

This mission is flexible and dynamic and is intended to guide states towards ensuring the achievement of universal access of healthcare through strengthening of health systems, institutions and capacity building. The vision of NHM is “Attainment of Universal Access to Equitable, Affordable and Quality health care services, which are accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health”.

The mission aims to bridge the gap particularly for poor and vulnerable in urban and rural healthcare services through improved health infrastructure, augmentation of human resources, enhanced service delivery and decentralization of the program to the district level to facilitate context specific, need based interventions, improved intra and inter-sectoral convergence and promote effective utilization of resources.

NUHM covers all the State capitals, district headquarters and other cities/towns with a population of 50,000 and above (as per census 2011) in a phased manner. Cities and towns with population below 50,000 will continue to be covered under NRHM. NHM provides support to the states in overcoming the shortfalls of secondary care health facilities (DH/SDH/CHC) in the districts as per population norms of IPHS. It also supports the states in up gradation of these health facilities in terms of additional infrastructure, human resource, drugs, diagnostics, and equipment as well as provides required technical and financial support to strengthen these healthcare facilities for service delivery.

Under Ayushman Bharat, all primary health centres and sub-centres in rural and urban are being upgraded as Health and Wellness centres (HWCs) throughout the country for provision of comprehensive primary healthcare services. Until 2018, the major programmatic components of NHM included Health system strengthening, communicable, non-communicable diseases, RMNCH+A, immunization etc. With implementation of Ayushman Bharat, there is a paradigm shift from selective primary care to assured comprehensive care and appropriate linkages to referral hospitals through Health & Wellness Centres (HWCs). The major elements of HWCs include expanded service package, which is a strategic component for provision of comprehensive primary healthcare fulfilling the commitment of NHP 2017 towards Universal health coverage. Besides this, the other key components of HWCs are expanded range of HR through mid-level healthcare providers, expanded range of drugs, new technology and point of care diagnostics, robust IT system, community mobilization and health promotional activities.

The HWCs under AB has expanded the range of service delivery to include 12 service packages as follows:

- i. Care in pregnancy and Child-birth



- ii. Neonatal & infant health care services
- iii. Childhood & adolescent care services
- iv. Family planning, contraceptive services & other reproductive care services
- v. Management of communicable diseases including National Health programs
- vi. Management of communicable diseases and outpatient care for acute simple illness & minor ailment
- vii. Screening, prevention, control and management of NCDs
- viii. Care for common ophthalmic and ENT problems
- ix. Basic Oral healthcare
- x. Elderly & Palliative care services
- xi. Emergency medical services xii. Screening & basic management of mental health ailments.

### **Major initiatives and strategies under NHM for rural areas**

- NHM provides support to states in addressing the shortage of infrastructure, equipment, drugs and diagnostics at different level of public health facilities DH, SDH and CHCs against the Indian Public Health standards (IPHS). PHCs, UPHCs and SCs are being strengthened as HWCs under Ayushman Bharat and also against IPHS standards.
- Support states to develop a comprehensive strategy for human resources in health, through policies to support improved recruitment, retention and motivation of health workers in rural, remote and underserved areas.
- To overcome the shortage of skilled HR, flexibilities have been given to states for giving performance-based incentives, higher salaries or allowances for serving in remote and rural areas.
- NRHM also supports co-location of AYUSH services in health facilities such as SCHWCs, PHC-HWCs, CHCs and DHs.
- National Mobile Medical Units under NHM facilitates access to public health care particularly to people living in remote, difficult, under-served and unreached areas.
- Promotes access to improved healthcare at household levels through ASHA, who act as facilitator, mobilizer and provider of community level care. There are 10.33 lakh ASHAs across the country in rural and urban areas under the NHM who act as a link between the community and the public health system.
- Untied grants/ annual maintenance grants are being provided through Rogi Kalyan Samitis for all functional DH, SDH, CHC and PHCs. Such support is also extended to SC-HWCs through newly constituted Jan Aarogya Samitis.



- At the Village Level, untied funds are being given to the Village Health, Sanitation and Nutrition Committee (VHSNC), for planning health services of the village and monitoring the services being delivered through the SCs. The VHSNC acts as a subcommittee or statutory body of the Gram Panchayat.

A network of tele-consultation through hub-and-spoke model is being established in all the states to improve the quality of services at HWCs. IT supports are being given to ANM, ASHAs and HWCs for improving service delivery and strengthening timely reporting of data. Portals and software have been developed for tracking individuals suffering from NCDs, registration and follow-up of ANC-PNC, provision of FPN, immunization, case-detection and treatment compliance for TB cases etc. Free entitlements for drugs, diagnostics, pregnancy, infant care, dialysis etc. have been initiated for reducing OOPes and improving access to primary and secondary care.

The National Health Mission (NHM) aims to bridge this gap and improve access to healthcare for the poor and vulnerable, especially in rural and remote areas.

Under NHM, the Accredited Social Health Activists (ASHAs) program plays a crucial role in engaging the community with the health system. ASHAs are community health workers selected from the local population, and they receive training to improve the health status of their communities. These ASHAs are supported by various structures at different levels to enhance their effectiveness in delivering health services.

The NHM also focuses on strengthening sub-centres and primary health centres to provide quality preventive, promotive, curative, and outreach services. Efforts are made to ensure regular supply of essential drugs and equipment to these facilities, as well as adherence to standard treatment guidelines and protocols.

Overall, addressing social, economic, and environmental determinants of health and strengthening the healthcare system are vital to improving health outcomes and achieving universal access to quality healthcare services for all individuals, regardless of their socio-economic background.

### **Public Participation in Health and Ownership**

Public participation in health has been emphasized in India since the Bhore Committee report in 1946, followed by the introduction of the 73rd and 74th constitutional amendments in 1992, which provided a framework for people's involvement in social sector programs. The National Rural Health Mission (NRHM), later renamed the National Health Mission (NHM), explicitly outlined the importance of community involvement in the health sector. The concept of "community monitoring" or "communitization" under NHM empowers communities to take leadership in their health matters, with Gram Panchayats playing a catalytic role in promoting good health behaviours in their communities.

The success of health programs depends on people's active participation and ownership. When people take responsibility for their own development and take ownership of health issues, programs and schemes are more likely to yield substantial results. Despite a vast network of health infrastructure, government services often struggle to reach the poorest and most vulnerable populations. Decentralization of healthcare systems and the involvement of PRIs have become



essential in addressing the challenges in the healthcare sector. Decentralization has shown positive results worldwide, including better management and monitoring of health services, improved service delivery, targeted programs, and better prioritization of local needs.

### **Role of PRIs in Healthcare Delivery**

Rural healthcare in India is a critical sector that the government has prioritized for comprehensive transformation to ensure the goal of "Healthcare for all." Access to health services is considered a fundamental human right, regardless of economic status, gender, age, religion, or caste. The right to health encompasses the highest attainable standards of health, including access to safe drinking water, sanitation, and health-related information. It is the responsibility of the government to ensure essential services like healthy food, safe drinking water, employment opportunities, and basic health services are accessible to all citizens. To achieve this, collaborative efforts from various agencies are required to ensure "health for all." The healthcare sector in India faces challenges such as low-quality care, lack of accountability, limited awareness, and restricted access to healthcare facilities. To address these issues, one of the core strategies of NRHM is to strengthen the capacity of Panchayati Raj Institutions (PRIs) to control and manage public health services effectively.

### **Role of PRIs in Health Development in Gram Panchayats**

Panchayats in India serve as local governance institutions at the village level, linked to block and district councils, collectively known as Panchayat Raj institutions. These institutions play a crucial role in programs related to reproductive health, child health, and nutrition through community participation as envisioned by NRHM. The 73rd Constitutional Amendment strengthened PRIs by granting them specific areas of jurisdiction, authority, and funds to provide effective governance at the grassroots level. Health and sanitation, including hospitals, primary health centres, and dispensaries, are listed under the Eleventh Schedule of the Constitution and are subjects devolved to local government institutions.

### **The Role of Gram Panchayats**

Gram Panchayats (GPs) play a pivotal role as the local government at the village level in representing the voices of the people regarding health matters. They collaborate with health functionaries to ensure access to quality healthcare within their jurisdiction. It is crucial for GPs to understand the various challenges and needs in healthcare to address them effectively.

To improve the health status of the community, elected representatives and functionaries of the Gram Panchayat must be aware of their responsibilities and take appropriate actions to promote good health practices. GPs should evolve into health-conscious communities that sustain and promote improved health conditions among their residents.

The Gram Panchayat plays a crucial role in promoting health and ensuring access to quality healthcare services for all community members. The responsibilities of Gram Panchayats can be broadly categorized under three headings:



### a) Ensuring Availability and Quality of Essential Services

One of the primary responsibilities of the Gram Panchayat is to ensure that essential services necessary for the community's well-being are available and of good quality. This includes not only healthcare services but also public services like access to clean drinking water and sanitation facilities, which are vital for maintaining good health. The Gram Panchayat must focus on improving the quality of health services and other basic amenities in the area.

### b) Ensuring Equitable Access to Health Services

The Gram Panchayat must work towards ensuring that all sections of the community can access and benefit from health services. Different groups based on caste, class, gender, and religion may face specific challenges in accessing healthcare. The Gram Panchayat needs to be aware of these disparities and take appropriate actions to address them. It should facilitate initiatives to reduce communicable diseases and ensure that marginalized communities, malnourished children, high-risk pregnancies, TB patients, and other vulnerable groups receive special attention and support.

### c) Influencing the Governance of the Health System

The Gram Panchayat has a role not only in monitoring the existing health services but also in actively participating in setting priorities and planning for the future of healthcare in their area. Community members' participation and involvement are essential in decision-making related to health services. By actively engaging in the governance of the health system, the Gram Panchayat can influence policies and programs to better serve the needs of the community.

Test your Knowledge: Fill the blanks

1. The World Health Organization (WHO) defines health as a state of complete physical, mental, and \_\_\_\_\_ well-being, not merely the absence of disease.
2. Health and well-being are influenced by various factors, including infections, injuries, harmful substances, and \_\_\_\_\_ habits.
3. The social determinants of health (SDH) are non-medical factors influencing health outcomes, such as living conditions, economic policies, education, and access to \_\_\_\_\_.
4. The public healthcare system in India operates through a three-tier system consisting of Primary, Secondary, and \_\_\_\_\_ levels.
5. Primary healthcare forms the foundation of the healthcare system and is the first point of contact for most individuals seeking medical care. It includes services provided at Sub-Centres, Primary Health Centres (PHCs), and \_\_\_\_\_.
6. District hospitals serve as \_\_\_\_\_ centres for primary health centres (PHCs) and community health centres (CHCs) in a specific district.
7. Tertiary care centres in major cities are often overburdened with a high volume of patients, leading to long \_\_\_\_\_ times and compromised quality of care.
8. The private healthcare sector in India is a significant player and caters to a substantial portion of the population. However, private healthcare can be expensive and less accessible for \_\_\_\_\_ groups.
9. The government is gradually increasing its healthcare spending to improve infrastructure, healthcare workforce, and service \_\_\_\_\_.



10. The National Health Mission (NHM) aims to strengthen healthcare access in both \_\_\_\_\_ and \_\_\_\_\_ areas.
11. The NHM encompasses two sub-missions: the National Rural Health Mission (NRHM) and the \_\_\_\_\_.
12. The vision of NHM is the "Attainment of Universal Access to Equitable, Affordable and Quality health care services, which are accountable and responsive to people's needs, with effective \_\_\_\_\_ action to address the wider social determinants of health."
13. The NHM focuses on maternal and child health, family planning, immunization, communicable and non-communicable diseases, and strengthening healthcare \_\_\_\_\_.
14. The involvement of Gram Panchayats in healthcare decision-making is crucial for achieving the goal of "\_\_\_\_\_ for all" in India.
15. The Gram Panchayat can play a significant role in managing both communicable and non-communicable diseases through measures such as \_\_\_\_\_ and promoting healthy lifestyles.



## Session – 2: Overview on Localization of Sustainable Development Goal focusing on Healthy Village Theme- Activities, Local Goals, Targets and Indicators for Healthy Village – Role of PRIs and GPs

### Session Plan

**Session Duration:** 90 minutes

**Methods Suggested for the Conduct of the Session:** Lecture & Presentation

### Session Objectives

- i. To provide participants with a comprehensive understanding of the concept of Localization of SDGs and its significance.
- ii. To highlight the Healthy Village Theme in Localization and its connection to SDGs 2 and 3.
- iii. To equip participants with knowledge about the high-impact activities, local goals, targets, and indicators for the Healthy Village Theme.
- iv. To foster a participatory and community-driven approach to planning and implementing Healthy Village initiatives.
- v. To build the capacity of Panchayat Raj members in promoting health and well-being at the grassroots level.
- vi. To emphasize the importance of convergence, resource mobilization, and monitoring in achieving health-related SDG outcomes.
- vii. To promote inclusivity, social justice, and address health inequities in rural areas.

### Expected Outcomes

- i. Participants will have a clear understanding of the localization process and the role of Panchayat Raj members in achieving the Healthy Village Theme.
- ii. Participants will be familiar with the high-impact activities, local goals, targets, and indicators for the Healthy Village Theme.
- iii. Participants will be motivated and empowered to actively contribute to health-related decision-making and planning at the village level.
- iv. Participants will be aware of the importance of collaboration and resource mobilization for successful implementation of health initiatives.
- v. Participants will recognize the significance of addressing health inequities and ensuring inclusivity in health-related interventions.
- vi. Participants will be equipped with the knowledge and tools to effectively advocate for health and well-being in their respective Panchayat Raj institutions.



### Sub-Topics to Be Covered

- i. **Introduction to Localization of SDGs:**
  - Explanation of the concept of Localization of SDGs and its significance in achieving sustainable development at the grassroots level.
  - Importance of aligning global SDGs with local development planning for effective implementation.
- ii. **Healthy Village Theme in Localization of SDGs:**
  - Overview of the Healthy Village Theme and its connection to SDGs 2 (Zero Hunger) and 3 (Good Health & Well-Being).
  - Role of Panchayat Raj Institutions in promoting health and well-being in rural areas.
- iii. **Activities for Healthy Village Theme:**
  - Presenting a list of high-impact activities identified by the MoPR for the Healthy Village Theme.
  - Presenting a list of Low-Cost & No-Cost Activities for the Healthy Village Theme.
  - Highlighting the role of Panchayat Raj members in implementing these activities at the village level.
- iv. **Local Goals, Targets, and Indicators for Healthy Village:**
  - Detailed explanation of the nine thematic areas and the corresponding local goals, targets, and indicators for the Healthy Village Theme.
  - Discussing how these local goals and targets of LSDG-2 contribute to achieving the global SDGs 2 and 3.
- v. **Participatory Planning and Community Engagement:**
  - The significance of involving local communities in the planning and decision-making process.
  - Methods to engage villagers and stakeholders in setting priorities and formulating action plans for Healthy Village initiatives.
- vi. **Resource Mobilization and Fund Access:**
  - Strategies for accessing financial resources for implementing Healthy Village initiatives, including central and state government funds and external funding sources.
  - Ways to optimize resource utilization for better health outcomes.
- vii. **Monitoring and Evaluation Mechanisms:**
  - Overview of National and Local Indicator Framework.
  - Establishing effective monitoring and evaluation mechanisms to assess the progress and impact of Healthy Village initiatives.
  - Indicators for measuring the success of health-related interventions.
- viii. **Q&A and Conclusion:**
  - Open forum for participants to ask questions and seek clarifications.
  - Recapitulation of key learnings and outcomes from the session.

By covering these sub-topics and achieving the stated objectives, the training session will provide participants with a comprehensive understanding of the Healthy Village Theme and its role in achieving sustainable development and improved health outcomes at the grassroots level.



## Case Study

### **The Quest for a Healthier Tomorrow: A Tale of Localizing Sustainable Development Goals in the Village of Punsari**

In the picturesque village of Punsari, nestled amid rolling hills and a tranquil river, a group of villagers gathered under the shade of an ancient oak tree. They had come together to embark on a journey of localizing Sustainable Development Goals (SDGs) with a focus on the theme of a "Healthy Village."

#### **The Village of Punsari**

Punsari was known for its natural beauty and close-knit community. However, like many rural areas, it faced challenges related to healthcare, clean water access, and sanitation. The villagers aspired to create a healthier and more sustainable environment for themselves and future generations.

#### **The Call for Action**

One sunny day, a young leader named Priya stood before the villagers. She spoke about the importance of localizing the SDGs, which meant tailoring the global goals to meet the unique needs and context of Punsari.

#### **Setting Local Goals**

Under Priya's guidance, the villagers decided to set their own local goals tailored to their specific challenges and aspirations. They identified three key local goals:

1. **Access to Quality Healthcare:** Ensure that every villager has access to quality healthcare services within a 5 km radius.
2. **Clean Drinking Water for All:** Provide clean and safe drinking water to every household in the village.
3. **Sanitation and Hygiene Promotion:** Promote sanitation and hygiene practices to improve overall health and well-being.

#### **Setting Targets**

With their local goals defined, the villagers proceeded to set specific targets to measure their progress:

##### **Access to Quality Healthcare:**

- Establish a health clinic within the village within one year.
- Train and deploy community health workers to provide basic healthcare services within six months.
- Conduct health awareness camps to educate villagers on preventive care quarterly.
- **Clean Drinking Water for All:**
- Install community water purification systems in every neighbourhood within six months.
- Ensure safe drinking water access for 90% of households within one year.

##### **Sanitation and Hygiene Promotion:**

- Construct hygienic toilet facilities in every home within two years.
- Promote handwashing and proper sanitation practices through regular awareness campaigns.



## Identifying Indicators

To measure their progress effectively, the villagers determined specific indicators for each target:

Access to Quality Healthcare:

- Number of villagers receiving regular health check-ups.
- Number of healthcare facilities established.
- Percentage of community health workers trained and active.

Clean Drinking Water for All:

- Percentage of households with access to clean water.
- Water quality assessment reports.

Sanitation and Hygiene Promotion:

- Percentage of households with hygienic toilet facilities.
- Number of community hygiene workshops conducted.

## The Role of PRIs and GPs

To ensure the success of their localization efforts, the villagers sought the support of Panchayati Raj Institutions (PRIs) and Gram Panchayats (GPs). They engaged with these bodies to secure resources, advocate for their local goals, and promote the well-being of Punsari.

## A Healthier Tomorrow

The villagers of Punsari embarked on their journey of localizing SDGs, focusing on creating a "Healthy Village." Through their dedication, collaboration, and empowerment of PRIs and GPs, they strived to turn their aspirations into reality. They knew that by localizing the global goals, they could build a healthier, more sustainable future for their beloved village.

This story illustrates the process of localizing Sustainable Development Goals (SDGs) with a focus on the theme of a "Healthy Village." It emphasizes the importance of setting local goals, targets, and indicators, and the role of Panchayati Raj Institutions (PRIs) and Gram Panchayats (GPs) in achieving these goals.



## Reading Material

### Introduction

Health is a crucial aspect of human well-being, and its significance in rural communities cannot be overstated. The impact of ill health goes beyond individuals' suffering and affects the overall prosperity of a village, draining resources due to medical expenses, loss of productivity, and strain on healthcare facilities. In light of this, a holistic approach to health is essential, ensuring access to basic services, promoting good hygiene, reducing infectious disease rates, and maintaining clean surroundings. Aligning with the World Health Organization's definition of health, a healthy village reflects the social and psychological welfare of its community members. The Gram Panchayat plays a pivotal role in achieving a healthy village, by addressing socio-economic determinants and raising awareness about health, hygiene, and social welfare schemes.

Sustainable Development Goals (SDGs) and Healthy Village: The United Nations' 17 Sustainable Development Goals (SDGs) encompass various aspects of development, and six of these goals are particularly aligned with the concept of a healthy village:

- **SDG-2: Zero Hunger** - Ensuring that no household in the village faces hunger is a critical objective for promoting overall well-being.
- **SDG-3: Good Health and Well-being** - Access to healthcare services for everyone is fundamental to achieving a healthy village.
- **SDG-4: Quality Education** - Ensuring that all children in the village have access to quality education is vital for their future well-being.
- **SDG-5: Gender Equality** - Eradicating discrimination between males and females creates a supportive environment for everyone's health.
- **SDG-6: Clean Water and Sanitation** - Ensuring access to clean water and sanitation facilities is essential for preventing waterborne diseases.
- **SDG-12: Responsible Consumption and Production** - Encouraging responsible consumption and production practices at the household level contributes to community health.

### Prerequisites for a Healthy Village

To transform a Gram Panchayat into a health village, certain essential services must be provided to the people without additional resources. These services include:

1. **Clean Drinking Water:** Utilizing the Jal Jeevan Mission, the "Har Ghar Nal Se Jal" initiative ensures access to clean drinking water for all.
2. **Sanitation/Waste Management:** Implementing the Swachh Bharat Mission (SBM) helps manage waste and promote sanitation practices.
3. **Good Road Connectivity:** The Pradhan Mantri Gram Sadak Yojana (PMGSY) ensures good road connectivity, facilitating access to healthcare facilities and resources.
4. **Effective Public Distribution System (PDS):** A robust PDS ensures food security and prevents hunger in the village.



5. **Kitchen Garden:** Encouraging every household to cultivate a kitchen garden for fresh fruits and vegetables promotes nutrition without cost involvement.
6. **Health Education:** Raising awareness about health and hygiene through SBM and other educational programs incurs no extra cost.
7. **Access to Medical Facilities:** Utilizing the services of Accredited Social Health Activists (ASHA) and Local Auxiliary Nurse Midwives (ANM) ensures access to medical facilities.
8. **Health Infrastructure/Telemedicine:** Primary Health Centres (PHC) and Community Health Centres (CHC) play a vital role in providing health infrastructure and telemedicine services.
9. **Supplementary Nutrition:** Aanganwadi Centres provide supplementary nutrition to children and pregnant mothers, addressing malnutrition.

### SDG Localisation

Localisation of SDGs is crucial to any strategy aimed at achieving the goals under the 2030 Agenda. This involves the process of adapting, planning, implementing and monitoring the SDGs from national to local levels by relevant institutions and stakeholders. To accelerate SDG achievements, the Vertical has adopted the approach of cooperative and competitive federalism, which is based on Centre-State collaboration and healthy competition among the States. The Vertical's efforts in this direction include structured engagements and workshops with the States. The key outcomes of the SDG localisation efforts include State and District Indicator Frameworks, review mechanisms for progress monitoring, and capacity building of government officials. As a result of strong partnerships, 21 States/UTs have developed and operationalised their own State Indicator Frameworks; 12 States have taken it to the district level by developing District Indicator Frameworks.

### Local Goals for a Healthy Village

To address specific health challenges in rural communities, each Gram Panchayat should set local goals, including:

1. **Elimination of Stunting:** Taking targeted measures to eradicate stunting, a severe form of malnutrition prevalent in many rural areas.
2. **Elimination of Anemia:** Focusing on reducing anemia among adolescent girls and women through awareness and nutritional interventions.
3. **Kitchen Garden Promotion:** Encouraging the cultivation of moringa and other nutritious plants in kitchen gardens to improve dietary diversity.
4. **Communicable Disease Management:** Implementing preventive and curative measures to control communicable diseases and protect public health.
5. **Maternal and Child Health:** Striving for zero maternal and child deaths under five years, promoting safe birthing practices, and enhancing neonatal care.
6. **Universal Access to Healthcare:** Ensuring medical care and health facilities are accessible to all members of the community.

The concept of a healthy village encompasses various aspects of community well-being, from access to basic services to promoting social and psychological welfare. By aligning efforts with



the SDGs, Gram Panchayats can make significant strides in improving the health and well-being of their communities. Emphasizing local goals and mobilizing available resources can create a sustainable and healthy environment, benefiting present and future generations alike. Building a healthy village requires a collective effort from the local government, healthcare workers, and community members, fostering a harmonious and prosperous rural community.

### Scenario of Health in Rural Areas Using NFHS-5 Data (2019-21)

It is important to sensitize the participants toward the present health scenario in rural areas in comparison to urban areas. There exist wide disparities between rural and urban areas with reference to availability of health infrastructures and other health care services. As I have already mentioned that around 70 percent of India's population still lives in rural areas, therefore without meeting health needs of the rural people it is not possible to achieve the targets of SDG-3. Hence, a comparative picture of health scenario in rural and urban areas will enable us to know gap and scope for improvements:

Following tables gives us a comparative picture on some select health indicators:

Health Indicators	Urban	Rural
Population living in households with an improved drinking-water source	98.7	94.6
Population living in households that use an improved sanitation facility	81.5	64.9
Households using clean fuel for cooking (%)	89.7	43.2
Infant mortality rate	26.6	38.4
Under-five mortality rate	31.5	45.7
Total unmet need for Family Planning	8.4	9.9
Mothers who had at least 4 antenatal care visits	68.1	54.2
Mothers who consumed iron folic acid for 100 days or more when they were pregnant	54	40.2
Mothers who consumed iron folic acid for 180 days or more when they were pregnant	34.4	22.7
Institutional births	93.8	86.7
Institutional births in public facility	52.6	65.3
Children age 12-23 months who have received BCG	94.7	95.4
Children age 12-23 months who have received 3 doses of polio vaccine	79.2	80.9
Children age 12-23 months who have received 3 doses of penta or DPT vaccine	86	87
Children age 12-23 months who received most of their vaccinations in a public health facility	87.7	97
Children under 5 years who are stunted (height-for-age)	30.1	37.3
Children under 5 years who are wasted (weight-for-height)	18.5	19.5
Children under 5 years who are underweight (weight-for-age)	27.3	33.8
Children age 6-59 months who are anaemic (<11.0 g/dl)	64.2	68.3
All women age 15-49 years who are anaemic	53.8	58.5
Women who have comprehensive knowledge	28.6	18.2
Women age 15-24 years who use hygienic methods of protection during their menstrual period	89.4	72.3



The above table clearly shows that the health indicators of rural areas are poorer than to urban areas except indicators related to vaccination of children. The gap between rural and urban health indicators attracts the urgent attention to implement the relevant schemes and programmes effectively to make the people to reap the benefits of these programmes.

### **Sustainable Development Goal-3: Universal targets**

<b>Sl. No.</b>	<b>Targets</b>
1	Reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.
2	End preventable deaths of new-borns and children under 5 years of age- By 2030,
3	End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases - By 2030,
4	Reduce by one third premature mortality from non-communicable diseases - By 2030,
5	Strengthen the prevention and treatment of substance abuse
6	Halve the number of global deaths and injuries from road - By 2030,
7	Ensure universal access to sexual and reproductive health-care services, - By 2030,
8	Achieve universal health coverage
9	Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution - By 2030,
10	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries,
11	Support the research and development of vaccines and medicines
12	Substantially increase health financing and the recruitment, development, training and retention of the health workforce
13	Strengthen the capacity of all countries for early warning, risk reduction and management of national and global health risks.

### **Localization of SDG-3**

While the SDGs are global, their achievement will depend on our ability to make them a reality in our cities and regions. All of the SDGs have targets directly related to the responsibilities of local and regional governments, particularly to their role in delivering basic services. That's why local and regional governments must be at the heart of the 2030 Agenda.



“Localizing” is the process of taking into account subnational contexts in the achievement of the 2030 Agenda, from the setting of goals and targets, to determining the means of implementation and using indicators to measure and monitor progress. Localization relates both to how the SDGs can provide a framework for local development policy and to how local and regional governments can support the achievement of the SDGs through action from the bottom up and to how the SDGs can provide a framework for local development policy.

### What is the roadmap for localizing the SDGs?

1. **Awareness Raising:** Local and regional governments are well-placed to raise awareness about the importance of the SDGs and their relevance to local communities. Local and regional government associations and networks should carry out awareness raising campaigns to mobilize their members to understand their role in the achievement of the SDGs.
2. **Advocacy:** Promoting local ownership of national strategies is vital. If local and regional governments have a sense of ownership of the SDGs and a role in determining their roles and responsibilities, their involvement in implementation will be greater.
3. **Implementation:** In parallel to their awareness raising and advocacy work, local and regional governments must prepare to implement the SDGs in their communities. In order to set local priorities, existing local and regional programmes should be reviewed with the aim of identifying the main needs, priorities, gaps and cross-sectoral linkages of the territory and their relationship with the SDGs and national priorities. They can do this in a number of ways:
  - Conduct a needs assessment to define priorities and localize the SDGs
  - Engage in cooperative governance to establish shared priorities
  - Align local and regional plans with the SDGs
  - Mobilize local resources
  - Build capacities for effective and responsive leadership
  - Promote ownership and responsibility for the implementation of strategic projects
  - Participate in development cooperation and peer-to-peer learning
4. **Monitoring:** Evaluating and Learning from experiences. The SDGs will be monitored and assessed through a system of 231 indicators. Many of these indicators can be localized by gathering data at territorial level. The definition of local or regional SDG plans, or plans aligned with the SDGs, should include a set of indicators linked to those of the 2030 Agenda and adapted to each territory’s needs and context.
5. **Where do we go from here:** This roadmap is just one step in the journey of the Global Taskforce of Local and Regional Governments to support subnational governments and partners to localize the SDGs and achieve inclusive and sustainable development for all.



## High- Impact Activities, Local Targets and Local Indicators

The MoPR's Thematic Framework for Localization of SDGs has identified "Healthy Village" as one of the nine context-specific thematic areas for GPDP. This theme encompasses 14 targets, 26 indicators and 60 high-impact activities focused on achieving sustainable development through PRIs (Panchayati Raj Institutions). The detailed list of activities, targets and indicators is available for Panchayats to implement and track progress towards improving health and well-being at the village level as follows:

### High- Impact Activities - 60

1. Awareness Camp for institutional deliveries
2. Awareness camp for pregnant women & family member on safe delivery
3. Awareness camp on behavioural issues of Mission LiFE
4. Awareness camp on Child health
5. Awareness camp on nutritional requirement and access to ANC and PNC
6. Awareness Camp on Prevention of Early Marriage
7. Awareness camp on routine immunisation
8. Awareness creation on prevention of early marriage
9. Awareness Program on symptoms of anaemia; vicious cycle of anaemia and preventive measures
10. Awareness Program & Street Play on child marriage
11. Beneficiaries for Health Insurance
12. Camp for inclusion of name in the list of health card
13. Celebration of Village Health and Nutrition Days
14. Construction of Health Sub-Centres
15. Early registration in Government hospitals
16. Early registration of Pregnant women in Government hospitals
17. Free Ambulance service
18. Equipment for Hospital
19. Identification and monitoring of anaemic children
20. Identification and monitoring of pregnant and lactating mothers
21. IEC / awareness campaign on PMJAY Scheme
22. IEC materials on Nutrition
23. IEC materials on Nutrition; supplementary nutritious food groups
24. Immunisation Camp
25. Improved sanitation status in health infrastructure
26. Infrastructure for institutional delivery
27. Maintenance of Health Sub-Centres
28. Monitoring of Institutional delivery
29. Monitoring the services of ICDS centres
30. Nukkad Natak on maternal and Child health
31. Nutri Garden in the premises of household
32. Organise Healthy Baby Show
33. Organising Blood testing Camp for identification



34. Plantation of Nutri Garden in AWC /Households
35. Promotion of institutional deliveries
36. Provide information on reproductive health services for a healthy pregnancy and childbearing
37. Sapling Distribution to the mother
38. Supplementary nutritious food
39. Provide Pension to Elderly Weavers
40. Supplementary nutritious food for pregnant women
41. Talk show/ Film Show on Nutritional aspects
42. Talk Show on preventive and curative measures of anaemia
43. Talk show on symptoms and preventive measures of anaemia
44. Tracking of Pregnancy by ASHA
45. Training of Mid-wives (MW) on safe delivery
46. Upgradation of Health Sub-Centres
47. VPRP-Demand for Health Card
48. VPRP:Public Goods- Mosquito nets
49. VPRP- Public Services- Deworming
50. VPRP- Public Services- Staff nurses in health centres
51. VPRP: SDP Alcoholism (Health and nutrition)
52. VPRP: SDP Covid Vaccine Hesitancy (Health and nutrition)
53. VPRP: SDP- Drug Abuse (Health and Nutrition)
54. VPRP: SDP Issues related to sanitation (Health and nutrition)
55. VPRP: SDP Lack of adolescent healthcare (Health and nutrition)
56. VPRP: SDP Lack of clean drinking water (Health and nutrition)
57. VPRP- SDP - malnutrition (Health and Nutrition)
58. Wall painting on Child health
59. Wall Paintings for awareness on PMJAY Scheme
60. Weighing machine distribution in AWC

#### **Local Targets -14**

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



11. Ensure quality nutritious food to all children aged under five years
12. Facilitate enrolment of children, pregnant women and adolescent girls under ICDS
13. Reduce malnutrition among children, women
14. Facilitate the nutritional needs of adolescent girls, pregnant and lactating women and older persons

### Local Indictors -26

1. Maternal Mortality Ratio
2. Percentage of births attended by skilled health personnel (Period 1 year)
3. Under-five mortality rate, (per 1,000 live births)
4. Neonatal mortality rate (per 1,000 live births)
5. Tuberculosis incidence per 1,000 population
6. Malaria incidence per 1,000 population
7. Prevalence of Hepatitis 'B' per 1,000 population
8. Dengue: Case Fatality
9. No of new cases of Kalazzar in the panchayats of endemic blocks
10. No of Covid Cases per 1000 population
11. Number of deaths due to cancer
12. Suicide mortality rate, (per 1,000 population)
13. Number of persons treated in de-addiction centres (in number)
14. People killed/injured in road accidents (per 1,000 population)
15. Percentage of currently married women (15-49 years) who use any modern family planning methods
16. Total physicians, nurses and midwives per 10,000 population
17. Total GP spending on Health to the total expenditure
18. No men and women reporting Asthma in the age group 15-49 years
19. Percentage of people using Tobacco / Alcohol
20. Percentage of children aged under 5 years who are underweight
21. Percentage of children under age 5 years who are wasted.
22. Percentage of women whose Body Mass Index (BMI) is below normal
23. Percentage of Children age 6-59 months who are anaemic (<11.0g/dl).
24. Percentage of pregnant women age 15-49 years who are anaemic (<11.0g/ dl).
25. Percentage of older person who are anaemic (45 above)
26. Percentage of Adolescent Girls who are anaemic



## Group Activity

### **Combatting Substance Abuse and Promoting Mental Health in a Rural Village**

#### **Background**

Consider a rural village where substance abuse, particularly alcoholism, has become a major health and social issue. The prevalence of alcoholism is leading to several health problems, including mental health issues, domestic violence, and financial distress among families. This village faces significant challenges in achieving Sustainable Development Goal 3, which includes targets related to substance abuse prevention and mental health promotion.

#### **Scenario**

The Gram Panchayat of this village recognizes the urgent need to combat substance abuse and promote mental health as part of its efforts to create a healthy village. They acknowledge the importance of addressing SDG targets related to substance abuse and mental health within the community.

#### **Tasks**

- How substance abuse effect the community well-being of a village?
- Plan for community-wide awareness campaigns to educate villagers about the risks of substance abuse and the importance of seeking help?
- How can the village establish the support groups in the village?
- What are the specific high-impact activities that can be identified for the village to combat substance abuse and promote mental health while planning GPDP?

**Local Indicator Frame Work (LIF)****Theme: 2 Healthy Village (SDG –2, 3)**

National Indicators CMRSSDP	Modified GP Level Indicator	Long term /short term /Immediate	Meta Data		Data Source
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births					
1.Reduce the maternal mortality					
3.1.1: Maternal Mortality Ratio, (per 1,00,000 live births)	1. Maternal Mortality Ratio	Long term	N	Maternal Deaths during the reference year	Health
			D	Live births during the reference year	Health
			M	1000	
	2. Percentage of births attended by skilled health personnel (Period 1 year) (Same as NIF	Immediate	N	Women aged 15-49 years with a live birth attended by a skilled health personnel in delivery during last 1 years	Health
			D	Women aged 15-49 years with a live birth during the same period	Health
			M	100	
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births					
2.End preventable deaths of newborns and children under 5 years of age					
3.2.1: Under-five mortality rate, (per 1,000 live births	3. Under-five mortality rate, (per 1,000 live births (Same as NIF)	Long term	N	No of Infant deaths (< 1 year) and deaths among children of age .(1-4 years) during the given year	Health
			D	No of Live births (< 1 year) and population in the age group (1-4 years) during the given year	Health
			M	1,000	
	4. Neonatal mortality rate (per 1,000 live births) (Same as NIF)	Long term	N	Infant deaths of age less than 29 days (neonatal deaths) during given year	Health
			D	Live births during given year	Health



National Indicators CMRSSDP	Modified GP Level Indicator	Long term /short term /Immediate	Meta Data		Data Source
			M	1000	
Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water- borne diseases and other communicable diseases					
3.Promote prevention , early diagnosis and treatment of communicable diseases					
3.3.2: Tuberculosis incidence per 1,00,000 population	5. Tuberculosis incidence per 1,000 population	Long term	N	New TB patients in a population during certain time period	Health
			D	Persons in population during certain time period.	GP
			M	1,00,000	
3.3.3: Malaria incidence per 1,000 population	6. Malaria incidence per 1,000 population (Same as NIF)	Long term	N	Number of confirmed malaria cases	Health
			D	Total population	GP
			M	1000	
3.3.4: Prevalence of Hepatitis ‘B’ per 1,00,000 population	7. Prevalence of Hepatitis ‘B’ per 1,00,0 population	Long term	N	No of Hepatitis B	Health
			D	Total Population	GP
			M	1000	
3.3.5: Dengue: Case Fatality Ratio	8. Dengue: Case Fatality	Long term	N	Number of deaths due to dengue during reference year	Health
			D	Number of deaths due to dengue during reference year	Health
			M	100	
3.3.7: Number of new cases of Kalaazar/V Leishmaniasis	9. No of new cases of kalazzar in the panchayats of endemic blocks	Short term	Number		Health
	10. No of Covid Cases per 1000 population	Immediate	N	No of Covid cases	Health
			D	Total population	
			M	1000	
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being					
4.Ensure access to quality of health care services in collaboration with health department					
3.4.1: Number of deaths due to cancer	11. Number of deaths due to cancer (Same as NIF)	Long term			
3.4.2: Suicide mortality rate, (per	12. Suicide mortality rate, (per 1,00,0 population)	Long term	N	Suicides reported during reference year	Police
			D	Total Population of reference year	GP



National Indicators CMRSSDP	Modified GP Level Indicator	Long term /short term /Immediate	Meta Data		Data Source
1,00,000 population)			M	1000	
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol					
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol					
3.5.2: Number of persons treated in de-addiction centres (in number)	13. Number of persons treated in de-addiction centres (in number)(Same as NIF)	Long term			Health
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents					
6. Take steps to reduce deaths and injuries from road traffic accidents					
3.6.1: People killed/injured in road accidents (per 1,00,000 population)	14. People killed/injured in road accidents (per 1,00,0 population)	Long/Short term	N	People killed (injured) due to road traffic accidents during reference year	Police
			D	Total population of reference year	GP
			M	1000	
Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programme					
7.Ensure that all have access to sexual and reproductive health care services and family planning					
3.7.1: Percentage of currently married women aged 15-49 years who have their need for family planning satisfied with modern methods, 2015-16	15. Percentage of currently married women (15-49 years) who use any modern family planning methods (Same as NIF)	Long term	N	Currently married women aged 15-49 years who use modern contraceptive methods	Health
			D	Currently married women aged 15-49years	Health
			M	100	
Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all					
8.Provide essential health care service to all in GP level					
3.8.1: Percentage of currently married women (15-49 years) who	16. Total physicians, nurses and midwives per 10,000 population,	Long term	N	Total number of Physicians, nurses and midwives in position during reference year	Health



National Indicators CMRSSDP	Modified GP Level Indicator	Long term /short term /Immediate	Meta Data		Data Source
use any modern family planning methods			D	Total population during reference year	Health
			M	10000	
	17. Total GP spending on Health to the total expenditure	immediate	N	GP expenditure on Health	
			D	Total GP Expenditure	
			M	100	
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination					
9.Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination					
3.9.2: Proportion of men and women reporting Asthma in the age group 15-49 years	18. No men and women reporting Asthma in the age group 15-49 years	Long term	Number		Health
Target 3.a: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate					
10.Take steps to reduce the use of tobacco /Alcohol among adults					
3.a.1: Percentage of adults 15 years and above with use of any kind of tobacco (smoking and smokeless)	19. Percentage of people using Tobacco / Alcohol	Long term	N	Population using Tobacco /Alcohol	GP survey
			D	Total population	GP
			M	100	
Target 2.1: By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round					
11. Ensure quality nutritious food to all children aged under five years					
2.1.1: Percentage of children aged under 5 years who are underweight	20. Percentage of children aged under 5 years who are underweight	Long term	N	Children aged 0-59 months who are underweight	MA (88) / Health/ ICDS
			D	Number of children in age group 0-59 months	MA (89+90) /ICDS
			M	100	
12. Facilitate enrolment of children, pregnant women and adolescent girls under ICDS					
13.Reduce malnutrition among children, women.					
14.Facilitate the nutritional needs of adolescent girls, pregnant and lactating women and older persons					
2.2.2: Percentage of children under		Long term	N	Children under 5 years who are wasted	Health /ICDS



National Indicators CMRSDP	Modified GP Level Indicator	Long term /short term /Immediate	Meta Data	Data Source
age 5 years who are wasted 2015-16	21. Percentage of children under age 5 years who are wasted.		D Number of children under 5 years age	Health /ICDS
			M 100	
2.2.3: Percentage of women whose Body Mass Index (BMI) is below normal, 2015-16	22. Percentage of women whose Body Mass Index (BMI) is below normal.	Long term	N Number of women age 15-49 years with BMI <18.5 kg/sq.meter	Health /ICDS
			D Total number of women age 15-49 years whose height and weight are measured	Health /ICDS
			M 100	
2.2.5: Percentage of Children age 6-59 months who are anaemic	23. Percentage of Children age 6-59 months who are anaemic (<11.0g/dl).	Long term	N Children aged 0-59 months who are underweight	MA (119) Health /ICDS
			D Number of children in age group 0-59 months	MA (89 + 90) / Health /ICDS
			M 100	
2.2.4: Percentage of pregnant women age 15-49 years who are anaemic	24. Percentage of pregnant women age 15-49 years who are anemic (<11.0g/dl).	Long term	N No of Pregnant women age 15-49 years who are anemic	MA (80) Health /ICDS
			D Total Pregnant Women aged 15-49 years	MA (113) Health /ICDS
			M 100	
	25. Percentage of older person who are anemic (45 above)	Long term	N No of Older Person who are anemic	Health /ICDS
			D Total no of older person	Health /ICDS
			M 100	
	26. Percentage of Adolescent Girls who are anemic	Long term	N Adolescent girls who are anemic	MA (87) / Health
			D Total Number of adolescent girls	GP
			M 100	



## Roles of Panchayat Raj Institutions (PRIs) in promoting LSDG Theme 2 – Healthy Village

1. **Localizing Global Goals:** PRIs are responsible for translating the global SDGs into actionable plans at the local level. They align the specific theme of a "Healthy Village" with the relevant SDGs (SDG 2 - Zero Hunger and SDG 3 - Good Health and Well-being) and ensure that health-related initiatives are context-specific and tailored to the needs of the community.
2. **Policy Formulation:** PRIs develop and implement policies related to health and well-being in their respective jurisdictions. They create local strategies to address health challenges, improve healthcare access, and promote preventive measures for disease control.
3. **Community Engagement:** PRIs engage with the community to understand their health needs and priorities. They encourage community participation in decision-making processes related to health programs and initiatives, ensuring that the plans are in line with the aspirations of the villagers.
4. **Resource Mobilization:** PRIs are responsible for mobilizing financial resources to fund health-related projects. They explore funding opportunities, apply for government schemes and grants, and seek support from NGOs and other stakeholders.
5. **Monitoring and Evaluation:** PRIs monitor the progress and impact of health initiatives in their areas. They conduct regular evaluations to assess the effectiveness of programs and make necessary improvements.
6. **Advocacy and Collaboration:** PRIs advocate for health-related issues at higher levels of government and collaborate with various stakeholders, including government departments, NGOs, and private entities, to enhance the reach and impact of health programs.

## Role of Gram Panchayats (GPs) in promoting LSDG Theme 2 – Healthy Village

1. **Needs Assessment:** GPs conduct needs assessments to identify local health priorities in their villages. They assess the health status of the community and determine the most pressing health challenges that need to be addressed.
2. **Planning and Implementation:** GPs are responsible for planning and executing health-related initiatives at the village level. They design strategies to improve health outcomes, allocate resources, and ensure timely implementation of programs.
3. **Health Infrastructure:** GPs advocate for the establishment and improvement of health infrastructure in their villages. They work towards setting up health centers, sub-health centers, and ensuring the availability of trained healthcare personnel.
4. **Public Awareness and Education:** GPs organize health camps, workshops, and awareness programs to educate villagers about health, sanitation, hygiene, nutrition, and preventive healthcare practices.



5. **Data Collection and Reporting:** GPs collect health-related data within their villages. They maintain records of health indicators, disease prevalence, and healthcare utilization, which helps in evidence-based decision-making and reporting progress.
6. **Community Mobilization:** GPs mobilize the community to actively participate in health programs and initiatives. They encourage people to adopt healthy behaviors, utilize healthcare services, and engage in community health activities.
7. **Monitoring and Feedback:** GPs regularly monitor the progress of health projects and seek feedback from the community. They use this feedback to make necessary adjustments and ensure that programs are meeting the needs of the villagers.

Overall, both PRIs and GPs play essential roles in promoting the theme of a "Healthy Village" and driving positive health outcomes in rural communities. Their combined efforts in policy formulation, community engagement, resource mobilization, and effective implementation are crucial for achieving sustainable and inclusive health development at the grassroots level.

Test your Knowledge: Fill the blanks

1. Health is a crucial aspect of human well-being, and its significance in \_\_\_\_\_ communities cannot be overstated.
2. The impact of ill health goes beyond individuals' suffering and affects the overall prosperity of a \_\_\_\_\_, draining resources due to medical expenses, loss of productivity, and strain on healthcare facilities.
3. A healthy village reflects the \_\_\_\_\_ and psychological welfare of its community members, aligning with the World Health Organization's definition of health.
4. The Gram Panchayat plays a pivotal role in achieving a healthy village, by addressing socio-economic determinants and raising awareness about \_\_\_\_\_, hygiene, and social welfare schemes.
5. Six of the United Nations' 17 Sustainable Development Goals (SDGs) are particularly aligned with the concept of a healthy village, including SDG-2: \_\_\_\_\_ Hunger.
6. A robust \_\_\_\_\_ ensures food security and prevents hunger in the village.
7. The concept of "Localization of SDGs" involves adapting, planning, implementing, and monitoring the SDGs from \_\_\_\_\_ to local levels by relevant institutions and stakeholders.
8. Localizing the SDGs involves raising \_\_\_\_\_ about the importance of the SDGs and their relevance to local communities.
9. Needs assessment, cooperative governance, and aligning local plans with the SDGs are part of the process of SDG \_\_\_\_\_ at the local level.
10. Healthy Village theme encompasses \_\_\_\_\_ targets, \_\_\_\_\_ indicators and \_\_\_\_\_ high-impact activities focused on achieving sustainable development through PRIs.



## Session- 3: Implementation of Schemes, Programs, and challenges for Healthy Villages and Role of GPs (Women, Child and Adolescent Health)

Session Plan

**Session Duration:** 90 minutes

**Methods Suggested for the Conduct of the Session:** Lecture, Presentation & Group Work

Session Objectives

- i. To familiarize participants with the various schemes and programs initiated by the state and central governments to promote health and well-being in rural areas.
- ii. To highlight the role of Gram Panchayats (GPs) as key actors in the effective implementation of these health-related initiatives.
- iii. To discuss the challenges faced by GPs in implementing the schemes and programs and identify potential solutions.
- iv. To equip participants with knowledge and strategies to optimize the utilization of resources and create a supportive ecosystem for healthy villages.
- v. To encourage collaboration and convergence among different stakeholders for successful implementation of health programs at the grassroots level.

Expected Outcomes

- i. Participants will gain insights into the diverse schemes and programs initiated by the state and central governments to address health-related challenges in rural areas.
- ii. Participants will understand the critical role of Gram Panchayats in translating these initiatives into action and ensuring last-mile delivery of health services.
- iii. Participants will be able to identify the key challenges faced by GPs in implementing health schemes and propose viable solutions.
- iv. Participants will be equipped with strategies to optimize resource allocation and utilize available funds efficiently for health-related activities.
- v. Participants will recognize the importance of collaboration and coordination with other government departments and stakeholders to create a comprehensive and integrated approach to health interventions.



## Sub-Topics to Be Covered

- i. **Overview of Health Schemes and Programs:**
  - Presentation of the various health-related schemes and programs launched by the state and central governments, focusing on those targeted towards rural areas and healthy villages.
- ii. **Role of Gram Panchayats (GPs) in Health Implementation:**
  - Discussing the key functions and responsibilities of GPs in implementing health schemes and programs.
  - Highlighting the significance of GPs as catalysts for community engagement and participation in health initiatives.
- iii. **Challenges in Implementing Health Schemes:**
  - Identifying the common challenges faced by GPs in the effective implementation of health programs, such as limited resources, infrastructure gaps, and administrative barriers.
- iv. **Resource Mobilization and Fund Utilization:**
  - Strategies for GPs to access and leverage financial resources, including state and central government funds, for health-related activities.
- v. **Collaboration and Convergence:**
  - Emphasizing the need for collaboration and convergence among different government departments, agencies, and stakeholders for successful health implementation.
  - Creating synergy between health, education, women and child development, sanitation, and other relevant sectors.
- vi. **Community Engagement and Participation:**
  - Strategies for fostering community engagement and active participation in health-related decision-making and implementation.
  - Promoting community ownership and sustainability of health initiatives.
- vii. **Success Stories and Best Practices:**
  - Showcasing successful case studies and best practices from Gram Panchayats that have effectively implemented health schemes and achieved positive health outcomes.
- viii. **Innovative Solutions and Adaptive Strategies:**
  - Encouraging GPs to adopt innovative solutions and adaptive strategies to address local health challenges.
  - Learning from the experiences of other GPs and replicating successful models.
- ix. **Q&A and Conclusion:**
  - Open forum for participants to ask questions and seek clarifications.
  - Recapitulation of key learnings and outcomes from the session.

By covering these sub-topics and achieving the stated objectives, the training session will provide participants with valuable insights into the implementation of health schemes and programs at the village level. It will empower Gram Panchayats to overcome challenges, optimize resource utilization, and collaborate effectively with stakeholders to create healthier and sustainable villages.



## Case Study

### **The Heart of Change: A Tale of Implementing Health Programs for Women, Children, and Adolescents in Mawlynnong**

In the heart of the vibrant countryside, there existed a village named Mawlynnong. It was a close-knit community that believed in the well-being of its women, children, and adolescents. But, like many villages, it faced challenges related to healthcare access and health outcomes. This is a story of how they came together to implement health programs and overcome challenges under the leadership of their Gram Panchayat (GP).

#### **The Village of Mawlynnong**

Mawlynnong was a place where the laughter of children echoed through the fields, and the women carried the wisdom of generations. However, there were concerns. Maternal and child health needed improvement, and there were issues with adolescent health education.

#### **The Call to Action**

One bright morning, Meera, a respected member of the Gram Panchayat, gathered the villagers under the ancient banyan tree. She spoke passionately about the need to improve women, child, and adolescent health in Mawlynnong. She believed that a healthy village was the foundation of a thriving community.

#### **Designing Health Programs**

Meera and the GP decided to design health programs specifically tailored to the needs of women, children, and adolescents. They identified three main areas of focus:

1. **Maternal Health and Care:** Ensuring safe pregnancies and deliveries, reducing maternal mortality, and providing postnatal care.
2. **Child Health and Nutrition:** Improving nutrition, vaccination coverage, and access to paediatric care.
3. **Adolescent Health Education:** Promoting awareness about physical and mental health, hygiene, and reproductive health among adolescents.

#### **Overcoming Challenges**

Mawlynnong faced challenges like limited healthcare facilities, insufficient trained healthcare staff, and a lack of awareness about health issues among adolescents. The GP recognized these challenges as opportunities for change.

#### **Implementing Health Programs**

Under the guidance of Meera and the GP, Mawlynnong initiated health programs:

##### Maternal Health and Care:

- Established a maternal health clinic.
- Trained traditional birth attendants to provide support during deliveries.
- Conducted regular prenatal and postnatal care camps.



### Child Health and Nutrition:

- Organized vaccination drives in collaboration with healthcare authorities.
- Initiated a community kitchen program to provide nutritious meals to children.
- Held nutrition awareness sessions for parents.

### Adolescent Health Education:

- Conducted weekly health education sessions at the village school.
- Organized workshops for parents and adolescents to discuss sensitive topics.
- Set up a youth-friendly health center for confidential consultations.

## **Measuring Progress**

To ensure the effectiveness of their programs, the GP set up a monitoring and evaluation system:

- Tracked the number of safe deliveries and postnatal care visits.
- Recorded vaccination coverage rates.
- Conducted surveys to assess changes in adolescent health knowledge.

## **Success and Transformation**

As the years passed, Mawlynnong witnessed a remarkable transformation. Maternal and child mortality rates decreased, child nutrition improved, and adolescents were better informed about their health. Mawlynnong had become a shining example of a healthy village.

## **The Heart of Change**

The story of Mawlynnong illustrates how the Gram Panchayat (GP) played a crucial role in implementing health programs for women, children, and adolescents. Through dedication, community engagement, and a focus on local challenges, Mawlynnong became a beacon of health and well-being for all its residents.

This story demonstrates the importance of community leadership, program design, and overcoming challenges in implementing health programs for the betterment of women, children, and adolescents in a village. It highlights the significant role of the Gram Panchayat (GP) in driving positive change.



## Reading Material

### Introduction

Health is a comprehensive state encompassing physical, mental, and emotional well-being, extending beyond the mere absence of illness. As a pivotal indicator of societal progress, health not only determines individual well-being but also reflects the advancement of other development metrics. Despite commendable strides taken by the government in the last two decades to enhance healthcare indicators, disparities between rural and urban areas persist, underscoring the need for more effective rural health program implementations. Notably, around 70 percent of India's populace resides in rural regions, necessitating focused attention on rural health to drive overall sustainable development, aligned with the Sustainable Development Goals (SDGs).

The NFHS-5 data (2019-21) demonstrates that while improvements have been achieved in areas such as infant and child mortality rates, malnutrition, and institutional childbirths, a substantial urban-rural divide remains. This emphasizes the significance of tailored interventions for rural health, crucial for the realization of SDGs. For instance, the prevalence of acute malnutrition, with 3.75 crore children in rural areas affected, highlights the interconnectedness of nutritional well-being and broader development goals. As 12 out of 17 SDGs have direct links to nutritional indicators, addressing rural health challenges at the village level becomes pivotal for the holistic achievement of SDGs by 2030.

Localizing SDGs has emerged as a pragmatic approach to fulfil the SDG-3 objective of ensuring healthy lives and promoting well-being for all ages by 2030. The strategy involves adapting SDG-3 targets for implementation at the grassroots level, transforming villages into "Healthy Villages" by meeting essential health indicators.

### Empowerment through Constitutional Amendments

The 73rd Constitutional Amendment of 1992 granted Gram Panchayats substantial authority, decentralizing powers across 29 rural development domains. Among these subjects, health and sanitation, including healthcare facilities, were constitutionally delegated to Panchayati Raj institutions, endowing them with the responsibility of safeguarding rural health. Additionally, subjects closely intertwined with health, such as rural housing, clean drinking water, education, and women and child development, further empower Gram Panchayats to foster a robust healthcare ecosystem within their domains.

### Leveraging Platforms for Rural Health

Supplementing the constitutional mandate, various platforms facilitate the role of elected Gram Panchayat members in ensuring the health and well-being of their constituents. These platforms include Rogi Kalyan Samiti, Village Health, Sanitation & Nutrition Committees, ANMs (Auxiliary Nurse Midwives), ASHA (Accredited Social Health Activist) workers, Anganwadi



Centers, and Village Health & Nutrition Days (VHNDs). However, reports highlight that Gram Panchayat members often lack the necessary expertise to effectively address all 29 rural development subjects, primarily due to limited understanding of the government's programs and schemes within each domain. Additionally, the responsibilities of the ERs (Executing Agencies) attached to these initiatives are often unclear, leading to inadequate implementation at the grassroots level.

### **Capacity Building for Holistic Health**

To materialize the vision of "Healthy Villages," enhancing the capacity of elected Gram Panchayat members is paramount. They need to be equipped with comprehensive knowledge about fostering healthy villages, awareness of relevant health-related schemes and associated benefits, understanding of implementation challenges, and comprehension of their roles and responsibilities in executing these initiatives. Consequently, training of trainers becomes essential to cascade this knowledge and understanding effectively, bridging the gap between policy and grassroots implementation.

Aiming to transform every Gram Panchayat into a "Healthy Village" necessitates a holistic approach, aligning with the ethos of localized sustainable development. By fostering the capacities of elected members and leveraging constitutional powers, platforms, and knowledge, Gram Panchayats can emerge as dynamic catalysts in driving rural health initiatives, ultimately contributing to the realization of SDGs at the grassroots level.

### **Schemes and programmes of Ministry of Health & Family Welfare (MoHFW)**

#### **National Rural Health Mission (NRHM)**

Initiated in April 2005, the National Rural Health Mission (NRHM) focuses on delivering quality healthcare to rural communities, particularly the vulnerable segments such as the poor, women, and children. Building upon NRHM's commendable performance over seven years, its tenure has been extended until 2017 and beyond, as part of the National Health Mission. The government's commitment involves increasing public health expenditure from 0.9 percent to 2-3 percent of GDP. NRHM's key objectives encompass:

- Reducing Infant Mortality Rate and Maternal Mortality Ratio
- Ensuring universal access to public health services including women's and child health, water, sanitation, hygiene, immunization, and nutrition
- Preventing and controlling communicable and non-communicable diseases, encompassing locally prevalent ailments
- Facilitating access to comprehensive integrated primary healthcare
- Promoting population stabilization, gender equality, and demographic balance
- Revitalizing local health traditions and integrating AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy)
- Encouraging healthy lifestyles



## Key Initiatives under NRHM

NRHM's initiatives encompass a wide range of objectives aimed at improving healthcare access, maternal and child health, and community awareness in rural areas. Through community engagement, empowerment of healthcare workers, and innovative approaches, NRHM enhances the well-being of rural communities in India. MoHFW's initiatives under NRHM align with achieving comprehensive healthcare access and improving health outcomes for rural populations, contributing to SDG realization. These efforts collectively work towards NRHM's goal – providing quality healthcare, reducing maternal and infant mortality, improving health awareness, and enhancing well-being in rural India. These initiatives signify a commitment to strengthening community healthcare through local empowerment and innovative strategies.

Let's delve comprehensively into the key objectives of each initiative:

### 1. Accredited Social Health Activists (ASHAs)

ASHAs, female volunteer Accredited Social Health Activists, are appointed by and accountable to the Gram Panchayat. They bridge the gap between communities and the public health system, serving as the primary contact for marginalized groups, particularly women and children. ASHAs have contributed significantly to increased institutional deliveries, immunization rates, malaria control, maternal and infant mortality reduction, breastfeeding promotion, and improved nutrition. With over 9.15 lakh ASHAs across the nation, performance-based incentives motivate them to enhance universal immunization, offer referral services, and aid in healthcare programs. ASHAs focus on marginalized populations, particularly women and children. Their objectives include:

- Facilitating community health awareness and education.
- Promoting institutional deliveries to reduce maternal and infant mortality rates.
- Enhancing immunization coverage and control of communicable diseases.
- Improving breastfeeding and nutrition practices.
- Providing referrals and escort services for Reproductive & Child Health (RCH) programs.
- Promoting the construction of household toilets and hygiene practices.

### 2. Village Health Sanitation and Nutrition Committee (VHSNC)

VHSNC, a village-level committee established under NRHM, facilitates collective actions concerning health and its determinants. Comprising 15 members, including the village president, panchayat representatives, ANM/MPW, Anganwadi worker, teacher, ASHA, and community health volunteers, VHSNCs have been set up extensively, totalling 5.01 lakh across India. The committee's objectives include:

- Providing a platform for community-based planning and monitoring of health services.
- Improving health awareness and access to healthcare services.
- Addressing specific local health needs and challenges.
- Promoting sanitation, hygiene, and nutrition practices at the grassroots level.
- Enhancing accountability and transparency in healthcare delivery.



### 3. Janani Suraksha Yojana (JSY)

This scheme aims to reduce maternal mortality by encouraging pregnant women to deliver in government health facilities. It offers cash assistance to eligible pregnant women for deliveries in such facilities. Implementation of JSY has led to a notable reduction in maternal mortality rates and a significant increase in facility-based deliveries. Around 8.55 crore women have benefited from this initiative.

The key objectives of JSY are:

- Encouraging institutional deliveries to ensure skilled attendance during childbirth.
- Reducing maternal mortality by providing cash assistance for facility-based deliveries.
- Improving access to maternal and neonatal healthcare services.
- Enhancing the utilization of antenatal and postnatal care services.
- Ensuring safe and appropriate care for expectant mothers.

### 4. Janani Shishu Suraksha Karyakram (JSSK)

In response to the challenges faced by pregnant women and parents of sick newborns, JSSK was introduced in 2011. JSSK aims to remove financial barriers for pregnant women and sick infants seeking healthcare services public health institutions within their first year. The objectives of JSSK are:

- Providing free and no-expense deliveries, including caesarean sections, for pregnant women in public health institutions.
- Ensuring free access to essential drugs, diagnostics, and nutrition, blood supply, transport, and exemption from user charges during hospital stays.
- Offering free transport from home to the healthcare facility and back.
- Promoting equitable and accessible maternal and child healthcare services.
- Reducing out-of-pocket expenses for maternal and child healthcare.

### 5. Facility and Home-Based Newborn Care

NRHM establishes Newborn Care Corners, Special Newborn Care Units (SNCUs), and Newborn Stabilization Units (NBSUs) to provide comprehensive care to newborns in health facilities. Home-based newborn care is facilitated by ASHAs, who visit homes following infant births to promote essential newborn care practices, early illness identification, and referrals. More than 58 lakh newborns were attended by ASHAs in 2014-15. The objectives of this initiative are:

- Establishing Newborn Care Corners, Special Newborn Care Units (SNCUs), and Newborn Stabilization Units (NBSUs) for facility-based care.
- Providing essential care at birth and addressing newborn health needs in health facilities.
- Extending care to sick newborns through SNCUs and NBSUs.
- Promoting home-based newborn care through ASHA visits, encouraging essential care practices and early illness identification.



## 6. National Ambulance Services (NAS)

Through the 108 and 102 helpline numbers, states and union territories offer ambulance services, catering to critical care and basic patient transport needs. The objectives include:

- Offering emergency medical services through the 108 helpline for critical care and trauma cases.
- Facilitating transportation for pregnant women, children, and patients accessing public health facilities under the 102 helpline.
- Providing JSSK entitlements, including free transport and referral services, for maternal and child healthcare.

## 7. Kilkari and Mobile Academy

Kilkari and Mobile Academy leverage technology to enhance health awareness and empower healthcare workers. The objectives are:

- Delivering time-sensitive audio messages via Kilkari to pregnant women and families about pregnancy and child health.
- Promoting essential care practices and ensuring awareness of antenatal, postnatal care, and immunization.
- Empowering ASHAs through Mobile Academy by offering audio training on interpersonal communication skills.
- Enhancing ASHAs' ability to promote maternal, newborn, and child health behaviors.

## Other Key Programmes of MoHFW

### Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram, commonly known as RBSK, is a significant initiative designed to address the health needs of children from birth to 18 years of age. The alarming statistics reveal that around 6 to 7 out of every 100 babies born annually in India suffer from birth defects, leading to a staggering 17 lakh cases each year. Moreover, nutritional deficiencies among preschool children range from 4 to 70 percent, while developmental delays affecting about 10 percent of children in their early years can potentially lead to permanent disabilities if not addressed promptly. In response to these challenges, the Ministry of Health & Family Welfare (MoHFW) launched RBSK.

The primary objective of RBSK is to ensure early identification and intervention in four key areas, often referred to as the 4 'D's': Defects at birth, Deficiencies, Diseases, and Developmental delays including disabilities. For effective implementation, the initiative is divided into two age groups: children aged 0-6 years and children aged 6-18 years. The former group is managed at the District Early Intervention Center (DEIC), while the latter receives care through existing public health facilities. The DEIC serves as a crucial referral point for both age groups.



Screening plays a pivotal role in RBSK. Initial screenings are conducted at delivery points, involving Medical Officers, Staff Nurses, and ANMs. Additionally, ASHA workers are involved in screening newborns at home within 48 hours to 6 weeks of birth as part of the Home-Based Newborn Care (HBNC) package. Outreach screening, conducted by specialized Mobile Health teams, is targeted at children aged 6 weeks to 6 years at Anganwadi Centers and those aged 6-18 years at schools. Importantly, when a child is identified as needing intervention or treatment, the necessary services are delivered at zero cost to the family.

### **Rashtriya Kishor Swasthya Karyakram (RKSK)**

The Rashtriya Kishor Swasthya Karyakram is a comprehensive initiative dedicated to addressing the holistic health and development needs of India's massive adolescent population, which comprises around 253 million individuals. The program adopts a multi-faceted approach to tackle various aspects of adolescent health, including sexual and reproductive health, nutrition, injuries and violence (including gender-based violence), non-communicable disease prevention, mental health, and substance misuse.

To achieve its objectives, the RKSK initiative relies on a combination of community-based interventions, facility-based interventions, social and behavior change communication, and inter-sectoral collaboration. These strategies aim to empower adolescents with the knowledge, resources, and support they need to make informed decisions about their health and well-being. By addressing the unique challenges and opportunities faced by adolescents, RKSK contributes to the overall goal of promoting a healthier and more resilient younger generation.

### **Universal Immunization Programme**

The Universal Immunization Programme (UIP) is a cornerstone of NRHM's efforts to protect children from preventable diseases. The program provides free vaccination against a range of vaccine-preventable diseases, significantly reducing the burden of these illnesses on the population. The diseases covered under UIP include Bacillus Calmette Guerin (BCG), Oral Polio Vaccine (OPV), Hepatitis B, Diphtheria, Pertussis and Tetanus Toxoid (DPT), Hib-containing Pentavalent vaccine (Hib+DPT+Hep B), Measles, Tetanus Toxoid (TT), and Japanese Encephalitis (JE).

UIP's impact has been significant, with the achievement of polio-free certification for India's South East Asia Region by WHO in 2014 being a notable milestone. A pivotal element of the program is the engagement of Accredited Social Health Activists (ASHAs), who collaborate with Auxiliary Nurse Midwives (ANMs) to ensure the successful delivery of vaccines to children across villages. This collaborative approach has led to increased immunization coverage, contributing to the reduction in preventable diseases and associated morbidity and mortality rates among children.

### **Mission Indradhanush**

Mission Indradhanush is a crucial program within the Universal Immunization Programme, with a specific focus on ensuring complete immunization coverage for children under two years of age and pregnant women. The program is designed to address the critical gaps in



immunization coverage by targeting vaccine-preventable diseases such as Diphtheria, Pertussis (Whooping Cough), Tetanus, Tuberculosis (TB), Polio, Hepatitis B, Measles, Japanese Encephalitis (JE), and Haemophilus influenza type B (HIB) in states where these diseases are prevalent.

The approach of Mission Indradhanush involves intensive immunization campaigns, aiming to provide the necessary vaccinations to all eligible children and pregnant women. By identifying and reaching underserved and marginalized populations, the program contributes to improving overall immunization rates and subsequently reducing the burden of vaccine-preventable diseases in vulnerable communities.

### **Surakshit Matritva Aashwasan (SUMAN)**

The Surakshit Matritva Aashwasan (SUMAN) initiative, introduced in October 2019, is a transformative effort to ensure safe and dignified healthcare experiences for pregnant women and newborns visiting public health facilities. SUMAN's overarching goal is to eradicate preventable maternal and newborn deaths and complications, emphasizing a positive birthing experience for every woman.

Under SUMAN, comprehensive and respectful care is provided at no cost to women and newborns accessing public health facilities. By eliminating barriers to essential healthcare services, the initiative aims to improve maternal and newborn health outcomes and contribute to achieving Sustainable Development Goals related to healthcare access and well-being.

**Anaemia Mukta Bharat Programme:** The Anaemia Mukta Bharat Programme is a relatively recent initiative aimed at combating the widespread prevalence of anaemia in India. Anaemia, characterized by insufficient levels of hemoglobin in the blood, poses significant health risks and is particularly concerning among vulnerable populations. The program's objective is to significantly reduce anaemia prevalence through six interventions targeting six distinct beneficiary groups.

Key interventions include the Weekly Iron Folic Acid Supplementation (WIFS) Programme, which provides supervised IFA tablets to in-school adolescent boys and girls and out-of-school adolescent girls, along with albendazole tablets for helminthic control. Additionally, Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (ABPMJAY) plays a role in providing healthcare coverage for vulnerable sections of the population, thereby contributing to anaemia reduction and overall health improvement.

In summary, the initiatives under NRHM reflect a comprehensive and multidimensional approach to improving healthcare access, maternal and child health, and community well-being in rural areas. By addressing a range of health challenges, leveraging community engagement, empowering healthcare workers, and implementing innovative strategies, NRHM endeavors to enhance the overall health outcomes and quality of life for rural populations in India. These initiatives align with the broader goal of achieving comprehensive healthcare access and contributing to the realization of Sustainable Development Goals (SDGs).



Few more important programmes of the MoHFW are as follows

- a) National Vector Borne Diseases Control Programme (NVBDCP)
- b) National Leprosy Eradication Programme (NLEP) Revised National Tuberculosis Control Programme (RNTCP)
- c) National Iodine Deficiency Disorders Control Programme (NIDDCP)
- d) National Programme for Prevention and Control Of Cancer, Diabetes, Cardio Vascular Disease And Stroke (NPCDCS)
- e) National Tobacco Control Programme (NTCP)
- f) National Mental Health Programme (NMHP)
- g) School Health & Wellness Programme under Ayushman Bharat

## **Schemes and Programmes of Ministry of Education**

### **1. Construction of Toilets with Separate Girls' Toilets**

Recognizing the critical importance of gender-sensitive infrastructure in ensuring equitable education, the Ministry of Education has implemented the initiative of constructing separate toilets for girls in schools. This move stems from the understanding that inadequate sanitation facilities often lead to girls dropping out of school due to discomfort and privacy concerns. To address this issue, schools sanctioned under the Sarva Shiksha Abhiyan (SSA) are now designed as composite schools, featuring distinct and separate toilet facilities for girls and boys. This thoughtful approach not only ensures the dignity and comfort of female students but also contributes to improving their overall access to education.

### **2. Swachh Bharat Swachh Vidyalaya**

In line with the broader Swachh Bharat (Clean India) campaign, the Swachh Bharat Swachh Vidyalaya initiative focuses on transforming the hygiene and sanitation standards in schools across the nation. A significant aspect of this initiative is the provision of new toilets for both boys and girls in schools that lacked proper toilet facilities. Furthermore, the program aims to convert non-functional toilets into functional ones, addressing both the quantity and quality of sanitation infrastructure in educational institutions. By promoting a clean and hygienic learning environment, this initiative contributes to the overall health and well-being of students and staff while fostering a culture of cleanliness and hygiene.

### **3. Mid-Day Meal (MDM) Scheme**

The Mid-Day Meal (MDM) scheme stands as a pioneering effort by the Government of India to address two crucial issues: education and nutrition. Recognizing that nutritional status plays a pivotal role in enhancing student enrolment, retention, and attendance, the MDM scheme was launched. This scheme provides cooked meals to students in classes I-VIII across Government and Government-Aided Schools, Special Training Centres (STC), and Madrasas & Maqtabas supported under Sarva Shiksha Abhiyan (SSA). The objectives of the MDM program encompass a range of critical outcomes:

- **Prevention of Classroom Hunger:** By providing nutritious meals during school hours, the program ensures that students do not suffer from hunger, enhancing their ability to focus on learning.



- **Promoting School Participation:** Improved nutrition encourages students, especially those from disadvantaged backgrounds, to attend school regularly, contributing to increased school participation rates.
- **Facilitating Healthy Growth:** The provision of balanced meals supports the healthy growth and development of children, ensuring they receive essential nutrients for physical and cognitive development.
- **Intrinsic Educational Value:** Adequate nutrition has a direct impact on cognitive function, improving students' ability to engage with the curriculum and learn effectively.
- **Fostering Social Equality:** The MDM scheme promotes social equity by ensuring that all students, regardless of their socio-economic background, have access to nutritious meals, thereby reducing disparities in educational opportunities.
- **Enhancing Gender Equity:** By addressing nutritional needs, the scheme supports the educational participation of girls, contributing to gender equity in education.
- **Psychological Benefits:** Nutritious meals not only impact physical health but also contribute to students' overall well-being, fostering a positive and conducive learning environment.

The Ministry of Education's initiatives aim to create a conducive learning environment by addressing critical factors such as gender-sensitive facilities and proper nutrition. Through a combination of infrastructure development, sanitation improvements, and nutritional support, these initiatives work together to enhance educational access, attendance, and overall well-being of students across schools in India.

### **Schemes and Programmes of Ministry of Women and Child Development**

The Ministry of Women and Child Development, a key government body in India, is entrusted with the crucial responsibility of advocating for the rights and well-being of women and children, who collectively constitute a significant 67.7% of the nation's population. This ministry is dedicated to promoting the empowerment, protection, and holistic development of women and children across the country.

#### **Schemes for Women**

##### **Maternity Benefit Programme (erstwhile Indira Gandhi Matritva Sahyog Yojana - IGMSY)**

Introduced in October 2010 in 53 selected districts as a Conditional Cash Transfer Scheme, the Maternity Benefit Programme is a collaborative effort between the central and state governments. Operating under the Integrated Child Development Services (ICDS) platform, this scheme aims to provide support to pregnant women and lactating mothers. Eligible women aged 19 and above, experiencing their first two live births, receive Rs. 6,000 through Direct Benefit Transfer (DBT) in two instalments. These payments are made contingent upon fulfilling specific health and nutrition criteria. The Ministry is considering extending the Maternity Benefit Programme from its initial pilot phase to cover all districts in the country.



## Schemes for Child Development

### Integrated Child Development Services (ICDS) Scheme

Regarded as one of the largest and most distinctive programs for early childhood care and development globally, the ICDS Scheme signifies the country's commitment to nurturing its children and supporting nursing mothers. This initiative addresses the dual challenge of providing pre-school non-formal education while simultaneously combating issues such as malnutrition, morbidity, learning limitations, and mortality. The beneficiaries encompass children aged 0-6 years, as well as pregnant and lactating mothers. The ICDS Scheme delivers a comprehensive package of six crucial services:

- **Supplementary Nutrition:** Providing essential nutrition to beneficiaries.
- **Pre-School Non-Formal Education:** Offering early education to young children.
- **Nutrition & Health Education:** Educating on the significance of nutrition and health.
- **Immunization:** Ensuring children receive necessary vaccinations.
- **Health Check-Up:** Conducting regular health assessments.
- **Referral Services:** Facilitating access to specialized care when needed.

By November 2016, over 1010.56 lakh children were receiving supplementary nutrition, and 345.44 lakh children were enrolled in pre-school education at Anganwadi centers.

### Schemes for Adolescent Girls

#### i. Scheme for Adolescent Girls

Implemented across 205 selected districts using the ICDS platform, the Scheme for Adolescent Girls is a comprehensive endeavor for the holistic development of adolescent girls aged 11-18 years. This scheme aims to empower these girls through cost-effective interventions, enabling access to education, health, and nutrition. The program seeks to foster their self-reliance and overall well-being, providing a nurturing environment for their growth.

#### ii. Kishori Shakti Yojana (KSY)

Introduced in the year 2000 under the umbrella of ICDS, the Kishori Shakti Yojana (KSY) is designed to enhance the nutritional and health status of girls aged 11-18 years. The scheme goes beyond health and nutrition, focusing on improving home-based and vocational skills. It also endeavors to raise awareness about aspects like personal hygiene, family welfare, and overall self-development. By utilizing the infrastructure of ICDS, the KSY contributes to equipping young girls with essential life skills and knowledge.

In essence, the Ministry of Women and Child Development is steadfastly working to uplift the status of women and children in India. By offering comprehensive schemes and programs that range from maternal support to educational empowerment, the Ministry's initiatives are instrumental in fostering a more inclusive and prosperous future for the nation.



## Challenges to Achieving a Healthy Village

The health of both individuals and communities is influenced by a complex interplay of factors, including socioeconomic, demographic, genetic, and environmental elements. These socioeconomic determinants of health can also pose challenges that hinder the development of a Healthy Village. To illustrate, let's consider environmental factors and how they become challenges for Gram Panchayats (GPs) in their efforts to create healthy villages.

For instance, a village lacking a consistent supply of clean drinking water and proper sanitation, along with unsanitary surroundings, can foster the proliferation of flies and mosquitoes. This can lead to the spread of diseases. Similarly, the absence of proper toilet facilities and open defecation can introduce disease-causing parasites into the soil, contaminating it and potentially infecting individuals who come in contact with the soil or consume vegetables grown in it. These environmental challenges necessitate raising awareness among the community about the adverse consequences of environmental disturbances. In addition to environmental challenges, there are other obstacles at the GP level:

- Limited accessibility to primary healthcare services.
- Lack of timely transportation facilities.
- Health not being a top priority for rural communities due to other pressing concerns.
- Health not receiving sufficient attention from Gram Panchayat officials.
- Insufficient awareness among GP officials about the impact of poor health on overall village development.
- Lack of health awareness among the population.
- Persistence of myths and taboos related to health.
- Poor personal hygiene practices.
- Limited awareness about health-related schemes and programs.
- Lack of effective communication channels to inform rural residents about available schemes and their benefits.
- Irregular visits by Auxiliary Nurse Midwives (ANMs) due to various factors.
- The need for every GP to have at least one trained ANM.
- A requirement for enhanced training of Accredited Social Health Activists (ASHA) on health-related issues.
- The need for GP Presidents to have meaningful authority to monitor and supervise primary healthcare services, as Primary Health Centers (PHCs) and Sub-Centers (SCs) are not held accountable to GPs.

## Role of Gram Panchayats (GPs) in Creating a Healthy Village

The Gram Panchayat (GP), as the local government at the village level, plays a vital role in representing the voice of the people in health-related decisions. Health is a fundamental sector in rural India, and the 73rd Amendment and the 11th schedule of the Constitution provide an opportunity to involve Panchayati Raj Institutions (PRIs) in improving the health status of their jurisdiction. GPs can undertake the following roles to contribute to the creation of a healthy village:



- Generating awareness among the general public about health and its status through local resources such as Self-Help Groups (SHGs), local festivals, schools, and Anganwadi centers.
- Monitoring the health service institutions within their geographical area.
- Conducting a comprehensive situational analysis of health, including key indicators such as infant mortality, child mortality, maternal mortality, nutritional status of children, vaccination coverage, ICDS services, ANC services, institutional deliveries, age at marriage, causes of death, birth records, communicable and non-communicable diseases, village population by sex, and household expenditure on health.
- Assessing the health status of the village using data from Mission Antyodaya.
- Mapping vulnerable sections based on criteria such as caste, age, gender, occupation, reproductive status, and disability to identify their unique health needs.
- Preparing an annual action plan for the village based on the situational analysis, which can then be integrated into the Gram Panchayat Development Plan (GPDP).
- Organizing various types of meetings (Sabhas) to raise awareness and sensitize people to health-related issues.
- Ensuring that the benefits of social welfare schemes, particularly those related to health, reach those in need on time.
- Identifying and leveraging various resources, including financial resources such as the GP's Own Source Revenue (OSR), XVFC Funds, TP and ZP Funds, and Health Department IEC Funds, as well as human resources such as GP elected representatives, GP officials and staff, ASHA workers, Junior Health Assistants (JHAs), Medical Officers (MOs), and Anganwadi Workers (AWWs).
- Establishing a 24x7 helpline at the GP level to provide health-related information and assistance.
- Raising awareness about the appropriate age for marriage and pregnancy.
- Addressing adolescent health needs through nutrition, counseling, and promoting the use and safe disposal of sanitary napkins.
- Promoting and facilitating the use of Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy (AYUSH) practices.
- Regularly convening meetings of the Village Health Sanitation & Nutrition Committee, Village Water and Sanitation Committee, Anganwadi Monitoring Committee, and Self-Help Groups (SHGs) to engage in inclusive planning for a healthy village.

Several proactive steps can be taken by Gram Panchayats (GPs) to improve health outcomes and promote a healthy village environment without incurring additional financial burden. These actions leverage existing resources and prioritize community engagement and awareness. Here's an elaboration on these activities:

1. **Vaccination Outreach:** GPs can collaborate with local healthcare facilities and organize vaccination drives to ensure that all eligible children in the village receive necessary immunizations. This can help prevent the spread of vaccine-preventable diseases and contribute to overall community health.



2. **ICDS Services:** GPs can facilitate the efficient functioning of Integrated Child Development Services (ICDS) centers, ensuring that pregnant women, lactating mothers, and children have access to proper nutrition, health education, and early childhood care. By coordinating with Anganwadi Workers (AWWs), GPs can monitor the effectiveness of these services and address any gaps.
3. **Nutritional Status Tracking:** Regular recording of the nutritional status of children can be initiated by GPs. This information can guide targeted interventions to address malnutrition and ensure the healthy growth and development of children in the village.
4. **Promotion of Institutional Deliveries:** GPs can work with Accredited Social Health Activists (ASHAs) to promote institutional deliveries for pregnant women. This can help reduce maternal and neonatal mortality rates and ensure access to skilled care during childbirth.
5. **Benefits of Ayushman Bharat Scheme:** GPs can actively spread awareness about the Ayushman Bharat scheme, which provides health insurance coverage to eligible households for secondary and tertiary care hospitalization. By helping eligible families enroll in the scheme, GPs contribute to ensuring access to quality healthcare.
6. **Health Camps and Workshops:** GPs can organize health camps, inviting doctors from nearby public hospitals to provide medical check-ups and consultations to the villagers. Additionally, workshops on various health topics, including hygiene, sanitation, and nutrition, can be conducted to raise awareness and impart knowledge.
7. **Adolescent Health Programs:** GPs can focus on the health needs of adolescents by organizing awareness sessions, counseling programs, and workshops. Topics may include nutrition, menstrual hygiene, reproductive health, and mental well-being.
8. **Distribution of Saplings:** To promote environmental consciousness and health, GPs can distribute saplings to families in the village, linking the growth of the sapling with the growth of a healthy child. This symbolic gesture can encourage a sense of responsibility for both health and the environment.
9. **Healthy Baby Shows:** Organizing healthy baby shows can create a platform for parents to showcase their child's growth and health. It also encourages parents to adopt healthy practices and ensure proper care for their children.
10. **Strengthening Frontline Workers:** Providing regular training and capacity-building sessions for ASHAs, Anganwadi Workers, and Junior Health Assistants can enhance their effectiveness in delivering health-related services and spreading health awareness.
11. **Talk Shows and Workshops:** Engaging experts or health professionals to conduct talk shows and workshops can disseminate valuable health information to the community. These events can address prevalent health myths, provide guidance, and encourage healthy behaviors.
12. **Promotion of Personal Hygiene:** GPs can launch campaigns to promote personal hygiene practices, including handwashing, dental care, and regular bathing. These efforts can significantly contribute to disease prevention.
13. **Monitoring and Supervision:** GPs can actively monitor the functioning of primary health care services, ensuring the availability of essential medicines and equipment. Regular supervision can help identify and address any issues promptly.



14. **Awareness on Health-related Schemes:** GPs can serve as a bridge between the government health schemes and the villagers. By raising awareness about available schemes and assisting eligible individuals in accessing benefits, GPs ensure that health-related resources reach those in need.
15. **Community Engagement:** Organizing gram sabhas and involving community members in health-related discussions can empower them to take ownership of their health and contribute to decision-making processes.

By implementing these activities, GPs can harness the potential of existing resources, knowledge, and community participation to foster a healthier village environment. These efforts demonstrate that significant strides toward better health can be made without a heavy financial burden.

Test your Knowledge: Fill the blanks

1. Around \_\_\_\_ percent of India's populace resides in rural regions, necessitating focused attention on rural health to drive overall sustainable development.
2. The NFHS-5 data (2019-21) highlights the urban-rural divide, underscoring the need for more effective \_\_\_\_ health program implementations.
3. The \_\_\_\_ Constitutional Amendment of 1992 granted Gram Panchayats substantial authority, decentralizing powers across 29 rural development domains.
4. ASHAs, or Accredited Social Health Activists, serve as the primary contact for marginalized groups, particularly \_\_\_\_ and children.
5. The Village Health Sanitation and Nutrition Committee (VHSNC) facilitates collective actions concerning health and its determinants at the \_\_\_\_ level.
6. Janani Suraksha Yojana (JSY) encourages pregnant women to deliver in government health facilities and offers cash assistance to eligible pregnant women for \_\_\_\_.
7. Janani Shishu Suraksha Karyakram (JSSK) aims to remove financial barriers for pregnant women and sick infants seeking healthcare services within their first \_\_\_\_.
8. Newborn Care Corners, Special Newborn Care Units (SNCUs), and Newborn Stabilization Units (NBSUs) provide comprehensive care to newborns in \_\_\_\_.
9. Kilkari delivers time-sensitive audio messages to pregnant women and families, promoting essential care practices and ensuring awareness of antenatal, postnatal care, and \_\_\_\_.
10. \_\_\_\_ The Rashtriya Bal Swasthya Karyakram (RBSK) aims to address the health needs of children from birth to 18 years of age, focusing on four key areas: Defects at birth, Deficiencies, Diseases, and \_\_\_\_.
11. \_\_\_\_ The Universal Immunization Programme (UIP) provides free vaccination against a range of vaccine-preventable diseases, including Bacillus Calmette Guerin (BCG), Oral Polio Vaccine (OPV), Hepatitis B, Diphtheria, Pertussis and Tetanus Toxoid (DPT), Measles, Tetanus Toxoid (TT), and \_\_\_\_.
12. \_\_\_\_ The Maternity Benefit Programme offers support to pregnant women and lactating mothers through a Conditional Cash Transfer Scheme, providing them with Rs. 6,000 in \_\_\_\_ instalments.



13. The Integrated Child Development Services (ICDS) Scheme is designed to provide a comprehensive package of services to children aged 0-6 years and pregnant and lactating mothers, addressing nutritional, health, and \_\_\_\_\_ needs.
14. Gram Panchayats (GPs) can play a crucial role in promoting health awareness by organizing health camps, workshops, and sessions on various health topics, including hygiene, sanitation, and \_\_\_\_\_.
15. Mission Indradhanush is a program within the Universal Immunization Programme (UIP) that focuses on achieving complete immunization coverage for children under two years of age and \_\_\_\_\_.
16. The Surakshit Matritva Aashwasan (SUMAN) initiative aims to ensure safe and dignified healthcare experiences for pregnant women and newborns visiting \_\_\_\_\_ health facilities.
17. The Kishori Shakti Yojana (KSY) is designed to enhance the nutritional and health status of girls aged \_\_\_\_\_ years, empowering them through various interventions.
18. The Mid-Day Meal (MDM) Scheme provides cooked meals to students in classes I-VIII across Government and Government-Aided Schools, Special Training Centres (STC), and Madrasas & Maqtabas supported under \_\_\_\_\_.
19. The Scheme for Adolescent Girls is implemented across selected districts using the Integrated Child Development Services (ICDS) platform, focusing on the holistic development of adolescent girls aged \_\_\_\_\_ years.



## Session – 4: 15<sup>th</sup> Finance Commission, Funds available from other Central and State government schemes, line departments; and State-wise Health Grants

Session Plan

**Session Duration:** 90 minutes

**Methods Suggested for the Conduct of the Session:** Lecture, Presentation & Audio-Visuals.

Session Objectives

- i. To provide participants with an understanding of the 15th Finance Commission and its significance in fiscal devolution and resource allocation for health and development at the local level.
- ii. To familiarize participants with the various funds available from central and state government schemes for health-related activities in rural areas.
- iii. To highlight the role of line departments in implementing health programs and utilizing available funds efficiently.
- iv. To discuss state-wise health grants and their allocation for improving health infrastructure and services in different regions.
- v. To equip participants with knowledge and strategies to optimize the utilization of financial resources for health-related initiatives.

Expected Outcomes

- i. Participants will have a clear understanding of the functioning and objectives of the 15th Finance Commission and its impact on health funding at the local level.
- ii. Participants will be aware of the different sources of funds available from central and state government schemes for health programs in rural areas.
- iii. Participants will recognize the role of line departments in managing and implementing health initiatives and utilizing funds effectively.
- iv. Participants will be familiar with the state-wise health grants and the allocation of resources for health infrastructure and services in various regions.
- v. Participants will be equipped with strategies to optimize the utilization of financial resources and ensure efficient implementation of health programs.



### Sub-Topics to Be Covered

#### **i. Introduction to 15th Finance Commission:**

- Overview of the 15th Finance Commission and its mandate in fiscal devolution and resource allocation.
- Impact of the Commission's recommendations on health funding and development at the local level.

#### **ii. Funds from Central Government & State Government Schemes:**

- Detailed presentation of the various health-related funds available from central government schemes.
- Discussion of the state-level schemes and funds dedicated to health initiatives in rural areas.
- Presentation of state-wise health grants and their distribution among different regions.
- Highlighting the importance of state-level funding for decentralized health planning.

#### **iii. Role of Line Departments in Health Implementation:**

- Understanding the roles and responsibilities of line departments in managing health programs and utilizing allocated funds.

#### **iv. Optimizing Resource Utilization:**

- Strategies for Gram Panchayats and line departments to optimize the utilization of available funds and resources for health initiatives.
- Utilizing data for evidence-based decision-making and resource allocation.

#### **v. Health Infrastructure Development:**

- The importance of investing in health infrastructure for improved healthcare delivery in rural areas.

#### **vi. Enhancing Access to Healthcare Services:**

- Strategies to enhance access to healthcare services, including primary health centres, hospitals, and healthcare providers.

#### **vii. Best Practices and Success Stories:**

- Showcasing successful case studies and best practices from states or regions that have effectively utilized health grants and achieved positive health outcomes.

#### **viii. Q&A and Conclusion:**

- Open forum for participants to ask questions and seek clarifications.
- Recapitulation of key learnings and outcomes from the session.

By covering these sub-topics and achieving the stated objectives, the training session will equip participants with valuable knowledge about health funding sources, allocation, and management. Participants will be better prepared to optimize the utilization of financial resources and implement effective health programs in rural areas, leading to improved health outcomes for the community.



## Case Study

### **The Village's Financial Puzzle: A Tale of Understanding 15th Finance Commission and Health Grants**

In a quaint village nestled between rolling hills and serene meadows, there lived a community known as Sagara. They were content in their peaceful surroundings but were eager to improve their healthcare infrastructure. However, the path to progress was obscured by financial challenges. This is a story of how they unlocked the mysteries of funding, particularly the 15th Finance Commission and State-wise Health Grants.

#### **The Village of Sagara**

Sagara was a place of natural beauty, but it faced healthcare challenges. The health clinic was underfunded, and access to quality healthcare was limited. The villagers longed for a healthier tomorrow but were unsure of how to secure the necessary funds.

#### **The Financial Enigma**

One day, a wise elder named Rajiv addressed the villagers. He spoke of the complex world of finances and government funding. He explained that while there were funds available, they needed to understand where to find them and how to access them.

#### **The 15th Finance Commission**

Rajiv introduced the concept of the 15th Finance Commission, which allocated funds to states for local development. He explained that these funds were crucial for improving healthcare infrastructure in Sagara. To access them, the village needed to work closely with the state authorities.

#### **Funds from Central and State Government Schemes**

Rajiv continued to enlighten the villagers about other funding sources, including Central and State government schemes. He explained that these schemes targeted specific areas like healthcare and sanitation. By aligning their needs with these schemes, Sagara could secure additional financial support.

#### **Collaboration with Line Departments**

To access these funds, Rajiv urged the villagers to collaborate with the relevant line departments. He emphasized that building strong relationships with government officials responsible for healthcare and rural development was crucial.

#### **Decoding State-wise Health Grants**

Rajiv also touched upon State-wise Health Grants. He explained that these grants were designed to improve healthcare services at the state level. By advocating for their fair share of these grants, Sagara could enhance its health clinic and healthcare services.

#### **The Village's Financial Strategy**

Inspired by Rajiv's wisdom, the villagers of Sagara formed a committee to strategize their approach. They identified the specific healthcare needs of the village, aligned them with relevant government schemes, and began the process of applying for funds.



### **The Transformation**

Over time, Sagara witnessed a remarkable transformation. The health clinic received much-needed upgrades, healthcare services improved, and accessibility increased. The village had successfully unlocked the funds available through the 15th Finance Commission, Central and State government schemes, and State-wise Health Grants.

### **The Financial Puzzle Solved**

The story of Sagara serves as a testament to the power of understanding government funding mechanisms. By deciphering the 15th Finance Commission, accessing funds from government schemes, collaborating with line departments, and advocating for State-wise Health Grants, the village achieved its dream of a healthier future.

This story simplifies the complex world of government funding and grants, emphasizing the importance of understanding and accessing funds like those from the 15th Finance Commission, government schemes, and State-wise Health Grants for local development, particularly in the context of healthcare infrastructure.



## Reading Material

### Introduction

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.

The state wise annual resource envelope for each component over the next five years is already specified by the FC-XV report and is included as Appendix in the respective chapters.

Since the utilization of these FC-XV grants are to be completed on-time, to claim the subsequent instalments, the 28 States will be required to ensure completion of these activities in a time bound manner so that the FC- XV funds are efficiently utilized. **The funds released under the FC-XV grants for each Financial Year have to be utilized in the respective financial year.** States are required to ensure that optimal and effective utilization of funds are ensured at the District and Rural Local Bodies (RLB) / Urban Local Bodies (ULB) level.

### Components of XV-FC

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) and Rs. 26,123 Cr has been allocated as tied grants for Urban local bodies (ULBs). These grants are for strengthening primary care through the following specified components:

#### Rural Components

#### **1. Building-less Sub-Centres, Primary Health Centres (PHCs), Community Health Centres (CHCs)**

The XV-FC has provisioned for supporting infrastructure to achieve the targets of the National Health Policy, 2017. The fund allocated under XV-FC may be utilized for construct buildings for the building less primary healthcare facilities and States / Districts may give priority to SHCs and PHCs depending on their local context. It is suggested to the Districts and States that SHCs may be given priority under this component, especially for those Sub Health Centres which are building less, operating in rented or rent-free panchayat/ Voluntary Society Buildings. The PHCs may be taken up after meeting the requirement of the SHCs. The facilities to be upgraded may be selected based on the following criteria:

- i. Prioritization based on infrastructure availability
  - Run-down / dilapidated building structures which are required to be re-built.
  - Construct new buildings, where services are being provided from rented buildings especially in Aspirational districts, Tribal and remote areas, to reduce time to care and geographical barriers.
  - New buildings in lieu of existing rented buildings that may not have adequate infrastructure/ space for carrying out the required activities.



- New buildings, if required as per shortfall of population norms as per details given in RHS 20203.
- States are informed that if the existing rented buildings are located well within the reach of the community, have sufficient space for carrying out all the intended services and have sufficiently robust construction, then the State need not plan for re-locating from these buildings.
- ii. Prioritizing based on land availability: even among the above prioritized facilities, those SHCs for which site/land has already been acquired are to be prioritised.
- iii. Prioritizing based on location: The new site (in case land has been acquired for multiple sites) located in Aspirational districts/ Tribal areas/ Left Wing Extremism (LWE) affected areas/ Hill areas are to be prioritised.
- iv. The prioritization should also take into consideration the local capacities available, so that the new buildings get completed in the stipulated time. In cases where two or more facilities are proposed for construction, the RLBs needs to indicate their priority.
- v. The maximum unit cost of construction of a new building is set at ₹ 55.5 lakhs for an SHC, ₹1.43 crore for a PHC. The district-wise allocation for this component may be done based on the proportion of building less SHCs and PHCs.

## **2. Conversion of rural PHCs and Sub-Centres to Health and Wellness Centres (HWCs)**

- The XV-FC has provided grant in aid support to all 28 States for meeting the running cost of functional SHC and PHC level HWCs in the district. On examination of the funds available, it is suggested that except in a few States (Odisha, Bihar, Rajasthan, Haryana), funds available may not be sufficient for all the functional SHC and PHC level HWCs in the Districts as on date.
- Accordingly, detailed guidelines on selection of HWCs for support under this component is given in the respective chapter. The district and State must ensure that there is no duplication of activity.
- The proportion of rural PHCs and SHCs to be converted into HWCs may be made the basis for district-wise allocation.

## **3. Support for diagnostic infrastructure to the primary healthcare facilities**

- The XV-FC health grants are to strengthen the diagnostic infrastructure at Sub-Health centres (SHCs), and Primary Health Centre (PHCs) to achieve the IPHS and CPHC norms so that the intended comprehensive primary healthcare could be delivered.
- The DHAP and the State plan should ensure that all the required clinical and public health diagnostic services are provided to the community either by strengthening in-house service delivery capacities or by expanding the same under the PPP mechanism, as deemed appropriate and suitable at the Block, District and State level keeping in view the capacity and inclination of the private providers in hard-to-reach areas and difficult terrains.
- Presently 14 tests at Sub Health Centre/ Health & Wellness Centre level and 63 tests at PHC level are to be conducted as per guidelines on free diagnostics initiative. The team responsible for gap analysis and planning should look in to following components:



- i. Availability of Health Services, lab services and caseload
  - ii. Gap in terms of infrastructure for providing diagnostic services as per CPHC guideline
  - iii. Availability of Human Resources for providing services as per IPHS
  - iv. Availability and functionality of the diagnostics and lab equipment including storage
  - v. Availability of IT infrastructure
  - vi. Availability of rapid/point of care test kits, reagents, and other consumables and their optimal storage conditions
  - vii. Gap in the existing Logistic Management System
  - viii. Equipment maintenance mechanism
  - ix. Distance / Travel time from Hub/ availability of transport services
  - x. Need for capacity building of existing HR
- For equipping a new / greenfield SHC or PHC with the required diagnostic infrastructure, a maximum of ₹ 3.91 lakhs for each SHC and a maximum of ₹ 25.86 lakhs for each PHC could be proposed. For the existing / brownfield SHCs and PHCs in rural areas, the grant could be used depending on the gap analysis and comprehensive diagnostic plan of the district. So, the unit rate for each SHC / PHC may vary as per the identified gaps in the facility but should not exceed the maximum limits specified under FC-XV grants.
  - After saturating all the diagnostics related requirements of SHCs and PHCs, States and the districts may plan to utilize the balance amount for strengthening the diagnostics infrastructure at the CHC/ SDH/ district hospital level in a Hub and Spoke model to support the SHCs and PHCs and with the approval from National Level Committee.
  - The initial district-wise allocation may be done based on proportion of SHCs and PHCs in the district.

#### 4. Block Level Public Health Units

- Support is being provided under XV-FC to establish Block Public Health Units (BPHUs) across all the blocks of 28 states. The BPHUs will have three major components:
  - i. Public Health Unit for providing public health functions such as surveillance and detection of outbreaks.
  - ii. Block Public Health Lab for providing advanced diagnostics services for clinical and public health functions.
  - iii. Hub for data compilation, analysis, and feedback, through a Health Management Information System and IHIP.
- The BPHU will serve as the referral unit for the Health and Wellness Centres (Sub Health Centre/Primary Health Centre) in the block.
- A comprehensive plan is to be prepared for the following activities under this component of XV- FC:
  - i. Infrastructure requirement
  - ii. Requirement for IT Support
  - iii. Requirement for equipment for Block Public Health Lab
  - iv. HRH for BPHU



- A maximum of ₹ 80.96 lakhs of Capital expenditure per BPHU and a maximum of ₹ 20.14 lakhs of recurring/operational expenditure per BPHU (applicable once the constructions / non- recurring activities are completed either in the same financial year or in the subsequent year) is prescribed. Details are given in the respective chapter.
- The proportion of blocks in the district would be the basis of district wise allocation of budget and targets.

#### Year wise break up for the four components:

Sl. No	Total Health Grants	2021-22	2022-23	2023-24	2024-25	2025-26	Total (Rs. In Crore)
1	Building-less Sub Centres, PHCs, CHCs	1350	1350	1417	1488	1562	7167
2	Block level Public Health Units	994	994	1044	1096	1151	5279
3	Support for diagnostic infrastructure to the primary healthcare facilities	3084	3084	3238	3400	3571	16377
3.a	Sub-Centres	1457	1457	1530	1607	1687	7738
3.b	PHCs	1627	1627	1708	1793	1884	8639
4	Conversion of rural PHCs and Sub Centres into health and wellness centre	2845	2845	2986	3136	3293	15105
	<b>Total Grants for primary health sector in rural areas</b>	<b>8273</b>	<b>8273</b>	<b>8685</b>	<b>9120</b>	<b>9577</b>	<b>43928</b>

### Urban Components

#### 1. Support for diagnostic infrastructure to the primary healthcare facilities.

- The XV-FC grant will provide support for strengthening the diagnostic services in the urban PHCs. The range of diagnostic tests has been expanded in alignment with the guidelines of comprehensive primary healthcare services under Ayushman Bharat. For each urban PHC, support will be provided for the following components:
  - Procurement of diagnostic equipment
  - Setting up IT support
  - Procurement of kits
  - Sample transportation
  - Equipment Maintenance
  - Monitoring
  - Capacity Building
  - Miscellaneous cost
- For equipping a new / greenfield UPHC with the required diagnostic infrastructure, a maximum of ₹ 25.86 lakhs for each UPHC could be proposed. For the existing / brownfield UPHCs in urban areas, the grant could be used depending on the gap analysis and



comprehensive diagnostic plan of the district. So, the unit rate for each UPHC may vary as per the identified gaps in the facility but should not exceed the maximum limits specified under FC-XV grants.

- The proportion of existing and new Urban PHCs may be made the basis of district-wise/ULB wise allocation of budget and targets.

## 2. Urban Health and Wellness Centres (Urban HWCs)

To strengthen the health systems to deliver comprehensive primary healthcare through Ayushman Bharat-Health and Wellness Centres (AB- HWCs) in urban areas, health grant has been recommended for:

**Urban Health and Wellness Centres:** The urban HWCs are expected to increase its reach in the urban areas and cover the vulnerable and the marginalized by acting as satellite centres to be established under the UPHCs. Each UPHC that caters to a population of approximately 50,000, is expected to have 2-3 UHWCs under it.

- **Provision of specialist services at Urban health facilities / Polyclinics:** The Polyclinics are envisioned to ensure continuum of care by providing specialty services closer to the community. In urban areas, currently 5-6 UPHCs are catering to a population of 2.5-3 lakhs; one of the UPHCs, among these 5-6 UPHCs would be identified to be upgraded as a Polyclinic with availability of specialist services on a rotation basis. For areas with functional Urban CHCs (UCHCs) providing specialist services, separate polyclinics may not be required.
- As the 15th FC grants are to plug the critical gaps in the Primary Health care, SLC may proportionately allocate the budget and targets between Metros, million plus cities, Other cities, towns, etc., (except those having a population of less than 50,000 population) giving priority to unserved and underserved slum or slum like populations.

### Year wise break up for the two components:

Sl. No	Total Health Grants	2021-22	2022-23	2023-24	2024-25	2025-26	Total (Rs. In Crore)
1	Support for diagnostic Infrastructure to the primary healthcare facilities – Urban PHCs	394	394	415	435	457	2095
2	Urban health and wellness centres (HWCs)	4525	4525	4751	4989	5238	24028
	<b>Total Grants for primary health sector in urban areas</b>	<b>4919</b>	<b>4919</b>	<b>5166</b>	<b>5424</b>	<b>5695</b>	<b>26,123</b>

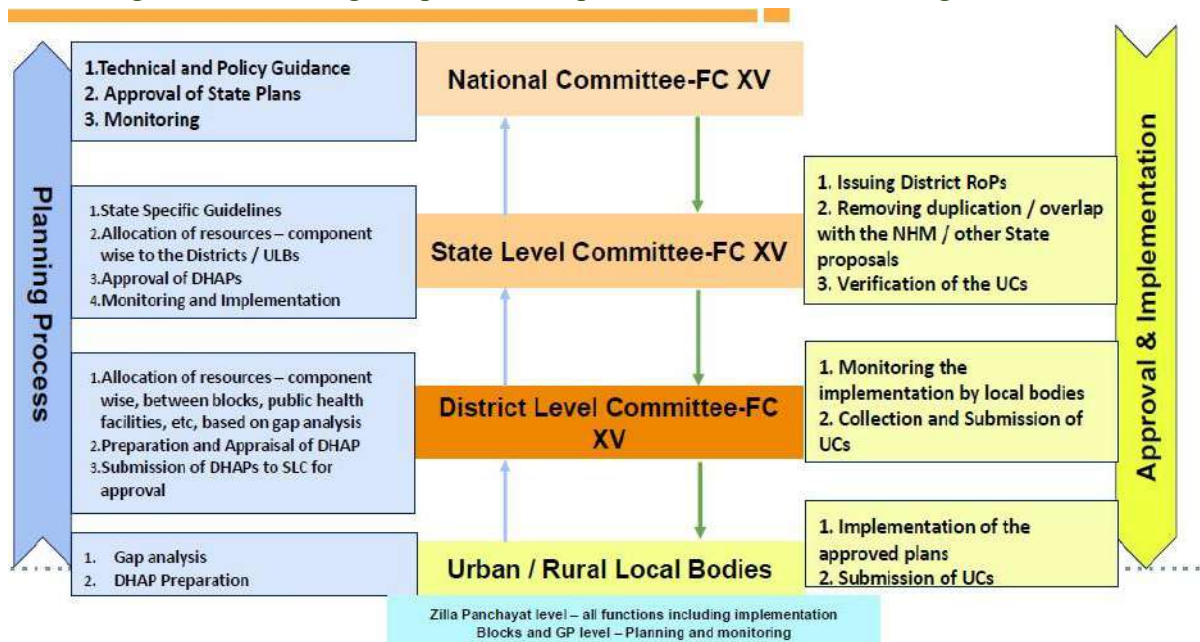


## Planning and Budgeting

The key activities to be performed prior to preparation of the plan under XV-FC at State level will include:

1. **Developing the State specific guidance** for deciding the criteria for resource envelope and component wise target distribution among the districts / RLBs and ULBs. At the district level, the Zilla Panchayats or Autonomous District Councils shall handle / implement the rural components of health sector grants in close coordination with the District Health Department under the overall supervision of the District Collector (not at Block Panchayat or Gram Panchayat level), because the components require technical experience as well as exposure in relevant subjects. However, rural local bodies below the district level (as the case may be), such as Block /Taluk level Panchayats, and Gram Panchayats / Village Councils must be involved in planning and monitoring of these components for the health facilities located in their jurisdiction. Similarly, at the district level, the urban local bodies shall handle / implement the urban components of health sector grants in close coordination with the District Health Department under the overall supervision of the District Collector.

Flow Diagram for Planning, Preparation, Implementation and Monitoring



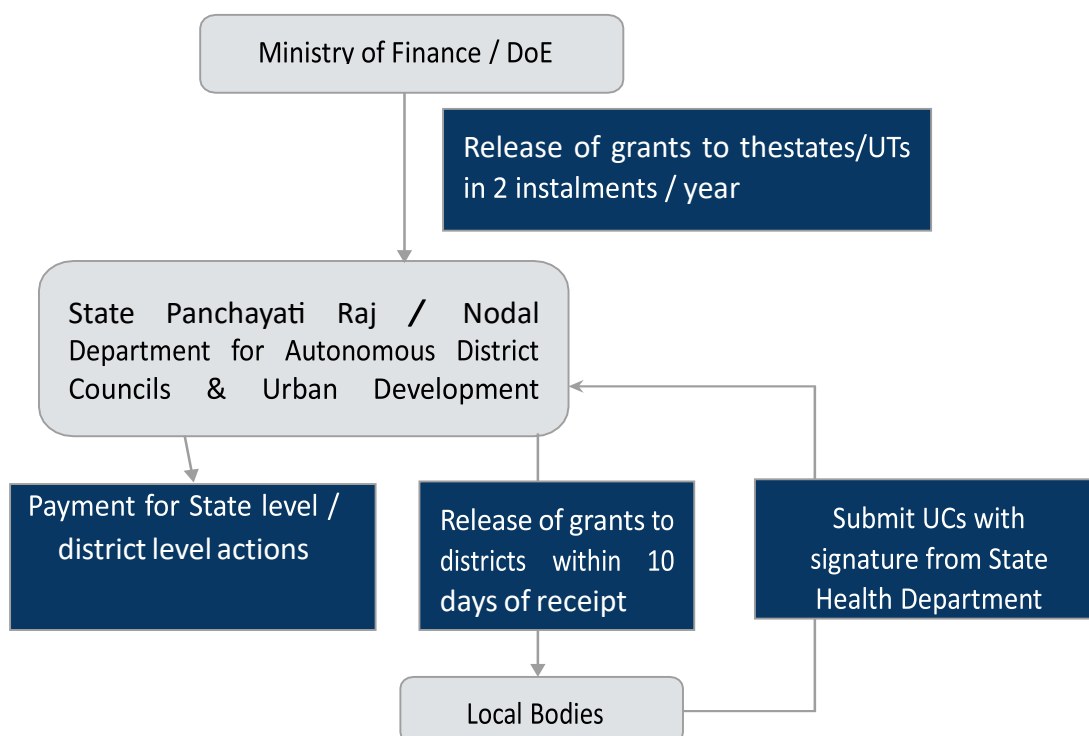
2. **Prioritization:** In planning district fund allocations, preferential allocations are to be made to the Aspirational / Tribal / Left Wing Extremism (LWE) / remote / Hill districts. However, within a particular district, allocations in each of the components should cover more units for effective utilization of the grant and this requires comprehensive gap analysis and the factors to be considered while planning are given at Table 3 of Para 1.4.2 of this chapter.
3. **Indicating component wise physical targets and funds for each of the district/ULB to ensure that all the blocks are covered over a period of 5 years:** This is a crucial



task at the State level which needs to be completed in pre-planning stage and communicated to all the districts with the specific directives / orders for allocation of funds component-wise.

4. **Orientation and Capacity building:** The process of planning should be preceded by orientation and capacity building of the RLB and ULB at district and Block/Ward/Division levels so that they are actively engaged in preparing the plans, supporting implementation, and undertaking periodic reviews and monitoring. States should take necessary action in building capacities of Rural Local Bodies in planning, utilization and implementation of FC-XV grants. The ownership of the RLB and ULB is critical to ensure optimal use of the funds provided under FC-XV. It will also serve to strengthen decentralized planning, implementation and monitoring for the overall district.
5. **Gap Analysis:** District planning teams comprising of representatives of the District Programme Management Unit (DPMU) set up under NHM, Block Programme Management Unit (BPMU), Representatives of District and Block/Ward/Division level Local Bodies would be created and trained to prepare the District Health Action Plan for 15th Finance Commission (DHAP-FC-XV). As the NHM officials / representatives at Block and District level are actively involved in the preparation of annual PIP Proposals under NHM, they will be the critical team members to prepare the comprehensive gap analysis in coordination with the ULB and RLB representatives along with involving officials of Panchayat Raj and Municipal Administration Department, wherever require.

**Fund Flow:** The below represents the flow of funds for FC XV allocation:





## Roles and Responsibilities

The summary of the National, State and District Level Committee roles and responsibilities are listed below:

Roles and responsibilities for planning, implementation and monitoring:

Level	Planning	Implementation	Monitoring
National level Committee	<ul style="list-style-type: none"> <li>Guidance to States for flow and utilization of grants, with a timeline of deliverables and outcomes</li> <li>Appraisal and approval of state proposals</li> </ul>	<ul style="list-style-type: none"> <li>Provide technical guidance related the XV-FC grants</li> </ul>	<ul style="list-style-type: none"> <li>Review progress</li> </ul>
State Level Committee	<ul style="list-style-type: none"> <li>District wise resource allocations as worked out by the State Health Department</li> <li>Set target and physical deliverables for the districts</li> </ul>	<ul style="list-style-type: none"> <li>Identify of local bodies based on State specific structure</li> <li>Delegation of powers to RLBs/ ULBs</li> <li>Provide all the assistance for implementation of FC XV – Health Grants to the districts.</li> </ul>	<ul style="list-style-type: none"> <li>Review progress</li> <li>Facilitate Collection and sending of the UCs of FC-XV grants to GoI</li> <li>Ensuring timely submission of progress reports</li> </ul>
District Level Committee	<ul style="list-style-type: none"> <li>Validate district specific gap assessment report prepared by the district planning team</li> <li>Prioritizing within district</li> <li>Ensuring there is no duplication of activity within FC grants or any other source of fund</li> <li>Finalize the Costing of plan of the district as per the guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Provide overall guidance to RLB/ULBs on implementation</li> <li>Mobilize the District Health team to support RLB/ULB in planning and provide technical support.</li> <li>Appraise the proposals received from RLB/ULB and recommend to SLC</li> </ul>	<ul style="list-style-type: none"> <li>Mobilize the District Health team to support RLB/ULB in planning and provide technical support</li> <li>Review progress</li> <li>Coordinate with Local Bodies for collection of UCs and submitting to the State</li> <li>Check and prevent any duplication</li> <li>Ensuring timely submission of progress reports</li> </ul>

**Total XV FC Health Grants – State wise**

S. No.	State	Year wise Allocation (In Cr.)					Total
		2021-22	2022-23	2023-24	2024-25	2025-26	
1	Andhra Pradesh	490	490	514	540	567	2601
2	Arunachal Pradesh	49	49	51	54	56	259
3	Assam	280	280	293	308	323	1484
4	Bihar	1133	1133	1190	1249	1312	6017
5	Chhattisgarh	339	339	356	373	392	1799
6	Goa	31	31	33	35	37	167
7	Gujarat	629	629	661	694	728	3341
8	Haryana	305	305	320	335	352	1617
9	Himachal Pradesh	98	98	103	108	114	521
10	Jharkhand	446	446	469	492	517	2370
11	Karnataka	552	552	579	608	638	2929
12	Kerala	559	559	587	616	647	2968
13	Madhya Pradesh	923	923	969	1018	1069	4902
14	Maharashtra	1331	1331	1397	1467	1541	7067
15	Manipur	44	44	46	49	51	234
16	Meghalaya	59	59	61	64	68	311
17	Mizoram	31	31	33	35	36	166
18	Nagaland	57	57	60	63	66	303
19	Odisha	462	462	485	510	535	2454
20	Punjab	401	401	421	443	465	2131
21	Rajasthan	833	833	875	918	964	4423
22	Sikkim	21	21	22	23	24	111
23	Tamil Nadu	806	806	846	889	933	4280
24	Telangana	419	419	441	463	486	2228
25	Tripura	85	85	90	94	99	453
26	Uttar Pradesh	1830	1830	1921	2017	2118	9716
27	Uttarakhand	150	150	158	165	174	797
28	West Bengal	829	829	870	914	960	4402
	<b>Total</b>	<b>13,192</b>	<b>13,192</b>	<b>13,851</b>	<b>14,544</b>	<b>15,272</b>	<b>70,051</b>



Test your Knowledge: Fill the blanks

1. The Fifteenth Finance Commission (FC-XV) recommended grants of Rs \_\_\_\_\_ crores for specific components of the health sector.
2. The recommended grants for health through Local Governments will be spread over a \_\_\_\_\_ period from FY 2021-22 to FY 2025-26.
3. \_\_\_\_\_ states will be required to ensure the completion of activities funded by FC-XV grants in a time-bound manner to claim subsequent installments.
4. Out of the total grants for health through Local Governments, \_\_\_\_\_ Crore has been allocated as tied grants for Rural Local Bodies (RLBs).
5. The XV-FC has provisioned for supporting infrastructure to achieve the targets of the \_\_\_\_\_.
6. The funds allocated under XV-FC may be utilized for constructing buildings for building-less primary healthcare facilities, especially in \_\_\_\_\_ districts and remote areas.
7. The XV-FC has provided grant-in-aid support to all 28 States for meeting the running cost of functional \_\_\_\_\_ in the district.
8. Presently, \_\_\_\_\_ tests at Sub-Health Centre/ Health & Wellness Centre level and \_\_\_\_\_ tests at PHC level are to be conducted as per guidelines on free diagnostics initiative.
9. Support is being provided under XV-FC to establish Block Public Health Units (BPHUs) across all the \_\_\_\_\_ of 28 states.
10. In planning district fund allocations, preferential allocations are to be made to the Aspirational / Tribal / Left Wing Extremism (LWE) / remote / Hill districts. However, within a particular district, allocations in each of the components should cover more units for effective utilization of the grant, and this requires comprehensive \_\_\_\_\_ analysis.



## Session - 5: Formulation of Health Development Planning in GP in convergence with line departments

Session Plan

**Session Duration:** 90 minutes

**Methods Suggested for the Conduct of the Session:** Lecture, Presentation & Audio-Visuals

Session Objectives

- i. To provide participants with an understanding of the importance of health development planning at the Gram Panchayat level.
- ii. To highlight the significance of convergence between Gram Panchayats and line departments for effective health interventions.
- iii. To equip participants with knowledge and skills to formulate comprehensive health development plans that address the unique needs of their communities.
- iv. To encourage collaboration and coordination among various line departments for integrated health programs.
- v. To promote community participation and ownership in the health planning process.

Expected Outcomes

- i. Participants will understand the role of Gram Panchayats in health development planning and the benefits of convergence with line departments.
- ii. Participants will be able to identify the health needs and priorities of their communities and translate them into actionable health plans.
- iii. Participants will recognize the importance of collaboration and coordination among line departments for holistic health interventions.
- iv. Participants will be equipped with strategies to engage and involve the community in the health planning process, fostering ownership and sustainability.
- v. Participants will gain insights into successful models of convergence in health planning and be motivated to implement similar approaches in their respective Gram Panchayats.



### Sub-Topics to Be Covered

- i. **Introduction to Health Development Planning:**
  - Definition and significance of health development planning at the Gram Panchayat level.
  - Role of health planning in addressing health challenges and promoting well-being in rural communities.
- ii. **Health Needs Assessment and Prioritization:**
  - Methods to conduct a comprehensive health needs assessment in the Gram Panchayat.
  - Prioritizing health issues based on the assessment results and community inputs.
- iii. **Convergence and Integrated Health Planning:**
  - Strategies to foster collaboration between Gram Panchayats and line departments for integrated health planning.
- iv. **Resource Mapping and Allocation:**
  - Identifying available resources and potential funding sources for health development initiatives.
  - Strategies for optimal resource allocation to address health priorities.
- v. **Community Engagement and Participation:**
  - Importance of engaging the community in the health planning process.
  - Methods to solicit community inputs, feedback, and involvement in decision-making.
- vi. **Interventions and Action Plans:**
  - Developing actionable health interventions and action plans to achieve health goals.
  - Ensuring that action plans are evidence-based and feasible for implementation.
- vii. **Building Partnerships and Collaboration:**
  - Strategies to build effective partnerships with NGOs, healthcare providers, and other stakeholders for enhanced health outcomes.
  - Leveraging external support and expertise for health initiatives.
- viii. **Best Practices and Success Stories:**
  - Showcasing successful case studies and best practices of Gram Panchayats that have formulated and implemented effective health development plans in convergence with line departments.
- ix. **Addressing Challenges and Ensuring Sustainability:**
  - Identifying common challenges in health development planning and ways to overcome them.
  - Strategies to ensure the sustainability and long-term impact of health interventions.
- x. **Q&A and Conclusion:**
  - Open forum for participants to ask questions and seek clarifications.
  - Recapitulation of key learnings and outcomes from the session.

By covering these sub-topics and achieving the stated objectives, the training session will empower participants to effectively formulate health development plans in their respective Gram Panchayats. Participants will be equipped to engage in convergence with line departments and other stakeholders for comprehensive and integrated health interventions, leading to improved health outcomes and well-being in their communities.



## Case Study

### Harmony in Health: A Tale of Formulating Health Development Planning in Chappar Gram Panchayat

In the heart of the countryside, surrounded by emerald fields and whispering woods, lay Chappar Gram Panchayat (GP). It was a place of tranquility, but like all communities, it faced health challenges. The villagers yearned for a healthier future, and this is the story of how they came together to formulate a Health Development Plan in harmony with various line departments.

#### The Village of Chappar

Chappar was known for its natural beauty and close-knit community. But healthcare access and health outcomes needed improvement. The villagers aspired to create a healthier environment for themselves and future generations.

#### The Call for Collaboration

One sunny morning, Anika, a dedicated GP member, addressed the villagers. She spoke passionately about the need to develop a Health Development Plan that would address their unique health challenges. She believed that collaboration with various line departments was the key to success.

#### Identifying Health Challenges

The villagers gathered to discuss their health challenges. They recognized issues like limited healthcare facilities, lack of clean drinking water, and the need for better sanitation and hygiene practices.

#### Collaboration with Line Departments

Anika introduced the concept of convergence with line departments. She explained that convergence involved working together with various government departments to address health challenges more effectively. In Chappar, this meant collaborating with the departments of health, water supply, and sanitation.

#### Designing the Health Development Plan

Under Anika's guidance, the villagers and GP members worked together to formulate a Health Development Plan. They identified three main areas of focus:

1. **Access to Quality Healthcare:** Ensuring accessible and well-equipped health clinics and trained healthcare staff.
2. **Clean Drinking Water for All:** Providing safe and clean drinking water sources for every household.
3. **Sanitation and Hygiene Promotion:** Promoting proper sanitation and hygiene practices to improve overall health.



### **Collaborative Strategies**

Chappar GP reached out to the line departments, presenting their Health Development Plan and seeking support and collaboration. They emphasized the interconnectedness of healthcare, clean water, and sanitation.

### **Allocation of Resources**

With the cooperation of line departments, resources were allocated for the implementation of the Health Development Plan. The health clinic was upgraded, water purification facilities were established, and sanitation infrastructure was improved.

### **Implementation and Monitoring**

With the plan in action, Chappar GP ensured that regular monitoring and evaluation were conducted. They tracked progress, identified challenges, and made necessary adjustments to ensure the plan's success.

### **A Healthier Chappar**

Over time, Chappar witnessed a significant transformation. Maternal and child health improved, cases of waterborne diseases decreased, and the overall well-being of the community soared. Chappar had become a shining example of how collaboration with line departments could lead to a healthier community.

### **Harmony in Health**

The story of Chappar Gram Panchayat illustrates the importance of formulating a Health Development Plan in convergence with line departments. It emphasizes that when a community works collaboratively with government departments, it can create a healthier and more sustainable future for all.

This story simplifies the process of formulating a Health Development Plan in convergence with line departments, highlighting the significance of collaboration to address health challenges effectively in a community.



## Reading Material

### Introduction

Health development planning at the Gram Panchayat level involves identifying the needs and priorities for sustainable health development within the community. To promote good health practices and ensure effective health service delivery, provisions exist in the State Panchayati Raj Act for the formation of Standing Committees on Health. Additionally, under the National Health Mission (NHM), the Village Health and Sanitation and Nutrition Committee (VHSNC) is constituted to promote community participation in health programs. The roles and responsibilities of these committees in formulating the Village Health Plan are as follows:

- Panchayat Standing Committee
- Village Health and Sanitation and Nutrition Committee (VHSNC)

**Panchayat Standing Committee:** This committee is responsible for:

1. Collecting and analyzing data and information on health, nutrition, and sanitation in the Gram Panchayat area, maintaining a database on public health.
2. Coordinating with Health Sub-Centres, Anganwadi Centres, and VHSNCs.
3. Facilitating the preparation of comprehensive health plans for the entire Gram Panchayat area and ensuring the implementation and monitoring of planned activities.
4. Providing support to health service delivery institutions like Anganwadi Centres, Sub Centres, Primary Health Centres, etc., and monitoring health service delivery in the Gram Panchayat area.

**VHSNC (Village Health and Sanitation and Nutrition Committee):** The key objectives of VHSNCs are to:

1. Inform the community about health programs and government initiatives.
2. Enable community participation in the planning and implementation of health programs, taking collective action to improve the village's health status.
3. Address social determinants and all public services that directly or indirectly impact the health of the community.
4. Facilitate the community in voicing their health needs, experiences, and issues related to access to health services.
5. Equip Panchayats with the understanding and mechanisms required to improve health status.
6. Provide support and facilitate the work of ASHA (Accredited Social Health Activist) and other frontline workers.

### Focus Areas of Health Planning

The health plan of the Gram Panchayat focuses on three aspects: Health Promotion, Disease Prevention, and Rehabilitation. The following are the key action points under each focus area:

#### 1. Health Promotion

- **Awareness Creation of Individuals & Households:** Strengthening health education/IEC activities to discourage harmful practices and promote healthy lifestyles.



- **Community Engagement:** Involving the community in identifying health needs, planning, and implementing health programs.
- **Health Infrastructure:** Developing, expanding, and improving health infrastructure, including hospitals and health centers.
- **Support Mechanism:** Ensuring that people receive personal, physical, mental, spiritual, and instrumental support for primary health care.
- **Inter-Sectoral Coordination:** Collaborating with different departments to meet the healthcare needs of the community.

## 2. Disease Prevention

1. **Maternal Health:** Strengthening the health system to provide quality reproductive health services for pregnant women.
2. **Child Health:** Reducing morbidity and mortality in neonates, infants, and children under five by addressing key health issues.
3. **Adolescent Health:** Focusing on the health and safety of adolescents and young adults, addressing reproductive health and substance abuse.
4. **Menstrual Hygiene:** Identifying and addressing menstrual hygiene management issues and waste management in the village.
5. **Health for Elderly Persons:** Ensuring minimal health care and support for the elderly, especially those with no family support.
6. **Prevention of HIV/AIDS:** Creating awareness about safe sex and counselling to reduce HIV/AIDS-related stigma and discrimination.

## 3. Rehabilitation

- **Addiction Drug Abuse:** Promoting de-addiction programs and providing support to those affected by substance abuse.
- **Mental Health:** Organizing mental health awareness camps and providing counselling to those suffering from mental health problems.
- **Fit India Movement Campaign:** Promoting sports and fitness activities in the village to develop healthy citizens.
- **Yoga and Sports:** Encouraging yoga and sports as exercises to promote physical and mental well-being.

By focusing on these areas and following the steps of health planning, Gram Panchayats can effectively identify gaps in health services and develop comprehensive health plans to improve the overall health and well-being of their communities.



## Steps of Health Development Planning for GP

**Step 1 – Data Collection to Identify the Problems:** The Gram Panchayats are responsible for primary health care areas, including preventive, promotive, and rehabilitative health care. The local indicator framework of theme 2 of the Localization of Sustainable Development Goals (LSDGs) prescribes 26 health indicators for monitoring health care service delivery. The GP should collect baseline data on all these indicators through primary and secondary sources, including infrastructure facilities and diagnostic services available at Health Sub-Centres/Primary Health Centres, along with the availability of trained human resources for effective health care delivery.

**Step 2 – Situation Analysis to Identify the Problems:** Data collected for health planning needs to be collated into two types of reports: the Village Health Report and the Sub Health Centre Report for situation analysis. These reports will help identify the problems that hinder health development at the village level, pertaining to health prevention, promotion, and rehabilitation.

**Step 3 – Identifying the Main Causes of the Problem:** With the assistance of VHSNC, the Gram Panchayat should identify the causes of problems, such as non-functioning Anganwadi or lack of awareness, and present the situation analysis reports related to the health status in the Gram Sabha for prioritizing the LSDG theme 2 targets and formulating the health plan.

**Step 4 – Preparation of Health Plan:** The health plan of the Gram Panchayat is defined in terms of actions that the community/Panchayat can take to make the village healthy. The Gram Panchayat needs to identify and quantify the resources available for implementation. The health plan must focus on synergy and convergence rather than mere scheme implementation. An illustrative list of the Gram Panchayat Health Action Plan can be integrated into the overall GPDP with clear details.

### Role of Panchayat Raj Institutions (PRIs) in Promoting Healthy Ageing and Integration of Differently Abled Individuals in Gram Panchayat Development Plan (GPDP) for Achieving Targets under LSDG Theme 2: Healthy Village

The elderly population in India is growing significantly, and it is projected to increase even further by 2050. With a substantial percentage of the elderly living in rural areas, there is a pressing need to address their healthcare and well-being. Unfortunately, policy neglect has resulted in the rural elderly being vulnerable and lacking access to proper health infrastructure and services. In light of this, the United Nations has dedicated the coming decade as the "Decade of Healthy Aging," focusing on the well-being of the elderly. It emphasizes maintaining functional abilities to enable well-being in older age, and this aligns with the principles of LSDG Theme 2, which aims to promote a healthy village.

### Epidemiological Transition and Age-Related Diseases

Epidemiological transition impacts the health of the population, especially the elderly. With the reduction of infectious diseases and improved life expectancy, the burden of age-related



diseases (ARDs) has increased. In rural areas, the prevalence of musculoskeletal disorders, cardiovascular diseases, hypertension, and obesity-related diseases has risen. Access to quality health care for the elderly in rural areas is limited, leading to complications and increased disability rates. A shift towards investing in health education and awareness of ARDs is necessary for better care in rural India.

### **Universal Health Coverage for the Elderly**

Universal Health Coverage (UHC) is crucial for the elderly to access quality health services with financial protection. However, achieving UHC for the elderly requires significant realignment of health systems. Strengthening health and long-term care systems at local and national levels is essential to cater to the needs of older adults. Sustainable financing and person-centred health agendas are vital to ensure inclusive and comprehensive health care for the elderly.

### **Health of Persons with Disabilities and Role of Gram Panchayat**

Persons with disabilities (PWDs) also require special attention and support in rural areas. Gram Panchayats (GPs) can play a vital role in empowering PWDs and integrating them into the overall development process of the community. Identifying PWDs and linking them with existing development and social security programs can improve their access to health care and support services. Creating disabled-friendly facilities in public places and ensuring their inclusion in public discussions and governance processes are essential steps to address the health needs of PWDs.

### **Healthcare of Poor Elderly Women**

Poor elderly women in rural areas face numerous challenges, including poverty, lack of access to health care, illiteracy, and gender bias. They suffer from multiple chronic non-communicable diseases and mental disorders, leading to significant morbidity and disability. Gram Panchayats can address their health needs by raising awareness, providing access to health care facilities, and ensuring that they benefit from government and NGO initiatives.

### **Role of Panchayati Raj Institutions (PRIs) in Promoting Healthy Ageing**

1. **Health Development Planning:** PRIs, such as Gram Panchayats, play a crucial role in formulating health development plans that address the specific needs of the elderly in their communities. These plans should focus on preventive measures, specialized care for age-related ailments, and health education.
2. **Inclusive Governance:** PRIs should ensure the inclusion of elderly individuals in public discussions, Gram Sabha meetings, and Ward Sabha meetings. Their health issues and requirements should be given due consideration during the annual GP planning processes.
3. **Awareness and Outreach:** PRIs should raise awareness about health issues faced by the elderly, encouraging them to seek medical help and participate in health promotion



activities. They can organize health camps and outreach programs targeting the elderly population.

4. **Geriatric Care Facilities:** PRIs should work towards establishing geriatric care facilities within the community or providing linkages to existing facilities. Specialized care for age-related ailments should be made accessible to elderly individuals in rural areas.
5. **Capacity Building:** Training and capacity building of PRI members and healthcare workers in geriatric care and age-related health issues can help them better address the needs of the elderly.

### Healthcare of Persons with Disabilities and the Role of Gram Panchayats

1. **Inclusive Planning:** Gram Panchayats must identify children and persons with disabilities in their areas and link them to existing development and social security programs. Inclusive planning ensures that their health issues and needs are addressed appropriately.
2. **Accessibility and Facilities:** Gram Panchayats should ensure that public places like Panchayat Ghar, schools, health facilities, and parks are disabled-friendly to provide equal opportunities and access for persons with disabilities.
3. **Empowerment and Participation:** Gram Panchayats can empower persons with disabilities by actively involving them in the community's development process. Their voices and needs should be considered during governance discussions and decision-making.
4. **Awareness and Prevention:** Gram Panchayats can raise awareness about disabilities, mental health, substance abuse, and HIV/AIDS prevention within the community. Health promotion programs can help prevent disabilities and ensure early intervention.

The role of PRIs, particularly Gram Panchayats, is vital in promoting the health and well-being of the elderly and persons with disabilities in rural areas. By integrating health development planning into their activities, ensuring inclusivity, raising awareness, and providing accessible healthcare facilities, PRIs can significantly contribute to achieving the LSDG Theme 2 - "Healthy Village." Through a holistic approach and collaboration with various stakeholders, PRIs can create a supportive environment that promotes healthy ageing and empowers differently-abled individuals in rural communities.

### Convergence with Line Departments, Identifying Funds and Resources

Universal Health Coverage (UHC) is a fundamental aspect of human development and plays a vital role in enhancing the overall quality of life. In line with the National Health Policy of 2017, the primary objective is to ensure that all individuals have access to healthcare services without facing financial hardships.

To achieve this vision, the Constitution of India has decentralized the responsibility of family welfare, primary health centres, and dispensaries to the local governing bodies known as



Panchayats. Specifically, the Gram Panchayats (GPs) are vested with a crucial role in planning and executing decentralized health development initiatives with active community participation.

The mandates of the Panchayats with regards to building healthy communities are as follows:

1. **Convergent Planning:** The Gram Panchayats are entrusted with the task of creating comprehensive plans that address the health and well-being goals of the local community. These plans should integrate various aspects of healthcare, social services, and development to ensure a holistic approach towards health improvement.
2. **Inter-Sectoral and Inter-Departmental Coordination:** To effectively tackle health-related challenges, the Panchayats must facilitate seamless coordination among different sectors and government departments. This collaboration ensures that health and its determinants, such as education, sanitation, nutrition, and infrastructure, are addressed in a coordinated manner.
3. **Supporting Service Delivery:** The Gram Panchayats are expected to provide on-ground support to health service providers to ensure efficient and effective delivery of healthcare services. This involves creating an enabling environment for health professionals to carry out their duties smoothly.
4. **Engaging Village Health Sanitation and Nutrition Committee (VHSNC):** The Panchayats should actively seek support from the Village Health Sanitation and Nutrition Committee. This committee acts as an essential link between the community and the healthcare system, promoting community involvement in decision-making and health-related activities.
5. **Ensuring Access to Health Services for Vulnerable Sections:** A key responsibility of the Gram Panchayats is to ensure that all community members, especially those belonging to economically disadvantaged and vulnerable sections, have unhindered access to healthcare services. This involves removing barriers such as geographical distance, affordability, and awareness.

By empowering Gram Panchayats with these mandates, India aims to strengthen its healthcare system at the grassroots level and work towards achieving Universal Health Coverage. Through community engagement, convergence of services, and coordinated efforts, the goal is to enhance the health and well-being of all individuals, leaving no one behind in their journey towards a healthier and more prosperous life.

To strengthen the healthcare system, the 15th Finance Commission has allocated Rs 70,005 crores to urban local bodies and Panchayati Raj Institutions over a five-year period (2021-26). These funds are earmarked for the enhancement of primary healthcare services, focusing on the following initiatives:



1. **Establishment of Block Public Health Units:** Block public health units will be set up to oversee healthcare delivery by hospitals, develop disease surveillance laboratories, and take necessary actions during public health emergencies. These units will also serve as reporting centres and facilitate evidence-based development of block health plans.
2. **Upgradation of Sub Health Centres and Primary Health Centres:** The funds will be used to equip sub health centres and primary health centres with comprehensive laboratory services, enhancing their diagnostic capabilities.
3. **Construction and Upgradation of Health Facilities:** The allocated funds will support the construction and upgradation of buildings for identified sub health centres, primary health centres, and community health centres. This will improve the infrastructure and overall functioning of these healthcare facilities.
4. **Transformation into Health and Wellness Centres:** Support will be provided for converting rural Primary Health Centres (PHCs) and Sub Health Centres into Health and Wellness Centres. These centres will be equipped with trained staff and appropriate infrastructure to deliver comprehensive healthcare services.

To ensure the effective utilization of the 15th Finance Commission's health grants, the responsibilities of Panchayats include:

1. **Supervision and Monitoring:** Panchayats will be responsible for supervising and monitoring the progress of various healthcare initiatives. This includes overseeing the construction of hospitals, ensuring provision of laboratory services, verifying the availability of adequate manpower to deliver healthcare services, and ensuring that mandated health services are provided at hospitals.
2. **Disease Surveillance and Epidemic Management:** Panchayats will be actively involved in disease surveillance, detecting disease outbreaks, and supporting the management of epidemics in their respective areas.
3. **Health Planning:** Panchayats will contribute to the development of health plans for their blocks. These plans will align with the context-specific thematic areas recommended by the Ministry of Panchayati Raj (MoPR) for Localization of Sustainable Development Goals (SDGs) through Gram Panchayat Development Plans (GPDP).

The MoPR's Thematic Framework for Localization of SDGs has identified "Healthy Village" as one of the nine context-specific thematic areas for GPDP. This theme encompasses 14 targets and 26 indicators focused on achieving sustainable development through PRIs (Panchayati Raj Institutions).

### **The Interface of Panchayats with the Healthcare System**

The interface of Panchayats with the health system is essential for the effective implementation of health care services, especially under the Ayushman Bharat scheme. Health services are provided through various health institutions at different levels, and Panchayat elected



representatives play a crucial role in supervising and monitoring these institutions to enhance health governance, improve performance, and ensure accountability within the health system.

**District Level:** At the district level, health services are managed through the District Health Mission. The Zilla Parishad Chairperson chairs this mission, and Zilla Parishad members actively participate as representatives.

**Block Level:** At the block level, health services are overseen by the Rogi Kalyan Samiti, which operates at the Community Health Centre (CHC) or Primary Health Centre (PHC) level. The representation from Panchayats includes the Zilla Parishad Chairperson or the Block Pradhan, as per state guidelines. Additionally, members of the Zilla Parishad, Block Panchayat, and Sarpanch of co-terminus Panchayats are also involved in the supervision and monitoring.

**Village Level:** At the village level, health services are managed through the Jan Arogya Samiti, which operates at the Sub Health Center (SHC) or Health and Wellness Centre (HWC) level. The Sarpanch of the co-terminus Gram Panchayats chairs this committee, and representation from the Panchayats includes the Ward Members of Gram Panchayats falling under the HWC area. The Village Health Sanitation and Nutrition Committees are chaired by the Women Ward Members of Gram Panchayats, with other Ward Members also being part of these committees.

The interface of the Panchayat elected representatives with these health institutions are as follows.

Level	Institution	Chaired by	PRI Representation
District	District Health Mission	Zilla Parishad Chairperson	Zilla Parishad Members
Block	Rogi Kalyan Samiti of CHC / PHC	Zilla Parishad chairperson/Block Pradhan or (As per state guidelines)	Members of Zilla Parishad/Block Panchayat/Sarpanch of co-terminus Panchayat
Village	Jan Arogya Samiti of HWC-SHC	Sarpanch of co-terminus GPs	Ward Members of GPs falling under HWC- area
	Village Health Sanitation and Nutrition Committees	Women Ward Member of GP	Ward Members.



## **Role of Panchayat Raj members and Gram Panchayats in Rogi Kalyan Samiti (Patient Welfare Committee) for promoting LSDG theme-2: Healthy Village**

Panchayat Raj members and Gram Panchayats play a crucial role in promoting the Local Sustainable Development Goal (LSDG) theme-2: "Healthy Village" through their active involvement in Rogi Kalyan Samiti (Patient Welfare Committee). The theme-2 of Healthy Village aims to improve the health and well-being of the local community and achieve universal health coverage. Here's how Panchayat Raj members and Gram Panchayats contribute to promoting the LSDG theme-2:

1. **Convergent Planning:** Panchayat Raj members and Gram Panchayats engage in convergent planning to align the goals and activities of Rogi Kalyan Samiti with the objectives of the Healthy Village theme. They work together with the healthcare facility and other relevant stakeholders to develop comprehensive health plans that address the specific health needs of the village.
2. **Community Engagement and Participation:** Panchayat Raj members and Gram Panchayats facilitate community engagement and participation in the activities of Rogi Kalyan Samiti and the Healthy Village theme. They conduct awareness campaigns, health workshops, and community meetings to educate and involve the local residents in health-related initiatives.
3. **Advocacy for Health Services:** Panchayat Raj members and Gram Panchayats advocate for the improvement and expansion of health services in the village. They communicate the healthcare needs and demands of the community to higher authorities, ensuring that the village receives the necessary resources and support for health infrastructure and services.
4. **Health Promotion and Preventive Measures:** Panchayat Raj members and Gram Panchayats actively promote health promotion and preventive measures in the village. They encourage the adoption of healthy lifestyles, proper nutrition, sanitation practices, and disease prevention strategies to improve overall health outcomes.
5. **Monitoring and Evaluation:** Panchayat Raj members and Gram Panchayats monitor the implementation of health-related initiatives under the Healthy Village theme. They conduct regular evaluations to assess the effectiveness and impact of these initiatives on the health and well-being of the community.
6. **Ensuring Access to Health Services:** Panchayat Raj members and Gram Panchayats work towards ensuring access to health services for all members of the community, especially the poor and vulnerable sections. They collaborate with the healthcare facility to address any barriers or challenges in accessing healthcare services.
7. **Resource Mobilization:** Panchayat Raj members and Gram Panchayats actively participate in resource mobilization efforts for the implementation of health-related projects and programs under the Healthy Village theme. They explore funding

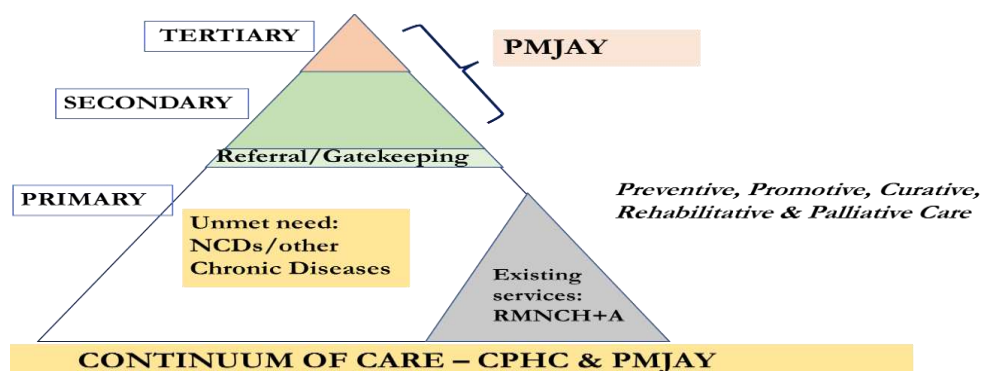


opportunities and partnerships with government agencies, NGOs, and other stakeholders to secure the necessary resources.

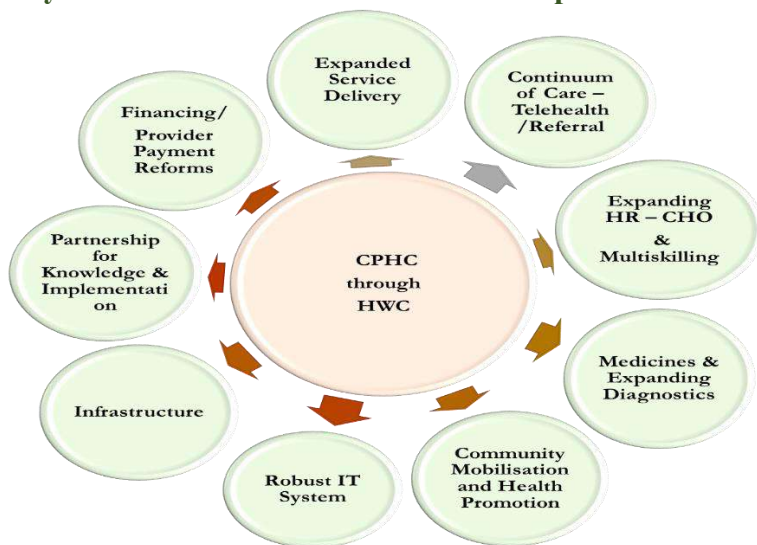
8. **Integration with GPD**: Panchayat Raj members and Gram Panchayats integrate the objectives and action plans of the Healthy Village theme into the Gram Panchayat Development Plan (GPD). This ensures that health-related priorities are adequately represented and addressed in the overall development planning of the village.

### Public Healthcare Expenditure through Ayushman Bharat

Ayushman Bharat, launched in 2018 by the Union government, is an umbrella scheme encompassing major Publicly Funded Health Insurances (PFHI) schemes, with the goal of achieving universal health coverage. It consists of two components: Health and Wellness Centres (HWCs) and the Pradhan Mantri Jan Arogya Yojana (PMJAY). HWCs focus on improving maternal and child healthcare and preventing non-communicable diseases by upgrading existing sub-health centres and primary health centres. PMJAY aims to provide a cover of ₹5 lakh per family per year for secondary and tertiary care hospitalisation. Despite its potential to cover nearly 50 crore beneficiaries, as of March 2022, only 17.86 crore Ayushman cards have been issued, covering just over a third of the intended beneficiaries.



### Key Elements to roll-out Comprehensive Primary Healthcare (CPHC)





## **Importance of Reducing Out-of-Pocket Expenditure (OOPE)**

Out-of-pocket expenditure (OOPE) refers to the direct spending households make when receiving healthcare. High OOPE can have a severe economic impact on families, especially those below the poverty line. Catastrophic health expenditure occurs when health expenses exceed a certain proportion of a household's income or capacity to pay. In India, the proportion of households experiencing catastrophic health expenditure has increased, particularly among poorer families, pushing about 6 crore Indians into poverty each year.

## **Role of Health Insurance**

Health insurance schemes like PMJAY are essential policy tools to prevent catastrophic health expenditure and provide financial protection against high healthcare costs. India has implemented various PFHI schemes like the Employees' State Insurance Scheme (ESIS) and the Rashtriya Swasthya Bima Yojana (RSBY) to achieve financial health protection. However, RSBY, with limited coverage and exclusion of outpatient care, had no significant impact on reducing catastrophic health expenditure.

## **Impact of PMJAY**

PMJAY, with its broader beneficiary coverage and increased financial coverage, was expected to provide better protection from health-related financial risks. However, it still excludes primary healthcare and outpatient services, which account for a significant portion of OOPE. Studies analyzing the impact of PMJAY on OOPE have shown that it has not led to a decrease in catastrophic health expenditure, partly due to design flaws and lack of awareness among beneficiaries.

## **PMJAY's Role during the COVID-19 Pandemic**

During the pandemic, PMJAY included free testing and treatment for COVID-19. However, the authorized hospital admissions under PMJAY declined during the pandemic, and only a small percentage of total hospitalizations were treated free of cost under the scheme. The utilization rate of PMJAY for COVID-19 treatment varied across states, with some states reporting better utilization.

PMJAY, as the largest health insurance scheme in the world, holds the potential to provide significant financial protection to its beneficiaries. However, it faces challenges in reducing catastrophic health expenditure, primarily due to its exclusion of primary healthcare and outpatient services. While it has shown promising results in certain states and improved access to healthcare, it needs further refinements and complementary state-specific schemes to achieve better health outcomes and financial security for its beneficiaries.

## **Implementation of Gram Panchayat Health Plan**

As implementers of the Health Plan, Gram Panchayats, along with members of the Village Health Sanitation and Nutrition Committees (VHSNCs), are responsible for overseeing the delivery of health services in their respective areas. They ensure that health services are



provided in a timely manner and work towards raising public awareness and building social participation to improve the health system.

A critical aspect of this role is publishing a citizen charter that promises a set of minimum standards in health care services. This charter outlines the rights and entitlements of the community members in accessing quality health services. Panchayats ensure that communities report on their experiences with various health services and voice their opinions and suggestions for the improvement of service delivery.

To facilitate monitoring and implementation of the Gram Panchayat Health Plan, the local indicator framework of the Localization of Sustainable Development Goals (LSDG) is utilized. This framework includes specific health-related indicators that allow for effective tracking and assessment of the health plan's progress.

By actively engaging with the health institutions and implementing the Gram Panchayat Health Plan, Panchayats play a vital role in ensuring that health services reach the community effectively and address their specific needs and priorities. Through their oversight, supervision, and involvement in decision-making, Panchayats contribute significantly to strengthening the health system and achieving better health outcomes for their constituents.



## The comprehensive overview of the formulation of Health Development Planning in Gram Panchayats (GPs) in convergence with line departments and its integration into the Gram Panchayat Development Plan (GPDP) aimed at achieving targets and indicators for LSDG Theme 2: Healthy Village

Formulation of Health Development Planning in Gram Panchayats (GPs) requires a comprehensive approach that involves convergence with various line departments and the integration of health goals into the Gram Panchayat Development Plan (GPDP) to achieve targets and indicators for the LSDG theme 2: Healthy Village. Here is a comprehensive overview of the process:

1. **Identification of Health Needs and Priorities:** The first step in health development planning is to identify the health needs and priorities of the community in the Gram Panchayat area. This can be done through data collection, community consultations, and health assessments to understand the prevailing health issues and challenges faced by the local population.
2. **Convergence with Line Departments:** Health planning in GPs requires collaboration and convergence with various line departments such as Health, Women & Child Development, Water & Sanitation, Education, and others. These departments play a crucial role in addressing the social determinants of health and implementing health-related interventions across different sectors.
3. **Forming Standing Committees on Health:** To ensure effective convergence and coordination, Gram Panchayats may constitute Standing Committees on Health. These committees need to collect and analyze data on health, nutrition, and sanitation in the GP area. They coordinate with health facilities and other line departments to facilitate the preparation of comprehensive health plans.
4. **Preparation of Comprehensive Health Plans:** Based on the identified health needs and priorities, Gram Panchayats formulate comprehensive health plans that address various aspects of health promotion, disease prevention, and rehabilitation. These plans should be evidence-based and developed in consultation with relevant stakeholders.
5. **Integration into GPDP:** The formulated health plans need to be integrated into the Gram Panchayat Development Plan (GPDP). The GPDP is a broader plan that encompasses various development activities in the Gram Panchayat area, including health. Integration ensures that health-related goals and activities are aligned with the overall development objectives of the village.
6. **Focus Areas of Health Planning:** Health development planning in GPs focuses on three main aspects: Health Promotion, Disease Prevention, and Rehabilitation. These areas encompass a range of interventions and activities as follows aimed at improving the health status of the community.



- **Health Promotion:** This involves promoting healthy behaviors and lifestyles, raising awareness about health schemes and services, and engaging the community in health-related activities. It may include health education, awareness campaigns, yoga and sports programs, and promoting access to health infrastructure.
  - **Disease Prevention:** Disease prevention efforts focus on reducing the burden of communicable and non-communicable diseases. This may involve maternal and child health interventions, immunization drives, vector control, and awareness about hygiene and sanitation.
  - **Rehabilitation:** Rehabilitation services aim to optimize functioning and reduce disability in individuals with health conditions. This may include addiction drug abuse programs, mental health awareness, and support for the elderly.
7. **Monitoring and Evaluation:** Health development planning requires continuous monitoring and evaluation of the implemented activities. Gram Panchayats should regularly assess the impact of health interventions, identify gaps, and make necessary adjustments to improve the effectiveness of the programs.
8. **Community Participation and Empowerment:** Active community participation and empowerment are key to the success of health development planning. Gram Panchayats should engage with the community, involve them in decision-making processes, and empower them to take ownership of their health.

By formulating health development plans in convergence with line departments and integrating them into the GPDP, Gram Panchayats can effectively work towards achieving the targets and indicators of the LSDG theme 2: Healthy Village. This comprehensive approach ensures that health is prioritized, and coordinated efforts are made to improve the overall health and well-being of the local community.



## Group Activity

### Converging Line Departments for Sanitation and Hygiene Improvement

#### Background

You are conducting a training program for Gram Panchayat members on the formulation of health development planning. The participants come from diverse GPs, each facing unique challenges related to sanitation and hygiene. They are eager to explore ways to converge with relevant line departments for effective planning.

#### Scenario

One of the participants, Rajesh, shares his experience from a GP that has struggled with open defecation and poor sanitation facilities. He believes that converging efforts with line departments like Rural Development and Water Supply can significantly impact sanitation outcomes. Rajesh seeks guidance on how to initiate this convergence in his GP.

#### Tasks

- Organize a workshop on converging with line departments to improve sanitation and hygiene. Trainees should design the workshop agenda, invite representatives from relevant line departments, and facilitate discussions.
- Work with Rajesh and the GP to identify line departments that can contribute to sanitation and hygiene improvement, such as Rural Development, Water Supply, and Education. Trainees should guide the selection process based on identified needs.
- Facilitate a session to develop a comprehensive sanitation and hygiene improvement plan, outlining specific contributions from each line department. Trainees can assist in creating a detailed action plan.
- Assist Rajesh and the GP in exploring budgetary allocations and resources available from each line department to support the sanitation plan. Trainees should help identify potential funding sources and resource mobilization strategies.
- Collaborate with Rajesh and the GP to develop a strategy for involving the community in sanitation and hygiene initiatives. Trainees should help design awareness campaigns and community participation methods.



Test your Knowledge: Fill the blanks

1. Identification of Health Needs and Priorities is the \_\_\_\_\_ step in health development planning in Gram Panchayats.
2. Health planning in GPs involves convergence with various line departments, including Health, Women & Child Development, Water & Sanitation, and \_\_\_\_\_.
3. To ensure effective coordination, Gram Panchayats may establish Standing Committees on \_\_\_\_\_.
4. Health Promotion, Disease Prevention, and \_\_\_\_\_ are the three main focus areas of health development planning in GPs.
5. Disease prevention efforts include interventions such as maternal and child health, immunization, vector control, and raising awareness about hygiene and \_\_\_\_\_.
6. The continuous \_\_\_\_\_ and evaluation of health interventions are essential components of health development planning in GPs.
7. Active community participation and \_\_\_\_\_ are key to the success of health development planning in Gram Panchayats.
8. The LSDG Theme 2: Healthy Village aims to improve the overall health and well-being of the local community and achieve \_\_\_\_\_.
9. The 15th Finance Commission has allocated funds for the establishment of Block Public Health Units, upgradation of Sub Health Centres, and transformation of rural Primary Health Centres into \_\_\_\_\_.
10. The first step in health development planning is to identify the health needs and priorities of the community in the Gram Panchayat area through data collection, community consultations, and \_\_\_\_\_.



## Session – 6: Community Participation and need for VHSNC- Role of PRIs to promote LSDG theme 2: Healthy Village

### Session Plan

**Session Duration:** 45 minutes

**Methods Suggested for the Conduct of the Session:** Lecture, Presentation & Audio-Visuals.

### Session Objectives

- i. To equip state level master trainers with the knowledge and skills to effectively promote community participation and the role of Village Health, Sanitation, and Nutrition Committees (VHSNC) in achieving the LSDG Theme 2: Healthy Village.
- ii. To enhance the understanding of master trainers about the importance of engaging communities in health initiatives and empowering them to take ownership of their health and well-being.
- iii. To enable master trainers to facilitate capacity building of district and local-level trainers on community participation and VHSNC establishment and strengthening.
- iv. To foster collaboration and coordination among master trainers, district trainers, and local stakeholders for effective implementation of health programs at the community level.

### Expected Outcomes

- i. Enhanced Training Skills: Master trainers will gain expertise in delivering effective training sessions on community participation and VHSNC for district and local-level trainers.
- ii. Empowered Master Trainers: Participants will be equipped with the necessary knowledge and tools to promote community involvement and VHSNC's role in creating a healthy village.
- iii. Improved VHSNC Implementation: The training will result in better VHSNC establishment and functioning in villages across the state.
- iv. Strengthened Community Engagement: Master trainers will be able to facilitate community engagement and active participation in health initiatives.
- v. Increased Collaboration: Master trainers will foster greater collaboration between stakeholders, including government authorities, healthcare providers, and community members, for holistic health planning.



## Sub-Topics to Be Covered

### **i. Understanding Community Participation and VHSNC:**

- Defining community participation in health and its significance for creating a healthy village.
- Introduction to the role and functions of the Village Health, Sanitation, and Nutrition Committee (VHSNC).

### **iii. Importance of Community Participation:**

- Explaining the significance of community participation in health planning and decision-making.
- Discussing the benefits of engaging community members in health initiatives for sustainable development.

### **iv. Empowering Community Voices:**

- Techniques to empower and mobilize community members to actively participate in VHSNC and health-related activities.
- Strategies to address barriers and challenges in community engagement.

### **v. VHSNC Establishment and Functioning:**

- Step-by-step guidance on setting up and strengthening the VHSNC in villages.
- Roles and responsibilities of VHSNC members and their linkages with healthcare providers and local authorities.

### **vi. Understanding Community Participation and VHSNC:**

- Defining community participation in health and its significance for creating a healthy village.
- Introduction to the role and functions of the Village Health, Sanitation, and Nutrition Committee (VHSNC).

### **vii. Mobilizing Community for Health Initiatives:**

- Strategies to engage and mobilize the community for health campaigns, awareness drives, and health-related events.
- Leveraging traditional communication channels and local influencers for effective outreach.

### **viii. Health and Nutrition Promotion:**

- Promoting healthy behaviors and practices, such as sanitation, hygiene, and balanced nutrition.
- Fostering awareness about the importance of antenatal care, immunization, and maternal and child health.

### **ix. Strengthening Healthcare Services:**

- Advocating for improved healthcare infrastructure and services within the village.
- Encouraging the use of government health schemes and programs for the benefit of the community.



**x. Advocacy and Policy Influence:**

- Empowering the VHSNC to advocate for health-related policy changes at the Gram Panchayat level.
- Collaborating with local authorities and stakeholders to ensure policy alignment with community needs.

**xi. Case Studies and Best Practices:**

- Sharing success stories and best practices of VHSNC-led health interventions from within the state or other regions.
- Learning from successful examples to adapt and replicate in different contexts.

**xii. Q&A and Conclusion:**

- Open forum for participants to ask questions and seek clarifications.
- Recapitulation of key learnings and outcomes from the session.

By providing comprehensive training on community participation and VHSNC, state-level master trainers will be equipped to promote the LSDG Theme 2: Healthy Village effectively. Empowered master trainers will play a pivotal role in building capacity among district and local-level trainers, thereby fostering active community engagement and participation in health initiatives. Through collaborative efforts, the VHSNC will be strengthened, leading to sustainable improvements in health, sanitation, and nutrition at the grassroots level, ultimately contributing to the achievement of a healthier and prosperous village.



## Case Study

### **The Transformation of Ziro: A Tale of Community Participation and Healthy Villages**

In the heart of a vibrant countryside, there lay a picturesque village named Ziro. Its lush green fields and serene surroundings hid a tale of challenges and unfulfilled dreams. This is a story of how community participation, with the aid of Panchayati Raj Institutions (PRIs), brought about a positive transformation, focusing on the second theme of the Local Sustainable Development Goals (LSDGs): Healthy Village.

#### **The Quiet Village**

Ziro was a peaceful village, but it had its share of problems. Its residents struggled with health issues due to a lack of access to healthcare facilities, insufficient clean water, and poor sanitation. The villagers had long yearned for a healthier life but were unsure of how to achieve it.

#### **The Arrival of Change**

One sunny morning, a team from the local Panchayat arrived in Ziro. They introduced themselves as representatives of the PRI, responsible for local governance. They had a mission: to help Ziro become a healthier village by promoting community participation.

#### **The Village Health and Sanitation Committee (VHSNC)**

The PRI team shared the concept of the Village Health and Sanitation Committee (VHSNC) with the villagers. They explained that the VHSNC was a platform where villagers could actively participate in improving their health and sanitation. It would empower them to identify and address their specific needs.

#### **Empowering the Villagers**

Excited about the possibilities, the villagers formed their own VHSNC. They elected leaders from among themselves and began assessing their health challenges. They identified the need for a local health clinic, safe drinking water sources, and proper toilets.

#### **Partnering with PRIs**

The villagers, guided by the PRI team, approached higher-level Panchayats and government health departments for support. Together with PRIs, they lobbied for resources to build a health clinic, establish water purification facilities, and construct sanitation facilities in Ziro.

#### **The Transformation**

With the collaboration of the villagers, the PRIs, and government agencies, Ziro underwent a remarkable transformation. A health clinic was built, providing regular check-ups and basic healthcare services. Clean water sources were established, and hygienic toilets were constructed in every home. Health and hygiene awareness programs were initiated.



### **The Results**

Over time, the villagers' health improved significantly. Cases of waterborne diseases decreased, maternal and child health improved, and the overall well-being of the community soared. Ziro had become a shining example of a healthy village, thanks to the active participation of its residents and the support of PRIs.

### **The Legacy**

Ziro's success story echoed far and wide. Other villages in the region followed its example, forming VHSNCs and partnering with PRIs to achieve healthier living conditions. The second theme of LSDGs, "Healthy Village," had come to life through the dedication of communities, facilitated by PRIs.

### **The Power of Community Participation and PRIs**

This tale of Ziro illustrates the importance of community participation and the role of PRIs in promoting the second theme of LSDGs: Healthy Village. It emphasizes that when communities are empowered and supported, they can transform their own destinies, leading to healthier, more sustainable lives for all.

This story exemplifies the power of community participation and the vital role of Panchayati Raj Institutions (PRIs) in promoting the Local Sustainable Development Goal (LSDG) theme of "Healthy Village." It highlights how grassroots involvement can lead to tangible improvements in health, sanitation, and overall well-being within a community.



## Reading Material

### Introduction

Community participation is a crucial aspect of effective healthcare and development programs. In many countries, including India, Village Health, Sanitation, and Nutrition Committees (VHSNC) have been established to promote community engagement and ownership of health, sanitation, and nutrition initiatives at the grassroots level. This learning material aims to provide an in-depth understanding of community participation and its role in VHSNC, empowering individuals and communities to take charge of their health and well-being.

Community participation refers to the active involvement and engagement of individuals, groups, and communities in decision-making processes and actions that directly affect their lives, well-being, and development. It is a bottom-up approach that empowers community members to take ownership of their issues, identify solutions, and collaborate with external stakeholders to bring about positive change.

In the context of health and development, community participation involves local residents, including marginalized and vulnerable groups, actively participating in planning, implementation, monitoring, and evaluation of programs and projects that impact their health, sanitation, and nutrition. It recognizes the knowledge, experiences, and perspectives of community members, considering them as valuable resources in the development process.

### Importance of Community Participation in Health and Development

Community participation plays a crucial role in achieving sustainable and effective health and development outcomes. Here are some key reasons why it is essential:

**Empowerment:** Community participation empowers individuals and communities to have a say in decisions that directly affect them. It fosters a sense of ownership, responsibility, and pride in their contributions to improving health, sanitation, and nutrition.

**Inclusivity:** It ensures that the voices of all community members, including marginalized groups, are heard and considered, promoting inclusive and equitable development.

**Local Knowledge and Insights:** Community members possess valuable local knowledge and insights that external agencies might lack. By tapping into this knowledge, programs can be better tailored to meet the specific needs and challenges of the community.

**Sustainability:** When communities actively participate in designing and implementing initiatives, they are more likely to be committed to the long-term success of the projects, leading to greater sustainability.

**Social Cohesion:** Community participation fosters social cohesion and strengthens community bonds. It encourages collaboration, teamwork, and a shared sense of purpose.

**Better Decision-making:** Including diverse perspectives in decision-making leads to more well-rounded and informed choices, leading to more effective and relevant interventions.



**Increased Accountability:** When community members are actively involved in project planning and execution, there is greater accountability of all stakeholders involved, including external agencies and service providers.

### **Benefits of Community Participation in VHSNC**

The Village Health, Sanitation, and Nutrition Committee (VHSNC) is a platform that exemplifies the importance of community participation in health and development. Here are some specific benefits of community participation in VHSNC:

**Community Ownership:** Community participation ensures that VHSNC initiatives are driven by the needs and priorities of the local community. This sense of ownership increases the likelihood of successful implementation and sustainability.

**Local Problem-solving:** Community members have a better understanding of the health, sanitation, and nutrition challenges they face. By actively participating in VHSNC, they can contribute to finding context-specific solutions.

**Resource Mobilization:** Engaging the community in resource mobilization efforts can enhance the availability of funds, volunteers, and local resources to support VHSNC initiatives.

**Health Awareness and Behaviour Change:** Community participation fosters dialogue and communication about health, sanitation, and nutrition issues, leading to greater awareness and behaviour change within the community.

**Strengthened Health Systems:** Community participation can strengthen the local health system by increasing demand for services, enhancing service utilization, and promoting accountability of healthcare providers.

**Community Monitoring and Feedback:** VHSNC allows for community-based monitoring of health and nutrition services. Community members can provide feedback, leading to improved service delivery and responsiveness.

**Social Equity:** By involving marginalized and vulnerable groups, community participation can address health disparities and promote social equity in accessing healthcare and sanitation services.

Community participation is a vital aspect of VHSNC and has numerous advantages in health and development. It empowers communities, fosters inclusivity, utilizes local knowledge, ensures sustainability, and strengthens social cohesion. By actively engaging community members, VHSNC can achieve better health, sanitation, and nutrition outcomes for all individuals in the village.



## Overview of Village Health, Sanitation, and Nutrition Committee (VHSNC)

The Village Health, Sanitation, and Nutrition Committee (VHSNC) is a community-based institution established in many countries, including India, to facilitate community participation in health, sanitation, and nutrition initiatives at the grassroots level. VHSNC is an integral part of the National Rural Health Mission (NRHM) in India, now known as the National Health Mission (NHM). It serves as a platform to empower local communities to actively engage in decision-making, planning, and implementation of health and development programs. Here's an overview of VHSNC:

- **Formation:** VHSNCs are formed at the village level and comprise elected representatives from the local community.
- **Inclusive:** VHSNCs aim to be inclusive and representative of all sections of the community, including women, marginalized groups, and other vulnerable populations.
- **Collaboration:** VHSNCs work in collaboration with local government bodies, healthcare providers, non-governmental organizations, and other stakeholders to address health, sanitation, and nutrition challenges.
- **Participatory Approach:** The VHSNC follows a participatory approach, involving community members in identifying needs, planning interventions, and monitoring progress.
- **Functionality:** VHSNCs play a pivotal role in coordinating various health-related activities, mobilizing resources, and promoting health awareness within the community.
- **Support System:** VHSNCs receive support and guidance from higher-level health and administrative authorities, which helps them align their activities with broader health goals and policies.

## Objectives of Village Health, Sanitation, and Nutrition Committee (VHSNC)

The key objectives of VHSNC are as follows:

- **Community Empowerment:** To empower local communities to actively participate in health, sanitation, and nutrition programs and take ownership of their health-related issues.
- **Health Awareness:** To create awareness among community members about various health, sanitation, and nutrition issues, promoting preventive health behaviors.
- **Demand Generation:** To generate demand for health and nutrition services and ensure increased utilization of available healthcare facilities.
- **Resource Mobilization:** To mobilize local resources, including funds, volunteers, and materials, to support health and development initiatives.



- **Monitoring and Feedback:** To monitor the implementation of health programs, provide feedback to service providers, and ensure accountability in service delivery.
- **Collaboration and Coordination:** To facilitate collaboration and coordination among different stakeholders, including government agencies, NGOs, and community-based organizations.

### Structure and Composition of Village Health, Sanitation, and Nutrition Committee (VHSNC)

The structure and composition of VHSNC may vary depending on local context and government guidelines. However, the typical composition includes the following members:

- **Chairperson:** The chairperson is usually a prominent community member or elected representative who presides over the committee's meetings and acts as a liaison with external stakeholders.
- **Members:** The committee includes elected representatives from different sections of the community, including women, youth, marginalized groups, and local health workers.
- **Anganwadi Worker:** The Anganwadi worker, responsible for maternal and child care services, is an ex-officio member of the VHSNC.
- **ASHA (Accredited Social Health Activist):** ASHA, a frontline health worker, is also an ex-officio member of the committee.
- **Health Worker:** A local health worker or a representative from the nearby health facility may be a part of the VHSNC.
- **Other Members:** In some cases, other community representatives, teachers, and social workers may be included.

### Roles and Responsibilities of Village Health, Sanitation, and Nutrition Committee (VHSNC) Members

Each member of the VHSNC has specific roles and responsibilities to fulfill to achieve the committee's objectives:

- **Chairperson:** The chairperson leads the committee, ensures effective functioning, presides over meetings, and represents the committee in external forums.
- **Members:** Members actively participate in meetings, share community perspectives and needs, and contribute to decision-making processes.
- **Anganwadi Worker:** The Anganwadi worker assists in organizing community-level health and nutrition activities, facilitates growth monitoring of children, and provides essential health information to the community.



- **ASHA:** The ASHA worker acts as a bridge between the community and the health system, facilitates access to health services, and promotes health awareness.
- **Health Worker:** The health worker supports the committee by providing technical inputs, coordinating health-related activities, and facilitating health camps or programs.
- **Resource Mobilization:** The VHSNC members work together to mobilize resources from the community, government, and other stakeholders to support health and development initiatives.
- **Health Awareness:** The committee conducts health awareness campaigns, educates the community about preventive measures, and disseminates information on health and nutrition services.
- **Monitoring and Feedback:** VHSNC members monitor the progress of health programs, provide feedback to health authorities, and take corrective actions, if necessary.
- **Collaboration and Coordination:** VHSNC collaborates with various stakeholders, including government departments, NGOs, and healthcare providers, to enhance the effectiveness of health and development efforts.

The Village Health, Sanitation, and Nutrition Committee (VHSNC) is a community-based institution that empowers local communities to actively participate in health and development initiatives. It has specific objectives, follows a participatory approach, and includes diverse members to ensure inclusivity and representation. Each member has distinct roles and responsibilities that contribute to the overall success of VHSNC in improving health, sanitation, and nutrition outcomes at the grassroots level.

### The Role of Community Participation in VHSNC

- **Empowering Local Communities**

Community participation in VHSNC empowers local communities by giving them a voice in decision-making processes. It fosters a sense of ownership, agency, and responsibility among community members. When people are actively engaged in shaping health, sanitation, and nutrition initiatives, they become more invested in their success. Empowered communities are more likely to take initiative, mobilize resources, and actively contribute to their own well-being.

Moreover, community empowerment in VHSNC goes beyond immediate health outcomes. It can lead to increased social capital, improved community resilience, and a stronger sense of solidarity among members. Empowered communities are more inclined to collaborate on other community development projects beyond the scope of health, creating a positive ripple effect on overall development.



- **Fostering Local Ownership and Sustainability**

VHSNC promotes local ownership by involving community members in the entire project cycle, from needs assessment to planning, implementation, and evaluation. When communities actively participate in designing and executing programs, they take ownership of the outcomes. This sense of ownership results in greater commitment and sustainability of initiatives even after external support diminishes.

Local ownership also ensures that interventions align with the community's cultural norms, beliefs, and practices, making them more acceptable and effective. As community members have a say in setting priorities and designing programs, they are more likely to embrace and support the changes needed for better health, sanitation, and nutrition.

- **Enhancing Accountability and Transparency**

Community participation enhances accountability and transparency in VHSNC operations. When community members are actively engaged in monitoring and evaluation, they act as watchdogs, ensuring that resources are utilized effectively and services are delivered with quality and fairness.

VHSNC is accountable to the community it serves, and transparency in decision-making processes helps build trust. Openly sharing information about resource allocation, program progress, and outcomes promotes community confidence in the committee's actions. This accountability not only benefits the community but also holds external stakeholders, such as government agencies and service providers, accountable for their roles in supporting VHSNC initiatives.

## **Bridging Gaps in Health, Sanitation, and Nutrition Services**

Community participation plays a vital role in identifying and addressing gaps in health, sanitation, and nutrition services. Local community members are intimately aware of their specific needs and challenges, which may not be apparent to external agencies. Through community engagement, VHSNC can uncover unmet health needs, understand barriers to accessing services, and design targeted interventions to address these issues effectively.

Additionally, community members often have valuable insights into the root causes of health disparities and challenges, including cultural factors, social norms, and economic constraints. Their involvement helps bridge the gap between top-down policy implementation and grassroots realities, leading to more contextually relevant and impactful interventions.

### **1. Community Mobilization and Engagement**

- **Strategies for Mobilizing Community Participation**

Mobilizing community participation requires thoughtful planning and effective communication strategies. Some strategies include conducting community meetings and assemblies to explain



the purpose and benefits of VHSNC, encouraging community members to volunteer for specific roles, and conducting door-to-door campaigns to engage individual households.

VHSNC can leverage cultural events, festivals, and local celebrations to disseminate health messages and create awareness. Community mobilization efforts should be sensitive to cultural norms, language preferences, and the needs of marginalized groups to ensure inclusivity and active engagement.

- **Promoting Inclusivity and Diversity in VHSNC**

Promoting inclusivity and diversity in VHSNC ensures that all voices are heard and represented. Engaging women, youth, elderly individuals, people with disabilities, and other marginalized groups is essential to capture the full range of community perspectives and needs.

Creating a safe and inclusive space for open discussions is crucial for encouraging active participation from diverse community members. Efforts should be made to overcome social and cultural barriers that may prevent certain groups from engaging fully.

- **Building Trust and Collaboration with Community Members**

Building trust and collaboration are fundamental to successful community engagement. VHSNC members should actively listen to community concerns, be responsive to feedback, and follow through on promises made during community meetings.

Transparency in decision-making processes and resource allocation fosters trust. VHSNC members should actively involve the community in setting priorities and designing interventions, ensuring that decisions are collectively made.

- **Addressing Challenges in Community Engagement**

Community engagement may face challenges such as limited awareness, skepticism about the effectiveness of interventions, and competing priorities for community members' time and resources.

To address these challenges, VHSNC should invest in community education and awareness-building campaigns to explain the purpose and benefits of their initiatives. Engaging with local leaders, religious authorities, and influential community members can help garner support for VHSNC activities.

Moreover, identifying and addressing cultural, linguistic, and logistical barriers to engagement is critical for overcoming resistance and encouraging broader community participation.

## **2. Effective Communication and Advocacy**

- **Communication Channels and Tools for VHSNC**

Effective communication is essential for VHSNC to disseminate information, share updates, and engage with the community. Communication channels can include community meetings, bulletin boards, posters, pamphlets, and local radio stations.



Additionally, utilizing technology, such as mobile phones, SMS messaging, and social media, can enhance communication and outreach to a wider audience.

- **Advocacy for Health, Sanitation, and Nutrition Issues**

VHSNC can play a vital advocacy role in voicing the health, sanitation, and nutrition needs of the community to higher administrative levels and government authorities. Through evidence-based advocacy, VHSNC can draw attention to priority areas and lobby for necessary resources and support.

Advocacy efforts may include engaging with local policymakers, attending community health forums, and collaborating with NGOs and civil society organizations working in the health sector.

- **Utilizing social media and Technology for Community Engagement**

Social media and technology can be valuable tools for community engagement and information dissemination. Creating social media pages or groups for VHSNC allows for real-time updates, event promotion, and interactive discussions with community members.

SMS messaging can be utilized to send health reminders, appointment notifications, and important updates to community members. By leveraging these modern communication tools, VHSNC can extend its reach and engage with a larger audience.

### **3. Capacity Building and Training for VHSNC Members**

- **Identifying Training Needs**

Identifying the training needs of VHSNC members is crucial to enhance their capacity to carry out their roles effectively. This may include training in community mobilization, project management, health education, data collection, and advocacy.

Conducting needs assessments and seeking feedback from VHSNC members can help tailor training programs to address specific gaps in knowledge and skills.

- **Designing and Delivering Training Programs**

Training programs should be designed to be interactive, participatory, and context-specific. They should be accessible to all members, considering language preferences and the educational background of participants.

In addition to traditional classroom-style training, practical hands-on exercises and role-plays can reinforce learning and ensure that VHSNC members are better equipped to carry out their responsibilities.

- **Continuous Learning and Knowledge Sharing**

Continuous learning and knowledge sharing are essential for VHSNC members to stay updated on best practices and emerging trends in health, sanitation, and nutrition. Conducting periodic workshops, seminars, and study visits can provide opportunities for VHSNC members to learn from one



## Role of Panchayati Raj Institutions (PRIs) in GPDP Planning through Community Participation and VHSNC

Panchayati Raj Institutions (PRIs) play a vital role in facilitating the planning and implementation of the Gram Panchayat Development Plan (GPDP) through community participation and the involvement of the Village Health, Sanitation, and Nutrition Committee (VHSNC). Here's an overview of their roles:

**1. Facilitating Community Participation:** PRIs act as facilitators in encouraging community participation in the GPDP planning process. They ensure that all sections of the community, including women, youth, elderly, and marginalized groups, are actively engaged in decision-making and priority setting. PRIs organize Gram Sabha meetings where community members can voice their needs, aspirations, and concerns, including health, sanitation, and nutrition-related issues.

**2. Mobilizing Resources:** PRIs have the authority to raise and allocate funds for local development projects, including those related to health, sanitation, and nutrition. Through the GPDP planning process, PRIs identify resource requirements and mobilize funds from various sources, including government grants, local taxes, and external development agencies.

**3. Strengthening VHSNC through Capacity Building:** PRIs play a crucial role in strengthening the VHSNC by providing necessary support and capacity building. They organize training programs and workshops for VHSNC members, empowering them with the knowledge and skills required to effectively address health, sanitation, and nutrition issues within the community.

**4. Advocating for Community Health Needs:** PRIs advocate for community health needs at higher administrative levels and with government authorities. They leverage the GPDP planning process to prioritize health, sanitation, and nutrition-related interventions and ensure that adequate resources are allocated for these areas.

**5. Ensuring Accountability and Transparency:** PRIs foster accountability and transparency in the GPDP planning and implementation process. They ensure that VHSNC activities are aligned with community priorities and that resources are utilized efficiently and transparently. Regular progress reviews and community feedback mechanisms help keep the process accountable.

**6. Creating Synergy between Health and Development Initiatives:** PRIs integrate health, sanitation, and nutrition-related activities into the broader development agenda of the Gram Panchayat. They identify linkages between health interventions and other development projects, such as infrastructure, education, and livelihood, to create a holistic approach to community development.

**7. Collaborating with External Stakeholders:** PRIs collaborate with external stakeholders, including government departments, non-governmental organizations, and healthcare providers,



to leverage additional expertise and resources. This collaboration strengthens the impact of VHSNC initiatives and extends the reach of health services to underserved communities.

**8. Monitoring and Evaluation:** PRIs are responsible for monitoring the implementation of GPDP and VHSNC activities. Regular progress reviews, performance evaluations, and impact assessments help identify areas of success and areas that need improvement. This feedback mechanism ensures that community health needs are adequately addressed and that interventions are continuously optimized.

**9. Promoting Inclusivity and Gender Sensitivity:** PRIs actively promote inclusivity and gender sensitivity in GPDP planning and VHSNC activities. They ensure that marginalized groups, including women, are represented in decision-making processes and that health services cater to the specific needs of different population segments.

**10. Encouraging Innovation and Adaptation:** PRIs encourage innovation and adaptive practices in health, sanitation, and nutrition interventions. They support VHSNC in experimenting with new approaches and technologies to tackle local health challenges effectively.



Test your Knowledge: Fill the blanks

1. Community participation empowers individuals and communities to have a say in \_\_\_\_\_ that directly affect them.
2. Community participation fosters a sense of ownership, responsibility, and pride in their contributions to improving \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
3. In the context of health and development, community participation involves local residents actively participating in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ of programs and projects.
4. Community participation ensures that the voices of all community members, including marginalized groups, are heard and considered, promoting \_\_\_\_\_ and \_\_\_\_\_ development.
5. Village Health, Sanitation, and Nutrition Committees (VHSNC) exemplify the importance of community participation in \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
6. VHSNC initiatives driven by the needs and priorities of the local community increase the likelihood of successful implementation and \_\_\_\_\_.
7. Local community members have a better understanding of the health, sanitation, and nutrition challenges they face, making them well-suited to contribute to finding \_\_\_\_\_ solutions.
8. Community participation enhances accountability and transparency in VHSNC operations by ensuring that resources are utilized effectively and services are delivered with \_\_\_\_\_ and \_\_\_\_\_.
9. VHSNC fosters social cohesion and strengthens community bonds, encouraging \_\_\_\_\_, \_\_\_\_\_, and a shared sense of \_\_\_\_\_.
10. Utilizing technology such as \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ can enhance communication and outreach to a wider audience in VHSNC.



## Session – 7: Self-Help Groups on Community Action on Health

### Session Plan

**Session Duration:** 45 minutes

**Methods Suggested for the Conduct of the Session:** Lecture, Presentation & Case Studies.

### Session Objectives

- i. To introduce participants to the concept and importance of Self-Help Groups (SHGs) in promoting community action on health.
- ii. To highlight the role of SHGs as agents of change and empowerment in addressing health challenges at the grassroots level.
- iii. To equip participants with knowledge and skills to establish and mobilize SHGs for community-based health initiatives.
- iv. To promote community participation and ownership in health decision-making and implementation through SHGs.
- v. To foster collaboration between SHGs, local authorities, and healthcare providers for effective community action on health.

### Expected Outcomes

- i. Participants will understand the significance of SHGs in empowering communities to take charge of their health and well-being.
- ii. Participants will be able to establish and mobilize SHGs for health-related activities, fostering a sense of ownership and responsibility among community members.
- iii. Participants will recognize the potential of SHGs to address health challenges through collective action and mutual support.
- iv. Participants will be equipped with strategies to collaborate with SHGs, local authorities, and healthcare providers for comprehensive health interventions.
- v. Participants will be motivated to promote the establishment of SHGs as a means to drive positive health outcomes in their respective communities.



## Sub-Topics to Be Covered

- a. **Introduction to Self-Help Groups (SHGs):**
  - Definition and purpose of SHGs as community-based organizations.
  - The role of SHGs in community development and empowerment.
- b. **The Significance of Community Action on Health:**
  - Understanding the impact of community action on health outcomes.
  - Case studies showcasing the success of community-based health initiatives.
- c. **Establishing and Mobilizing SHGs:**
  - Steps to form and organize SHGs in the community.
  - Techniques for mobilizing community members to participate in SHGs.
- d. **Health Literacy and Awareness Building:**
  - Strategies for promoting health literacy and awareness among SHG members.
  - Conducting health education sessions and workshops.
- e. **Community-Based Health Needs Assessment:**
  - Methods to conduct a health needs assessment at the community level.
  - Identifying priority health issues through participatory approaches.
- f. **Resource Mobilization and Management:**
  - Strategies for mobilizing resources to support SHG-led health initiatives.
  - Effective utilization and management of available resources.
- g. **Engaging with Local Authorities and Healthcare Providers:**
  - Strategies for SHGs to collaborate with local authorities and healthcare providers for support and resources.
  - Building partnerships for coordinated health interventions.
- h. **Scaling Up Successful SHG Models:**
  - Identifying successful SHG-led health models that can be scaled up and replicated in other communities.
  - Strategies for sharing best practices and lessons learned.
- i. **Sustainability and Continuation of SHG Health Initiatives:**
  - Ensuring the sustainability and long-term continuation of SHG-led health initiatives.
  - Building capacity within SHGs for self-reliance.
- j. **Q&A and Conclusion:**
  - Open forum for participants to ask questions and seek clarifications.
  - Recapitulation of key learnings and outcomes from the session.

By covering these sub-topics and achieving the stated objectives, the training session will empower participants to leverage the potential of SHGs for community action on health. Participants will be equipped to mobilize and support SHGs, promote community engagement, and foster collaboration with stakeholders, leading to improved health outcomes and community well-being.



## Case Study

### **The Circle of Empowerment: A Tale of Self-Help Groups and Community Action on Health**

Once upon a time in a quaint village named Dharnai, nestled in the heart of a lush forest, lived a group of villagers who faced numerous health challenges. They had dreams of improving their well-being, but they didn't know where to start. Little did they know that the solution would come from within their own community.

#### **The Village of Dreams**

Dharnai was a close-knit community where everyone knew each other. While it was blessed with natural beauty, the villagers struggled with limited access to healthcare, health education, and clean drinking water. The need for change was evident, but they lacked a path forward.

#### **The Arrival of Hope**

One day, a young woman named Maya returned to Dharnai after completing her studies in community development. She had a vision to empower her village, and she believed in the strength of unity. Maya introduced the concept of Self-Help Groups (SHGs) to the villagers.

#### **The Birth of SHGs**

Maya explained that SHGs were small, community-based groups that could help villagers address common challenges, including health issues. These groups would consist of villagers coming together to learn, support each other, and take collective action for their well-being.

#### **Forming the First SHG**

Intrigued by the idea, a group of women in Dharnai decided to form the first SHG. They named it "Health Harmony." They held regular meetings to discuss their health concerns, share knowledge, and learn from each other.

#### **Learning and Empowerment**

Maya conducted training sessions for Health Harmony, teaching them about hygiene, nutrition, common diseases, and preventive measures. The members also learned about the importance of clean drinking water, sanitation, and regular health check-ups.

#### **Taking Action**

Armed with knowledge and determination, Health Harmony initiated various projects within the village. They built a communal water purification system, organized health camps, and conducted awareness campaigns on maternal and child health.

#### **The Ripple Effect**

As Health Harmony's efforts began to bear fruit, other villagers took notice. Inspired by their success, more SHGs formed, each focusing on specific health issues. They united under a common umbrella organization called "Harmony Health Collective."



### **A Healthier Haven**

Over time, Dharnai underwent a remarkable transformation. Health indicators improved, maternal and child mortality rates decreased, and the overall well-being of the community flourished. The village had become a beacon of health and empowerment.

### **The Legacy of Unity**

Maya's vision had come to fruition. Dharnai demonstrated the power of SHGs and community action on health. The villagers learned that they held the key to their well-being and that together, they could overcome any obstacle.

### **The Circle of Empowerment**

The story of Dharnai serves as a testament to the strength of Self-Help Groups and community action on health. It illustrates how unity, knowledge, and collective action can transform a community, making it healthier, stronger, and more resilient.

This story exemplifies the importance of Self-Help Groups (SHGs) in community action on health. It emphasizes that when communities come together to address common health challenges, they can bring about positive and sustainable change, leading to improved well-being for all.



## Reading Material

### Introduction

Community Action on Health refers to the involvement and participation of local communities in identifying and addressing health-related issues and challenges in their respective areas. Self-Help Groups (SHGs) play a crucial role in empowering communities and fostering community action on health. Panchayati Raj Institutions (PRIs) and Gram Panchayats (GPs) are essential governmental bodies at the grassroots level in India, and their active involvement is vital for promoting and sustaining the success of Self-Help Groups in community health initiatives.

### Understanding Self-Help Groups (SHGs)

Self-Help Groups are voluntary associations of individuals, especially women, who come together for mutual support, economic empowerment, and addressing social issues. In the context of community action on health, SHGs act as a platform for local residents to discuss, understand, and collectively address health challenges faced by the community.

### Role of SHGs in Community Action on Health

- a. Health Awareness:** SHGs can serve as conduits for disseminating health-related information and creating awareness about preventive health practices, disease management, nutrition, maternal and child health, etc. They can conduct workshops, training sessions, and awareness campaigns to educate the community.
- b. Advocacy:** SHGs can advocate for better healthcare services, infrastructure, and policies at the local level. They can engage with authorities and decision-makers to voice community health needs and demand necessary improvements.
- c. Resource Mobilization:** SHGs can pool resources to support community health initiatives, such as organizing health camps, procuring medical supplies, or supporting medical emergencies of the economically vulnerable members.
- d. Peer Support:** SHGs offer emotional support to individuals and families dealing with health challenges. This peer support can significantly enhance the mental well-being of community members.

### Panchayati Raj Institutions (PRIs) and Gram Panchayats (GPs)

- a. Structure:** PRIs are local self-government institutions established to decentralize power and ensure community participation in governance. At the village level, Gram Panchayats (GPs) are the primary units of PRIs responsible for local governance.
- b. Roles and Responsibilities:** PRIs and GPs have various roles in community development, including health. They have the authority to plan, implement, and monitor health-related programs and initiatives within their jurisdiction.

### Role of PRIs and GPs in Promoting SHGs for Community Action on Health



**a. Capacity Building:** PRIs and GPs can facilitate capacity-building programs for SHG members on health-related topics. They can collaborate with health experts, NGOs, and government health agencies to provide training on health awareness, sanitation, and healthcare practices.

**b. Financial Support:** PRIs and GPs can allocate funds from their budgets to support SHGs' health initiatives. This financial backing can empower SHGs to carry out health-related activities effectively.

**c. Institutional Linkages:** PRIs can act as intermediaries between SHGs and health service providers, ensuring better access to healthcare facilities and resources for the community.

**d. Monitoring and Evaluation:** PRIs and GPs can monitor the progress of SHGs' health projects and provide feedback to improve their effectiveness. They can also evaluate the impact of these initiatives on the community's health and well-being.

### **Strengthening Grassroots Democracy**

PRIs and GPs are the building blocks of grassroots democracy in India. They provide a democratic platform for local residents to participate in decision-making processes that directly impact their lives, including health-related matters. By promoting Self-Help Groups, PRIs enhance community engagement, participation, and ownership over health issues, leading to more effective and sustainable health initiatives.

### **Facilitating Community Needs Assessment**

PRIs and GPs have a deep understanding of the local community's needs and challenges. They can facilitate community needs assessments and health surveys to identify the most pressing health concerns and prioritize them for action. This data-driven approach ensures that the efforts of Self-Help Groups align with the real needs of the community, making their actions more impactful.

### **Empowering Women and Marginalized Groups**

One of the key strengths of Self-Help Groups is their focus on empowering women and marginalized groups. PRIs and GPs play a pivotal role in promoting gender equality and social inclusion by supporting and encouraging the formation of women-led SHGs. As women are often the primary caregivers and decision-makers regarding health in households, their empowerment through SHGs leads to improved health outcomes for the entire community.

### **Supporting Skill Development and Training**

PRIs and GPs can organize training programs for SHG members to enhance their knowledge and skills related to health and healthcare. This can include training on first aid, basic healthcare practices, maternal and child care, sanitation, and nutrition. The acquired knowledge can be disseminated within the community, leading to better health practices and preventive measures.



## **Fostering Collaboration with Healthcare Providers**

PRIs and GPs can act as intermediaries between SHGs and formal healthcare providers, such as primary health centres, community health workers, and government hospitals. They can facilitate meetings and partnerships between the two entities to ensure that the health needs of the community are addressed collaboratively. This collaboration can lead to better utilization of healthcare services and resources, making healthcare more accessible and efficient.

## **Advocating for Pro-Health Policies**

PRIs and GPs have the responsibility to advocate for the health needs of their communities at higher levels of government. They can lobby for pro-health policies, increased healthcare funding, and improved infrastructure. By representing the collective voice of the community, they can influence policy decisions that positively impact community health.

## **Monitoring and Evaluation of SHG Initiatives**

PRIs and GPs can actively monitor the progress of SHG-led health initiatives and provide feedback to ensure that the projects are on track and achieving their intended outcomes. This monitoring mechanism helps in identifying challenges and successes, allowing for timely course corrections and effective implementation of community health programs.

## **Establishing Health Committees**

PRIs and GPs can establish dedicated health committees comprising representatives from SHGs, healthcare professionals, and other stakeholders. These committees can focus on planning, implementing, and evaluating health-related projects and programs at the local level, ensuring a holistic approach to community health.

Self-Help Groups (SHGs) play a significant role in promoting low-cost and no-cost activities under the Local-Self Government Department Grant (LSDG) Theme 2 - Healthy Village. Through their grassroots-level presence, SHGs facilitate community-driven initiatives that focus on improving the health and well-being of the village population. By leveraging local resources, knowledge, and collective action, SHGs implement cost-effective and sustainable activities that address health challenges without imposing a financial burden on the community.

SHGs promote low-cost activities by harnessing the skills and talents of their members and community volunteers. These activities may include health awareness campaigns, sanitation drives, nutrition workshops, and promoting healthy lifestyle practices. SHGs utilize their peer support networks to disseminate information and encourage behavior change within the community, effectively addressing health issues at minimal expense.

Furthermore, SHGs spearhead no-cost activities that involve advocacy, mobilization, and community participation. By partnering with local authorities, healthcare providers, and government agencies, SHGs advocate for improved healthcare services, access to clean water, and better sanitation facilities, among others. They mobilize community members to actively



participate in health-related programs, creating a sense of ownership and shared responsibility for the village's health and well-being.

Overall, SHGs play a pivotal role in promoting the Healthy Village theme of the LSDG by implementing low-cost and no-cost activities that prioritize preventive health measures, community empowerment, and sustainable development. Their efforts contribute to building healthier, resilient, and self-reliant villages where community members actively participate in improving their health and overall quality of life.

### **Capacity Building and Training**

SHGs are instrumental in promoting low-cost and no-cost activities by conducting capacity-building programs and training sessions within the community. They identify individuals with specific skills and knowledge related to health, nutrition, and sanitation, and encourage them to share their expertise with others. This approach allows the village to tap into its own human resources, eliminating the need for costly external trainers. By equipping community members with relevant knowledge and skills, SHGs empower them to take charge of their health and well-being.

### **Leveraging Local Resources**

SHGs are deeply connected with the local community and understand the available resources and assets. They identify and leverage these resources to implement health-related initiatives without incurring significant costs. For instance, they may collaborate with local farmers to promote the cultivation of nutritious crops or engage with skilled artisans to create low-cost sanitary facilities. This resourcefulness ensures that the activities are sustainable and can be continued even after external support is withdrawn.

### **Behaviour Change Communication**

Behaviour change is a crucial aspect of promoting health in a village. SHGs excel in conducting behaviour change communication campaigns that focus on low-cost and no-cost interventions. They use simple and effective communication tools like street plays, community meetings, and interpersonal communication to promote healthy practices such as handwashing, proper waste disposal, and family planning. By relying on local cultural practices and traditions, SHGs ensure that their messages resonate well with the community, leading to better adoption of healthy behaviours.

### **Advocacy and Community Mobilization**

SHGs act as community mobilizers and advocates for improved health services and infrastructure. They work closely with local authorities, Gram Panchayats, and healthcare providers to demand better facilities and resources. Through collective advocacy, SHGs influence policy decisions and secure government support for health-related projects. This advocacy approach ensures that the village's health needs are addressed at the higher levels of government without substantial financial investment.



## Monitoring and Evaluation

SHGs engage in systematic monitoring and evaluation of their activities, allowing them to assess the impact of low-cost and no-cost initiatives on community health. By tracking the progress of projects and collecting data on health outcomes, SHGs can make informed decisions and identify areas for improvement. This data-driven approach ensures that resources are optimally utilized and that the most effective interventions are scaled up, leading to more significant health improvements in the village.

## Strengthening Community Resilience

Through their community-driven activities, SHGs strengthen the resilience of the village to health challenges. By promoting preventive measures and fostering a sense of community ownership, SHGs reduce the vulnerability of the community to diseases and health emergencies. This resilience-building approach results in fewer health crises and lowers the overall burden on the healthcare system.

Self-Help Groups play a vital role in promoting low-cost and no-cost activities under the Healthy Village theme of the Local-Self Government Department Grant. Through capacity building, leveraging local resources, behaviour change communication, advocacy, monitoring, and community mobilization, SHGs empower communities to take charge of their health and well-being. Their cost-effective and sustainable approach ensures that the village's health needs are met without imposing a significant financial burden, leading to healthier and more resilient communities.

The role of Panchayati Raj Institutions and Gram Panchayats in promoting Self-Help Groups for community action on health is multifaceted and pivotal. By providing support, resources, and a democratic platform for community engagement, PRIs empower SHGs to take charge of their health and well-being. The synergy between these local institutions and community-driven initiatives leads to more sustainable, effective, and inclusive approaches to address health challenges at the grassroots level. The resulting community action on health contributes to the overall development and well-being of the population, especially those from vulnerable and marginalized backgrounds.

The collaboration between Self-Help Groups and Panchayati Raj Institutions/Gram Panchayats is crucial for effective community action on health. SHGs bring together community members, empower them, and create a sense of ownership over health issues, while PRIs and GPs offer the necessary institutional support and resources. By working together, they can drive positive changes in community health, leading to better well-being and overall development.

Self-Help Groups (SHGs) play a vital role in community development and empowerment. By providing a platform for collective decision-making, financial inclusion, and skill-building, SHGs empower members to address their social and economic needs collectively. Community action on health, facilitated by SHGs, has a positive impact on health outcomes by promoting health awareness, utilization of healthcare services, and culturally relevant health solutions.



Through successful community-based health initiatives, such as immunization drives, sanitation programs, and nutrition initiatives, SHGs demonstrate their effectiveness in promoting community health. The steps to form and organize SHGs involve identification, orientation, group formation, leadership election, and establishing norms. Community members can be mobilized to participate in SHGs through awareness-building, sharing success stories, and involving local leaders. SHGs promote health literacy and awareness through education sessions, awareness campaigns, and guest speaker sessions. To conduct a health needs assessment, SHGs can use focus group discussions, household surveys, and key informant interviews. SHGs can mobilize resources by utilizing savings and contributions, accessing government schemes, collaborating with NGOs, and seeking support from local authorities. Collaborating with local authorities and healthcare providers can be achieved through relationship-building, advocacy, and forming partnerships. Successful SHG-led health models can be scaled up through networking, training, and partnerships. To ensure sustainability, SHGs can focus on capacity building, income-generating activities, community engagement, and advocacy for continued support. Overall, SHGs are valuable agents of change in promoting community health and development.



Test your Knowledge: Fill the blanks

1. Self-Help Groups (SHGs) provide a platform for mutual support, collective decision-making, and \_\_\_\_\_ empowerment.
2. Community action on health driven by SHGs leads to improved health awareness, better utilization of healthcare services, and the development of \_\_\_\_\_ health solutions.
3. SHGs can conduct health awareness campaigns, workshops, and awareness campaigns to disseminate information on topics like \_\_\_\_\_ and sanitation.
4. To identify health priorities, SHGs can use participatory approaches like focus group discussions, household surveys, and \_\_\_\_\_ interviews.
5. SHGs can mobilize resources by utilizing savings, accessing government schemes, collaborating with NGOs, and seeking support from \_\_\_\_\_ authorities.
6. PRIs and GPs act as intermediaries between SHGs and \_\_\_\_\_ providers, facilitating access to healthcare facilities and resources.
7. Successful SHG-led health models can be scaled up through networking, training, and building \_\_\_\_\_ with relevant stakeholders.
8. To ensure the sustainability of health initiatives, SHGs can focus on capacity building, creating income-generating activities, maintaining community \_\_\_\_\_, and advocating for continued support.
9. PRIs and GPs are crucial governmental bodies that play a pivotal role in fostering community engagement and empowerment at the \_\_\_\_\_ level in India.
10. Community action on health, facilitated by SHGs and supported by PRIs and GPs, contributes to the overall development and well-being of the \_\_\_\_\_ population.



## Session - 8: Overview of Panchayat Development Index and its integration in GPDP

Session Plan

**Session Duration:** 90 minutes

**Methods Suggested for the Conduct of the Session:** Lecture & Presentation.

Session Objectives

- i. To introduce participants to the concept and significance of the Panchayat Development Index (PDI) as a tool for assessing the overall development performance of Gram Panchayats.
- ii. To highlight the importance of using PDI in the formulation and implementation of Gram Panchayat Development Plan (GPDP) to address development gaps and prioritize interventions.
- iii. To equip participants with knowledge and skills to calculate and interpret the PDI scores for their respective Gram Panchayats.
- iv. To promote the use of PDI as a means to monitor and evaluate the progress of GPDP and promote evidence-based decision-making.
- v. To foster a deeper understanding of the interplay between PDI and GPDP in achieving sustainable and equitable development at the grassroots level.

Expected Outcomes

- i. Participants will be familiar with the concept of Panchayat Development Index (PDI) and its role in gauging the overall development status of Gram Panchayats.
- ii. Participants will understand how PDI can be utilized to identify development gaps and prioritize interventions in the GPDP.
- iii. Participants will be equipped with the knowledge and tools to calculate and interpret PDI scores for their respective Gram Panchayats.
- iv. Participants will recognize the significance of using PDI as a monitoring and evaluation tool to track the progress of GPDP.
- v. Participants will be motivated to apply PDI insights in the GPDP to promote sustainable and inclusive development at the Gram Panchayat level.



## Sub-Topics to Be Covered

- i. **Introduction to Panchayat Development Index (PDI):**
  - Definition and purpose of PDI as an indicator of overall development performance of Gram Panchayats.
  - Components and factors considered in calculating PDI scores.
- ii. **Relevance of PDI in GPDP:**
  - Understanding the role of PDI in identifying development gaps and areas requiring intervention in GPDP.
  - Linking PDI with the Sustainable Development Goals (SDGs) and national development priorities.
- iii. **Data Collection and Indicators for PDI:**
  - Sources of data and indicators used to calculate PDI for different sectors and aspects of development.
  - Ensuring data reliability and accuracy for PDI calculations.
- iv. **Calculating PDI Scores for GPDP:**
  - Step-by-step guide to calculate the PDI scores for various dimensions of development in the Gram Panchayat.
  - Interpretation of PDI scores and their implications.
- v. **Integration of PDI in GPDP Formulation:**
  - Using PDI insights to identify development priorities and set specific goals in the GPDP.
  - Aligning GPDP interventions with the areas of low PDI scores.
- vi. **Monitoring Progress Using PDI:**
  - Utilizing PDI as a monitoring and evaluation tool to track the implementation of GPDP initiatives.
  - Making data-driven decisions based on PDI trends.
- vii. **Challenges and Mitigation Strategies:**
  - Identifying common challenges in integrating PDI in GPDP and proposing solutions.
  - Building capacity and knowledge to overcome challenges.
- viii. **Q&A and Conclusion:**
  - Open forum for participants to ask questions and seek clarifications.
  - Recapitulation of key learnings and outcomes from the session.

By covering these sub-topics and achieving the stated objectives, the training session will equip participants with the understanding and tools to effectively integrate the Panchayat Development Index (PDI) in GPDP. Participants will be empowered to utilize PDI insights for evidence-based planning, monitoring, and decision-making, leading to more targeted and impactful development initiatives at the Gram Panchayat level.



## Case Study

### The Village's Journey to Progress

Once upon a time, nestled in a valley, there was a small village named Majuli. This village was characterized by lush green fields, friendly villagers, and a simple way of life. The villagers were content, but they dreamt of a better life for themselves and their children. They had heard tales of neighbouring towns that had seen tremendous development, and they wondered how they could achieve a similar fate.

One day, an enlightened traveller named Sofia arrived in Majuli. She had travelled far and wide, observing various communities and witnessing development in action. Intrigued by the villagers' aspirations, Sofia offered her guidance to help them understand development and how to measure it.

#### Understanding Development

Sofia gathered the villagers under a great oak tree and began her tale. She explained that development was not just about having more material wealth, but about improving the overall quality of life. She shared stories of other communities that had prioritized education, healthcare, and social harmony alongside economic growth. She emphasized that development encompassed various dimensions: economic, social, environmental, and political.

#### Measuring Development

To help the villagers understand how to measure development, Sofia introduced three key indicators:

1. **Gross Domestic Happiness (GDH):** Instead of solely relying on Gross Domestic Product (GDP), Sofia introduced GDH, which included factors like education, health, environment, and spiritual well-being. Villagers could gauge their progress by assessing these aspects.
2. **Human Development Index (HDI):** Sofia explained that HDI combined life expectancy, education, and income per capita. It provided a more comprehensive picture of development by considering health and education alongside economic factors.
3. **Sustainable Development Goals (SDGs):** Sofia introduced a set of global goals for a better and more sustainable future. These goals ranged from ending poverty and hunger to promoting clean water and peace. Villagers could align their efforts with these goals.

#### The Village's Transformation

Inspired by Sofia's teachings, the villagers of Majuli embarked on a journey of development. They established a school to ensure education for all, a health centre to provide essential medical care, and a community garden to promote sustainability. They also encouraged women's participation in decision-making and focused on preserving their environment.



Over the years, Majuli flourished. The fields yielded abundant crops, and the villagers' well-being improved. The children were educated and healthy, and the community thrived socially and economically.

### **A Balanced Progress**

As the years passed, Majuli became an example of balanced progress. The villagers had realized that development was not a linear path, but a multidimensional journey. They had learned to measure their success by considering not only economic growth but also the well-being of their people and the sustainability of their environment.

And so, Sofia's story of Majuli became a legend, passed down through generations. It served as a reminder that development was about creating a harmonious and thriving community where all dimensions of life were valued and nurtured.

In this story, the village's journey illustrates the complexities of development and how it can be measured through various indicators. The story emphasizes that development is not solely about economic growth, but about holistic well-being, sustainability, and progress across multiple dimensions of life.



## Reading Material

### Introduction

The Panchayat Development Index (PDI) is a crucial tool used by governments and policymakers to assess the overall development status of Panchayats or local self-government institutions. It is an essential metric to measure the progress of rural areas and guide the formulation of development plans. PDI combines various indicators that reflect the social, economic, and infrastructural development of Panchayats, providing a comprehensive view of their well-being and progress.

The vitality of the Panchayat Development Index (PDI) in bridging the developmental deficit at the lower-most level of human settlement in rural India –Gram Panchayats (GPs), for achieving the Sustainable Development Goals, is unmatched as of the Central/State Government programs in rural India are being implemented within the Village Panchayat area.

PDI had been tasked with evolving measures for assessment of progress including the PDI, suggest mandatory or common indicators for inclusion in assessments of GPs, work out the weightage, preparation of baseline for computation of PDI, and identification of data sources for LIF/Indicators, mechanism for incremental changes, suggest extra weightage for innovative works of GPs for incentivisation as well as suggest a mechanism to compute performance of block, district panchayats for incentivisation including any other matters of importance related to PDI.

The LIF for the 9 Themes were presented, and obtained their views on it in YASHADA, Maharashtra in June 2022. To understand the imperatives of data availability on where it is available and what is available with whom, a field visit in Maharashtra in June 2022, followed by a full and complete detailed work, refined down to the very place, person and register, in the GP for all data points. This provided an excellent base to collect field data from the specific sources during the field work for the Proof of Concept.

### Mandatory, Common, and Priority Indicators

They are essential in local governance. Common Indicators apply universally, while specific ones depend on factors like geography and infrastructure. Targets are set based on national and state priorities, often linked to program outcomes. It's crucial for Panchayats to collaborate with relevant departments. Using Mandatory Indicators as a priority isn't recommended, as their purpose differs from the Panchayat Development Index (PDI). Panchayats vary in development, and priority indicators should be chosen by them.

Mandatory indicators suggest a minimum number for each Gram Panchayat, around 100 in the first year. The choice remains flexible, emphasizing room for improvement, sector representation, and addressing underperformance, allowing Panchayats to decide. This approach helps identify support needs, encourages involvement, and empowers Gram Panchayats.

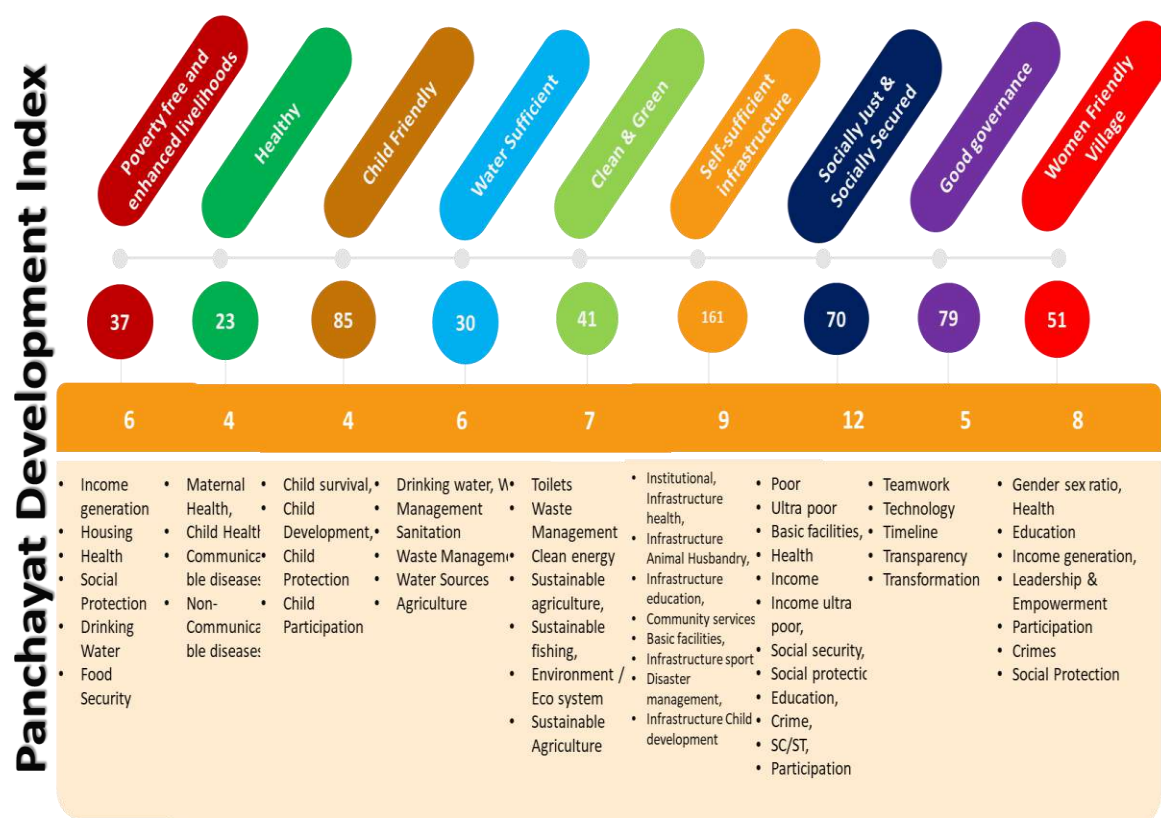


## Pragmatic Approach to attain SDGs



## Theme wise Local Indicators

Sl. No.	Themes	NIFs	LIFs	SDGs
1	Poverty Free and enhanced Livelihoods in village	18	<u>37</u>	1,2,3,4,5, 6, 7,8,10,11,13,15
2	Healthy Village	20	<u>23</u>	2 and 3
3	Child friendly village	22	<u>85</u>	1,2,3,4 and 5
4	Water Sufficient Village	7	<u>30</u>	6 and 15
5	Clean and Green Village	15	<u>41</u>	6,7,12,13,14,15
6	Self Sufficient Infrastructure in Village	8	<u>161</u>	1,2,4,5,6,9,11
7	Socially Just and Socially Secured Panchayat	25	<u>70</u>	1,2,5,10,16
8	Village with Good Governance	2	<u>79</u>	16
9	Women Friendly Village	29	<u>51</u>	1,3,4,5 and 8
Grand Total		<b>146</b>	<b>577</b>	



- Indicators to be captured from other Ministries: 227 Local Indicators
- Indicators to be collected from field survey/GP records: 322 Local Indicators

### Key elements of PDI are

- Weightage for indicators
- Target values
- Gradation vs Ranking

A+	Achiever (90)
A	Front Runner (75-90)
B	Performer (60-75)
C	Aspirant (40-60)
D	Beginner (0-40)

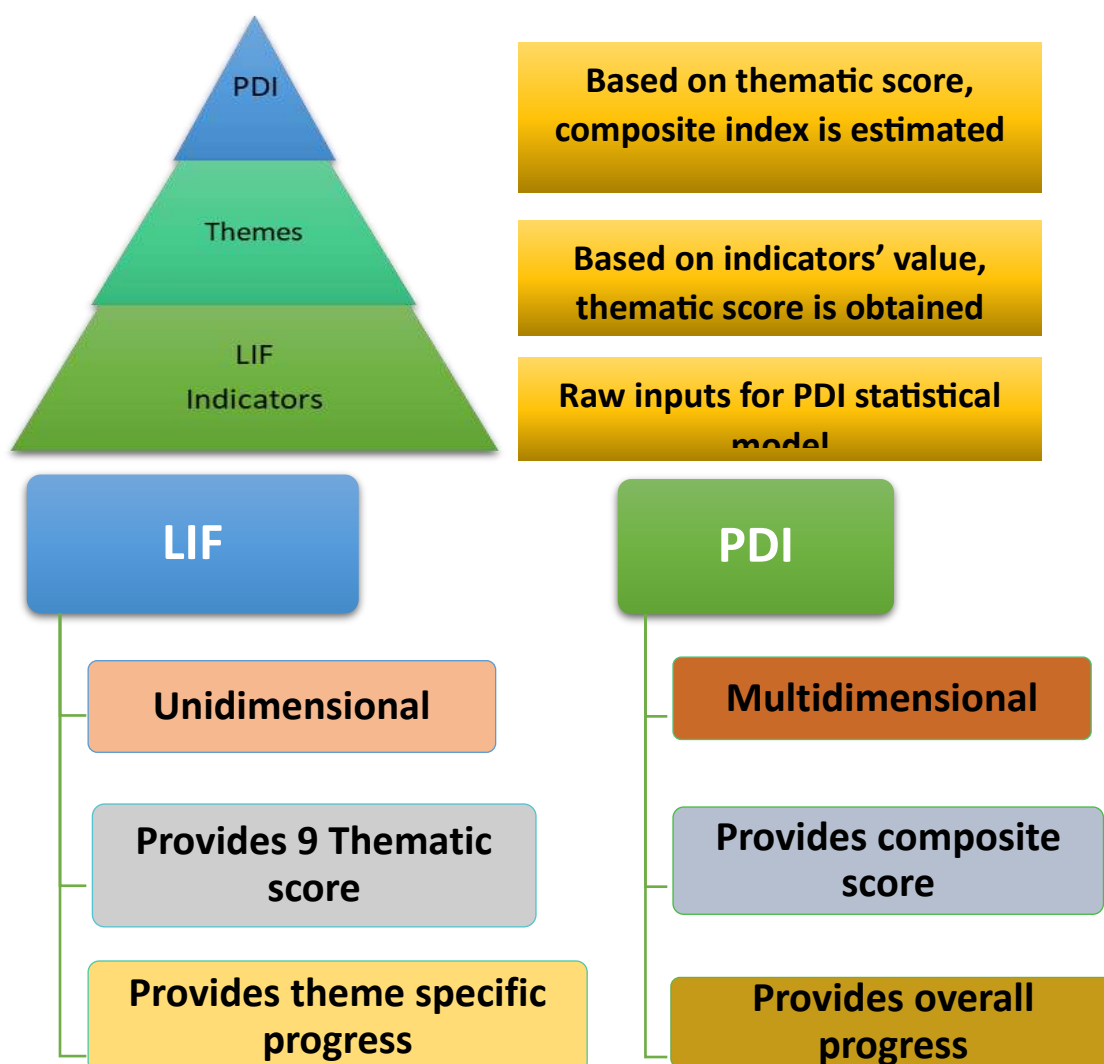
\*However, at Block level the use of ranks in conjunction with grades would be of substantial use for all stakeholders, especially GPs and Departments.



4. Incremental progress measurement
5. Data
6. Data source
7. Data validation
8. Data visualization in PDI
9. Analysis

A question of the use of repeat indicators and values assigned to it repetitively in calculations has been considered. Looking at Repeat Indicators in global perspective, the global indicator framework includes 231 unique indicators in the total number of indicators of 248, with thirteen indicators repeating under two or three different Goals (Ref: 53<sup>rd</sup> Session of UN Statistical Commission). In the local perspective of the LSDGs, repetition of indicators is inevitable and meaningful for achieving the Thematic goal. For e.g., Girl child health related indicator will find place under multi -dimensional poverty for Theme 1- Poverty free and enhanced livelihoods village, Theme 2 - Healthy village, Theme 3 - Child-friendly Village and Theme 9 - Engendered development in village.

### PDI LIF Theme





## Approach for computation of PDI

The PDI is spread over 9 thematic areas of LSDGs. Steps followed to compute the PDI include:

1. Identification of common indicators for inclusion in assessment of GPs
2. Identification of specifically applicable indicators based on geography, infrastructure and livelihoods
3. Indicator value calculation based on the metadata as given in the LIF
4. Use of statistical method for computation of normalized values of indicators, similar to the one used for SDGII
5. Thematic score is by use of Arithmetic Mean of the number of indicators.
6. PDI is also computed based on Arithmetic Mean of 9 Thematic scores. Automatically, the common and specific indicators are factored in at level of computation of normalised values and Arithmetic Mean in the Thematic score and the PDI value hence does not give extra points for being a Panchayat with infrastructure, and on agriculture indicators, a fishing village does not enter the normalisation.
7. Computation of Indicator score, Thematic score and PDI score at Block, District and State has taken population of the GP as the weight.

## Significance of PDI

The use of PDI with its component parts of Themes and LIF, along with analysis and interpretations can:

1. Capture the status and movement in development at grass root level
2. Ensure rapid transformation of Panchayats by focused intervention in 9 thematic areas.
3. Sustainable development: Apart from traditional indicators on infrastructure, socio-economic indicators, PDI also captures data on emerging areas like environmental cooperation, organic farming, waste management, mental health, renewable energy use, etc. Capturing of such data will help ensure awareness and action on these indicators.
4. Identify & scale best practices both sector and geography specific
5. Monitor progress of outcome indicators at required frequency of intervals
6. Generate positive competition among Panchayats
7. Strengthen PRIs by participatory approach in planning process (GPDP), by providing action areas backed by data
8. Motivate line departments and the frontline workers to support in plan and action for outcome indicators and to monitor real time through PDI.
9. Generate interest of Elected Representatives at all levels in their respective areas and lobby for them and obtain fund allocations
10. Adopt multi-sectoral approach through convergence, integration and focused attention



11. Build reliable financial databases and development measurements of progress at GP level needed in specific sectors and specific geographies for the macro level (Centre or state), allocation of scarce resources, programme interventions and policy decisions
12. Bring more transparency & accountability among Panchayats and departments.
13. Ensure no one is left behind

## **Panchayat Development Index (PDI) and its Practical Implementation**

A comprehensive guide on the PDI and its significance in GPDP planning.

1. Understanding Panchayat Development Index (PDI)
  - PDI Definition and Purpose
  - Components and Indicators of PDI
  - PDI's Role in Local Governance
2. GPDP: A Key Component
  - Introduction to GPDP
  - GPDP's Importance in Local Development
  - Linking PDI with GPDP
3. Integrating PDI into GPDP Planning
  - PDI as a Diagnostic Tool
  - Identifying Development Priorities via PDI
  - Aligning GPDP Goals with PDI Indicators
  - Formulating Action Plans based on PDI Results
4. Data Collection and Analysis for PDI
  - Data Sources for PDI Calculation
  - Methods for Data Collection
  - Data Analysis Techniques
  - Common Data Collection Challenges
5. PDI Calculation and Interpretation
  - Step-by-Step PDI Calculation
  - Interpreting PDI Scores and Rankings
  - Understanding Sub-Indices and Sub-Components



## 6. Stakeholder Engagement in PDI Integration

- Involving Panchayat Members
- Engaging the Community
- Collaborating with Government Departments

## 7. Case Studies and Best Practices

- Success Stories in PDI Integration
- Lessons from PDI Implementation
- Impact on Local Development

## 8. Challenges and Solutions

- Addressing Data Quality Issues
- Overcoming Resistance to Change
- Ensuring Sustainability of PDI Integration

## 9. Mandatory, Common, and Priority Indicators

- Defining Common and Priority Indicators
- The Role of Ministries and States
- Empowering Gram Panchayats in Indicator Selection

## 10. Monitoring and Evaluation

- Tracking Progress using PDI Indicators
- Review Mechanisms for GPDP and PDI
- Adaptive Management based on Evaluation Results

## 11. Conclusion

- Recap of Key Concepts
- The Transformative Potential of PDI
- Empowering Local Governance through PDI Integration

This material provides a comprehensive understanding of the PDI and its practical implementation in GPDP planning, emphasizing the importance of data, stakeholder involvement, and adaptability to local needs. It underscores the significance of PDI in driving targeted and sustainable local development efforts.



## Integration of PDI while Planning Gram Panchayat Development Plan (GPDP)

The Gram Panchayat Development Plan (GPDP) is a crucial instrument that outlines the developmental priorities and projects to be undertaken in a Gram Panchayat (village-level local self-government institution). Integrating the PDI in the GPDP planning process ensures a more focused, targeted, and comprehensive approach to rural development. Here's how PDI can be integrated into the GPDP:

1. **Data Collection and Analysis:** Collect data for all the relevant indicators of PDI at the village level. This data can be sourced from government departments, surveys, and census reports. Analyze the data to understand the current status of the Panchayat's development.
2. **Identifying Development Gaps:** Using the PDI data, identify the key areas where the Panchayat lags in development. These areas might include low literacy rates, inadequate healthcare facilities, or lack of basic infrastructure.
3. **Setting Priorities:** Prioritize the development goals based on the PDI indicators and the severity of the gaps identified. Consider the needs and preferences of the local community during this process.
4. **Formulating Action Plans:** Develop specific action plans for each priority area, outlining the steps, resources, and timeline required to address the identified developmental gaps. Ensure that the plans align with the PDI objectives.
5. **Resource Allocation:** Allocate funds and resources based on the priorities set in the GPDP, giving special attention to the areas with the most significant development needs as indicated by the PDI.
6. **Community Participation:** Involve the local community in the GPDP planning process. Conduct public hearings, meetings, and consultations to gather their inputs and ensure that their voices are heard.
7. **Monitoring and Evaluation:** Establish a robust monitoring and evaluation mechanism to track the progress of the GPDP. Regularly assess the impact of development projects and interventions on the PDI indicators.
8. **Flexibility and Adaptability:** Keep the GPDP flexible and adaptable to changing circumstances. Revise the plan periodically based on the evolving needs of the Panchayat and any updates to the PDI.



## PDI and LSDG Theme 2: Healthy Village

LSDG stands for Local-Self Government (LSG) Strengthening and Decentralization. It is a development program that focuses on empowering local self-government institutions and promoting decentralized decision-making. Theme 2 of LSDG, "Healthy Village," specifically targets the improvement of the health and well-being of rural communities.

### Significance of PDI in Promoting LSDG Theme 2: Healthy Village:

1. **Assessing Health Infrastructure:** PDI includes indicators related to healthcare facilities and accessibility. By incorporating health infrastructure indicators into the PDI, policymakers can assess the availability and quality of healthcare services in Panchayats. This evaluation helps identify gaps in health infrastructure and enables targeted investments to improve medical facilities in rural areas.
2. **Monitoring Health Indicators:** PDI incorporates various social indicators, such as infant mortality rate, maternal mortality rate, and disease prevalence. Monitoring these health-related indicators allows authorities to track the effectiveness of health interventions and identify areas that require special attention to achieve the goal of a healthy village.
3. **Promoting Sanitation and Clean Water:** Infrastructural indicators in the PDI include access to sanitation facilities and drinking water sources. These indicators play a vital role in promoting a healthy village by improving sanitation practices, reducing waterborne diseases, and ensuring safe and clean drinking water for the community.
4. **Addressing Environmental Concerns:** The environmental indicators in PDI assess factors like water and air quality, waste management, and conservation efforts. By addressing environmental concerns, the PDI contributes to creating a healthier living environment, mitigating health risks associated with pollution, and fostering sustainable practices.
5. **Empowering Local Communities:** PDI involves community participation and stakeholder engagement. In the context of LSDG Theme 2, involving the local community in the PDI process empowers them to actively participate in identifying health-related priorities and formulating action plans. This engagement ensures that development initiatives align with the needs and preferences of the community, leading to more effective and sustainable outcomes.
6. **Allocating Resources for Health Interventions:** By using the PDI as a basis for resource allocation, policymakers can prioritize health-related projects in Panchayats with lower health indicators. This ensures that funds and resources are directed towards improving healthcare infrastructure, healthcare services, and disease prevention measures where they are most needed.
7. **Measuring Progress towards a Healthy Village:** The PDI's multi-dimensional approach provides a comprehensive framework for measuring progress in promoting a healthy



village. By periodically assessing changes in health-related indicators, policymakers can evaluate the impact of interventions and make data-driven decisions to adjust strategies for better health outcomes.

## **Integrating PDI and GPDP: Common Challenges and Possible Solutions**

Integrating the Panchayat Development Index (PDI) into the Gram Panchayat Development Plan (GPDP) can present several challenges. Addressing these challenges is crucial to ensure that the GPDP planning process is effective, inclusive, and results-oriented. Here are some common challenges and possible solutions:

### **1. Data Availability and Quality**

Challenge: Obtaining accurate and reliable data for all PDI indicators may be challenging, especially in rural areas with limited data collection infrastructure and resources.

Solution: To address this challenge, efforts must be made to improve data collection mechanisms. Local authorities can collaborate with relevant government departments, research institutions, and NGOs to gather primary data through surveys and assessments. Community-based data collection initiatives involving local volunteers can also be useful.

### **2. Capacity Constraints**

Challenge: Local authorities and stakeholders involved in GPDP planning may lack the technical expertise and capacity to analyze PDI data and formulate effective development plans.

Solution: Capacity-building programs should be conducted to enhance the skills and knowledge of Panchayat members and other stakeholders. Training sessions on data analysis, planning methodologies, and development principles can empower them to better utilize PDI insights in the GPDP planning process.

### **3. Limited Financial Resources**

Challenge: Many Gram Panchayats face budgetary constraints and may struggle to allocate sufficient funds for development projects, especially in areas with numerous development needs.

Solution: Prioritization and phasing of development projects based on PDI scores are crucial. Identifying high-impact, low-cost initiatives that address critical development gaps can be an effective strategy. Additionally, exploring opportunities for external funding from government schemes, grants, or corporate social responsibility (CSR) initiatives can supplement the budget.



#### 4. Multi-Stakeholder Coordination

Challenge: GPDP planning involves multiple stakeholders, including government officials, community members, NGOs, and other organizations. Coordinating their efforts and aligning priorities can be challenging.

Solution: Effective communication and coordination mechanisms should be established to ensure the active involvement of all stakeholders. Regular meetings, workshops, and consultations can facilitate dialogue and create a shared understanding of development priorities.

#### 5. Balancing Local Aspirations with PDI Priorities

Challenge: Local communities may have specific aspirations and development goals that may not align perfectly with PDI indicators. Balancing these local aspirations with broader PDI priorities can be a delicate task.

Solution: Engaging in participatory planning is crucial in addressing this challenge. Involving the community in the PDI data collection process and GPDP planning allows for their aspirations to be considered while ensuring that broader development goals are not compromised.

#### 6. Political Interference

Challenge: Political interference and pressure from various interest groups can influence the GPDP planning process, leading to suboptimal decisions and resource allocation.

Solution: To mitigate political interference, GPDP planning processes should be conducted with transparency and accountability. Public consultations, disclosure of development plans, and adherence to evidence-based decision-making can help maintain the integrity of the process.

#### 7. Long-Term Sustainability

Challenge: Some development interventions may yield immediate results but lack long-term sustainability and impact.

Solution: A comprehensive approach to GPDP planning should prioritize sustainable development initiatives. This includes investing in capacity-building, promoting income-generating projects, and focusing on solutions that have long-lasting positive effects on the community.

#### 8. Monitoring and Evaluation

Challenge: Ensuring effective monitoring and evaluation of GPDP projects can be challenging, leading to difficulties in assessing the impact of interventions.



Solution: A robust monitoring and evaluation system should be established during the planning phase. Regular progress assessments, data collection, and impact evaluations can help identify successes and challenges, allowing for timely adjustments and continuous improvement.

By recognizing and addressing these common challenges, integrating PDI into the GPDP can become a more effective and inclusive process. With accurate data, community participation, and evidence-based decision-making, the GPDP can lead to more targeted and impactful development initiatives, ultimately improving the well-being and quality of life in rural communities.

In conclusion, PDI is an essential tool for assessing the overall development status of Panchayats and plays a significant role in promoting LSDG Theme 2: Healthy Village. By incorporating health, sanitation, and environmental indicators, the PDI facilitates informed decision-making, community participation, and targeted resource allocation to improve the health and well-being of rural communities. Utilizing PDI as a planning and evaluation tool can lead to more effective and sustainable development outcomes in the context of promoting healthy villages.

The integration of Panchayat Development Index (PDI) while planning the Gram Panchayat Development Plan (GPDP) enhances the effectiveness and efficiency of rural development efforts. It ensures that the resources are utilized optimally to address the specific developmental needs of each Panchayat, leading to overall progress and improvement in the quality of life for rural communities. By making data-driven decisions and involving local stakeholders, the GPDP can be a powerful tool in achieving sustainable and inclusive development in rural areas.



Test your Knowledge: Fill the blanks

1. The Panchayat Development Index (PDI) combines various indicators that reflect the social, economic, and infrastructural development of \_\_\_\_\_.
2. PDI is a crucial tool used by governments and policymakers to assess the overall development status of \_\_\_\_\_ in rural India.
3. Mandatory indicators for Gram Panchayats suggest a minimum number of around \_\_\_\_\_ in the first year.
4. PDI has \_\_\_\_\_ themes, \_\_\_\_\_ targets, and \_\_\_\_\_ indicators.
5. PDI captures data on emerging areas like environmental cooperation, organic farming, waste management, mental health, and renewable energy use, in addition to traditional indicators on \_\_\_\_\_.
6. Integrating the PDI in the Gram Panchayat Development Plan (GPDP) planning process ensures a more focused, targeted, and comprehensive approach to \_\_\_\_\_.
7. LSDG stands for Local-Self Government (LSG) Strengthening and Decentralization. Theme 2 of LSDG is focused on creating a \_\_\_\_\_.
8. PDI includes indicators related to healthcare facilities and accessibility, allowing policymakers to assess the availability and quality of healthcare services in \_\_\_\_\_.
9. The environmental indicators in PDI assess factors like water and air quality, waste management, and conservation efforts, contributing to a healthier living environment and mitigating health risks associated with \_\_\_\_\_.
10. Involving the local community in the PDI process empowers them to actively participate in identifying \_\_\_\_\_ and formulating action plans.



## Answers to Fill in the Blanks

### Session 1 Answers

1. Social
2. lifestyle
3. healthcare
4. Tertiary
5. Health Sub-Centres
6. Referral
7. waiting
8. marginalized
9. quality
10. rural and urban
11. National Urban Health Mission (NUHM)
12. inter-sectoral
13. infrastructure
14. health
15. vector

### Session 2 Answers

1. rural
2. village
3. social
4. health
5. Zero
6. Public Distribution System (PDS)
7. national
8. awareness
9. localization
10. 14, 26, 60

### Session 3 Answers

1. 70
2. rural
3. 73rd
4. women
5. village
6. deliveries



7. year
8. health facilities
9. immunization
10. Developmental delays including disabilities.
11. Japanese Encephalitis (JE).
12. Two.
13. Early childhood care.
14. Nutrition.
15. Pregnant women.
16. Public.
17. 11-18.
18. Sarva Shiksha Abhiyan (SSA).
19. 11-18.

#### Session 4 Answers

1. Rs 70,051 crores
2. Five-year
3. 28 States
4. Rs 43,928 Crore
5. National Health Policy, 2017
6. Aspirational
7. Sub Health Centre and Primary Health Centre (PHC) level Health and Wellness Centres (HWCs)
8. 14 tests at Sub Health Centre/ Health & Wellness Centre level and 63 tests at PHC level
9. Blocks
10. Gap

#### Session 5 Answers

1. First
2. Education
3. Health
4. Rehabilitation
5. Sanitation
6. Monitoring
7. Empowerment
8. universal health coverage
9. Health and Wellness Centres
10. health assessments



### Session 6 Answers

1. decisions
2. health, sanitation, nutrition
3. planning, implementation, monitoring, evaluation
4. inclusivity, equitable
5. health, sanitation, nutrition
6. sustainability
7. context-specific
8. quality, fairness
9. collaboration, teamwork, purpose
10. mobile phones, SMS messaging, social media

### Session 7 Answers

1. economic
2. local
3. nutrition
4. key informant
5. local
6. healthcare
7. partnerships
8. engagement
9. grassroots
10. community

### Session 8 Answers

1. Panchayats
2. Gram Panchayats (GPs)
3. 100
4. 9 themes, 144 targets, 577 indicators
5. Infrastructure
6. Rural development
7. Healthy Village
8. Panchayats
9. Pollution
10. Health-related priorities





## Vol-3: SESSIONWISE FREQUENTLY ASKED QUESTIONS (FAQs) ON HEALTHY VILLAGE

### Session - 1: Overview of Health and Public Health System and Role of Panchayat Raj Members

#### Q1. What is the definition of health, and what are its multidimensional aspects?

A1. Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. This definition, as provided by the World Health Organization (WHO), emphasizes that health is more than just the absence of illness; it encompasses various dimensions of well-being that contribute to an individual's overall quality of life.

The multidimensional aspects of health can be categorized into three main dimensions:

1. **Physical Health:** This aspect refers to the well-being of the body and its physiological functioning. It includes factors such as the absence of illness or disease, the ability to perform daily activities without limitations, and the maintenance of proper bodily functions. Physical health is influenced by factors like nutrition, exercise, sleep, and access to healthcare services.
2. **Mental Health:** Mental health relates to an individual's emotional, psychological, and cognitive well-being. It involves the ability to cope with stress, maintain a stable mood, and have a positive outlook on life. Mental health is impacted by factors like stress levels, emotional support, access to mental health services, and the presence of mental health disorders.
3. **Social Health:** Social health pertains to an individual's interactions with others and their ability to maintain healthy relationships. It includes factors such as social support, a sense of belonging, community engagement, and the ability to participate in social activities. Social health is influenced by factors like the social environment, access to community resources, and the presence of social networks.

The multidimensional nature of health highlights that overall well-being involves a balance of physical, mental, and social aspects. Each dimension is interconnected and can significantly impact an individual's overall quality of life.

#### Q2. What is the significance of health and well-being in society?

A2. Health and well-being are of paramount significance in society for several reasons:

1. **Economic Productivity:** Healthy individuals are more likely to be productive members of society. Good health allows people to work efficiently, contribute to the economy, and improve their standard of living.
2. **Quality of Life:** Health and well-being contribute to a higher quality of life. When people are healthy, they can enjoy life, engage in meaningful activities, and pursue their goals and aspirations.



3. **Social Cohesion:** A healthy population fosters social cohesion within a community. Well-being promotes positive relationships, empathy, and support among individuals, leading to a harmonious society.
4. **Reduced Healthcare Burden:** Promoting health and well-being can lead to a decrease in the prevalence of preventable diseases and health conditions, reducing the burden on healthcare systems.
5. **Human Rights:** Access to good health and well-being is considered a fundamental human right. Ensuring health and well-being for all individuals reflects a just and equitable society.
6. **Sustainable Development:** Health and well-being are integral to sustainable development. A healthy population can drive economic growth, improve education, and reduce poverty, contributing to the achievement of Sustainable Development Goals (SDGs).

### Q3. Distinguish between individual health and public health?

A3. Individual health refers to the health status of a single person. It focuses on the well-being of an individual in terms of physical, mental, and social aspects. Individual health is concerned with an individual's health behaviours, lifestyle choices, and access to healthcare services.

On the other hand, public health focuses on the health of entire populations or communities. It takes a broader perspective and aims to prevent diseases, promote health, and improve the overall well-being of the community. Public health professionals work on population-level interventions, such as vaccination programs, disease surveillance, health education campaigns, and policy development.

While individual health focuses on the well-being of one-person, public health is concerned with the health of the entire population and aims to address health issues at a community or societal level.

### Q4. How does poor health affect education and human capital formation in developing countries?

A4. Poor health has a significant impact on education and human capital formation in developing countries. Several ways in which poor health affects education and human capital are:

1. **School Absenteeism:** Illnesses and health-related issues often lead to frequent absenteeism among students. Children suffering from health problems may miss school days, resulting in interrupted education and lower academic performance.
2. **Reduced Cognitive Development:** Poor health, especially during early childhood, can impede cognitive development. Malnutrition, for instance, can affect brain development, leading to learning difficulties and lower educational achievements.
3. **Dropouts:** Students facing chronic health problems may drop out of school prematurely, limiting their educational opportunities and hindering their potential for human capital formation.



4. **Reduced Learning Opportunities:** Students dealing with health issues may have limited access to learning opportunities, such as extracurricular activities and skill development programs, which are essential for holistic human capital development.
5. **Impact on Teacher Productivity:** Poor health conditions of teachers and educators can negatively affect their performance and efficiency, ultimately influencing the quality of education delivered.
6. **Inter-generational Impact:** Poor health in parents can also impact children's education and human capital formation. Parents' poor health may lead to increased financial burdens and reduced investment in their children's education.

Improving health outcomes in developing countries is crucial for enhancing human capital formation and promoting sustainable development. Investments in healthcare, sanitation, nutrition, and health education can help address these challenges and create a healthier and more educated population.

#### Q5. Why is a robust public health system important for community well-being?

A5. A robust public health system is vital for community well-being due to the following reasons:

1. **Disease Prevention:** Public health initiatives focus on disease prevention and control. By identifying and addressing health risks, public health systems can reduce the incidence of diseases within the community.
2. **Health Promotion:** Public health programs promote healthy behaviours, such as proper nutrition, physical activity, and vaccination, leading to improved overall health in the community.
3. **Equity in Healthcare:** Public health systems aim to ensure equitable access to healthcare services for all members of the community, reducing health disparities based on socioeconomic status, ethnicity, or geographic location.
4. **Emergency Preparedness:** A strong public health system enhances a community's ability to respond effectively to public health emergencies, such as disease outbreaks or natural disasters.
5. **Cost-Effectiveness:** Investing in public health measures is often cost-effective in the long run. Prevention and early intervention can help reduce the burden of costly medical treatments.
6. **Community Engagement:** Public health initiatives involve community engagement and participation, leading to better acceptance and implementation of health programs.
7. **Improved Well-being:** A robust public health system contributes to the overall well-being and quality of life of the community, leading to healthier and more prosperous societies.



## **Q6. What are the social determinants of health, and why are they important in addressing health inequities?**

A6. The social determinants of health (SDH) are the conditions in which people are born, grow, live, work, and age. These determinants are shaped by the distribution of money, power, and resources at the global, national, and local levels. Social determinants include factors such as socioeconomic status, education, employment, housing, social support, and access to healthcare services.

The importance of social determinants of health lies in their significant influence on health outcomes and health inequities. Health inequities refer to unfair and avoidable differences in health status experienced by different population groups, often associated with social disadvantages. Addressing health inequities requires understanding and addressing the underlying social determinants that contribute to unequal health outcomes.

For example, individuals from marginalized and disadvantaged communities may have limited access to education, healthcare, and basic amenities, leading to poorer health outcomes compared to more privileged groups. By recognizing and addressing the social determinants of health, policymakers and health professionals can develop targeted interventions to improve health equity and reduce health disparities among different population groups.

## **Q7. How do social and environmental factors influence the impact of diseases on individuals in rural and urban areas?**

A7. Social and environmental factors significantly influence the impact of diseases on individuals in both rural and urban areas. These factors can either exacerbate or mitigate the effect of diseases. Here are some examples:

### **Social Factors:**

1. **Access to Healthcare:** Individuals with limited access to healthcare facilities may face delayed diagnosis and treatment, leading to more severe health outcomes.
2. **Education and Health Literacy:** Individuals with higher education and health literacy are better equipped to understand health risks and adopt preventive measures.
3. **Socioeconomic Status:** People from lower socioeconomic backgrounds may have limited resources to afford healthcare and nutritious food, affecting their health outcomes.
4. **Social Support:** Strong social support networks can positively influence individuals' ability to cope with diseases and recover faster.
5. **Stigma and Discrimination:** Stigma and discrimination related to certain diseases may discourage individuals from seeking medical help or adhering to treatment.

### **Environmental Factors:**

1. **Access to Clean Water and Sanitation:** The availability of clean drinking water and sanitation facilities is crucial in preventing waterborne diseases.



2. **Air and Water Pollution:** Exposure to pollution can exacerbate respiratory and cardiovascular diseases, particularly in urban areas.
3. **Climate and Weather:** Extreme weather conditions in rural and urban areas can impact the spread and severity of certain diseases.
4. **Housing Conditions:** Overcrowded and poorly ventilated housing can contribute to the transmission of infectious diseases.
5. **Access to Nutritious Food:** Food insecurity in both rural and urban areas can lead to malnutrition and increase vulnerability to diseases.

Understanding and addressing these social and environmental factors are essential for designing effective public health interventions to improve health outcomes and reduce the burden of diseases in both rural and urban settings.

#### **Q8. Why is addressing social determinants of health important for improving health outcomes?**

A8. Addressing social determinants of health is crucial for improving health outcomes and reducing health disparities. Several reasons highlight the importance of focusing on these determinants:

1. **Root Causes of Health Inequities:** Social determinants are the root causes of health inequities and disparities observed among different population groups. Tackling these determinants is essential to promote health equity.
2. **Comprehensive Approach:** By addressing social determinants, interventions can have a broader impact on health outcomes and well-being, leading to sustainable improvements in health.
3. **Cost-Effectiveness:** Investing in social determinants of health can be cost-effective in the long run, as it prevents illnesses and reduces the need for expensive medical treatments.
4. **Multisectoral Collaboration:** Addressing social determinants requires collaboration between various sectors, including healthcare, education, housing, employment, and social services.
5. **Health Promotion:** Interventions targeting social determinants can focus on health promotion, preventive measures, and empowering individuals to take control of their health.
6. **Reducing Health Disparities:** Addressing social determinants helps in reducing health disparities and ensuring that everyone has an equal opportunity to lead a healthy life.

Governments, policymakers, and healthcare providers need to adopt a comprehensive approach that includes addressing social determinants to improve health outcomes and create healthier communities.



## Q9. What are the key components of the healthcare system in India, and what challenges does it face?

A9. The healthcare system in India comprises several key components:

1. **Public Healthcare System:** It includes primary health centres (PHCs), community health centres (CHCs), district hospitals, and tertiary care hospitals run by the government. The public healthcare system aims to provide basic healthcare services to rural and urban populations.
2. **Private Healthcare Sector:** The private sector includes hospitals, clinics, and healthcare providers that offer medical services to the public for a fee.
3. **Traditional Medicine Systems (AYUSH):** The AYUSH system includes traditional Indian medical practices such as Ayurveda, Yoga, Unani, Siddha, and Homeopathy.
4. **Health Insurance:** Various health insurance schemes are available to provide financial coverage for medical expenses.
5. **Medical Education and Training:** Medical colleges and institutions provide education and training to healthcare professionals.

### Challenges faced by the healthcare system in India include:

1. **Inequitable Access:** Access to quality healthcare is unevenly distributed, with urban areas having better access than rural regions.
2. **Underfunding:** The healthcare sector often faces budgetary constraints, limiting its ability to provide adequate services and infrastructure.
3. **Shortages of Healthcare Workers:** There is a shortage of doctors, nurses, and other healthcare professionals, particularly in rural areas.
4. **Healthcare Infrastructure:** The healthcare infrastructure in some regions may not be sufficient to meet the demand for medical services.
5. **Disease Burden:** India faces a significant burden of communicable and non-communicable diseases, posing challenges for the healthcare system.
6. **Healthcare Quality:** Ensuring consistent and high-quality healthcare services remains a challenge.
7. **Affordability:** Many people, especially those from low-income backgrounds, face challenges in affording medical care.

Addressing these challenges requires collaborative efforts from the government, private sector, civil society, and other stakeholders to strengthen the healthcare system and improve health outcomes for the population.

## Q10. What initiatives are being taken by the government to strengthen the healthcare system in India?

A10. The government is taking several initiatives to strengthen the healthcare system in India, including:



1. **Increasing Healthcare Spending:** The government is gradually increasing its healthcare spending to improve infrastructure, healthcare workforce, and service delivery.
2. **Enhancing Human Resources for Health:** Efforts are being made to recruit and retain more healthcare professionals, especially in rural and underserved areas, through incentive schemes and training programs.
3. **Strengthening Health Information Systems:** The use of technology and data is being promoted to enhance healthcare planning, monitoring, and evaluation.
4. **Expanding Health Insurance Coverage:** Initiatives like Ayushman Bharat aim to provide financial protection to vulnerable families and reduce out-of-pocket healthcare expenses.
5. **Promoting Public-Private Partnerships:** The government is exploring collaborations with the private sector to expand healthcare access and services.

#### Q11. How does a healthy population contribute to sustainable development?

A11. A healthy population plays a crucial role in sustainable development in several ways:

1. **Economic Growth:** Healthy individuals are more productive, leading to increased economic growth. Reduced healthcare costs and increased labor force participation contribute to economic development.
2. **Human Capital:** A healthy population represents valuable human capital, which can drive innovation, entrepreneurship, and workforce productivity.
3. **Poverty Reduction:** Good health allows individuals to work and earn a living, leading to poverty reduction and improved living standards.
4. **Education:** Healthier populations are more likely to attend school regularly and have better learning outcomes, leading to an educated and skilled workforce.
5. **Social Cohesion:** A healthy population fosters social cohesion and inclusivity, creating a more stable and harmonious society.
6. **Environmental Stewardship:** Healthy populations are more likely to be aware of environmental issues and advocate for sustainable practices.
7. **Resilience to Challenges:** A healthy population is better equipped to withstand and recover from various challenges, including epidemics, disasters, and economic downturns.

Overall, a healthy population is a fundamental pillar of sustainable development, contributing to a more prosperous and resilient society. It is an investment in human capital that yields long-term benefits for the well-being and progress of a nation.

#### Q12. Why does health promotion and disease prevention remain a challenge, especially for vulnerable populations in rural areas?

A12. Health promotion and disease prevention are challenges in rural areas, particularly for vulnerable populations, due to several reasons:



1. **Limited Healthcare Infrastructure:** Rural areas often lack sufficient healthcare facilities and services, making it challenging to provide preventive care and health promotion programs.
2. **Inadequate Access to Healthcare:** Vulnerable populations, such as those living in remote rural areas, may face difficulties in accessing healthcare services due to distance, lack of transportation, and limited availability of medical professionals.
3. **Low Health Literacy:** Limited awareness and knowledge about health and disease prevention practices in rural communities can hinder the effectiveness of health promotion initiatives.
4. **Socioeconomic Factors:** Vulnerable populations in rural areas often face economic hardships, making it challenging to afford preventive healthcare measures and healthy lifestyles.
5. **Cultural and Social Beliefs:** Cultural norms and social beliefs can influence health-seeking behaviors and acceptance of health promotion initiatives in rural communities.
6. **Resource Constraints:** Rural areas may have limited financial and human resources, affecting the implementation and sustainability of health promotion and disease prevention programs.

To address these challenges, targeted interventions that consider the specific needs of vulnerable populations in rural areas are essential. These interventions should focus on increasing access to healthcare, health education, and promoting culturally sensitive health practices to improve health outcomes in these communities.

### Q13. What is the role and functions of Gram Panchayats in health governance?

A13. Gram Panchayats play a crucial role in health governance at the grassroots level. Some of their key functions include:

1. **Planning and Implementing Health Programs:** Gram Panchayats are responsible for planning and implementing health programs and initiatives at the village level. They work closely with the local health department to identify health needs and prioritize interventions.
2. **Ensuring Access to Basic Healthcare Services:** Gram Panchayats facilitate access to basic healthcare services in the village. They work towards establishing and maintaining primary healthcare centers, sub-health centers, and mobile health clinics to serve the community's health needs.
3. **Creating Awareness About Health Issues:** Gram Panchayats organize health awareness campaigns to educate the community about various health issues, preventive measures, and health promotion practices.
4. **Coordinating with Health Functionaries:** Gram Panchayats collaborate with Accredited Social Health Activists (ASHAs), Anganwadi workers, and other health functionaries to ensure the efficient delivery of healthcare services.



5. **Addressing Environmental Determinants of Health:** Gram Panchayats are involved in addressing environmental determinants of health, such as sanitation, clean drinking water, and vector control, to prevent communicable diseases.
6. **Community Mobilization:** Gram Panchayats mobilize the community to actively participate in health-related activities, including health camps, vaccination drives, and sanitation drives.
7. **Monitoring and Evaluation:** Gram Panchayats monitor the implementation of health programs and assess their effectiveness. They also identify challenges and suggest improvements.
8. **Advocacy and Resource Mobilization:** Gram Panchayats advocate for improved health services and resource allocation to meet the community's health needs. They also mobilize resources through various government schemes and funding opportunities.

By actively engaging in health governance, Gram Panchayats can contribute significantly to improving health outcomes and well-being at the grassroots level. Their role is crucial in bridging the gap between healthcare providers and the community, leading to better health access and health-seeking behaviors.

#### **Q14. How can Panchayat Raj members ensure inclusivity and social justice in health-related decision-making?**

A14. Panchayat Raj members can ensure inclusivity and social justice in health-related decision-making through the following approaches:

1. **Engaging Marginalized Groups:** Panchayat Raj members should actively engage with marginalized and underrepresented groups, including women, tribal communities, Dalits, and other vulnerable populations. They should create platforms for these groups to voice their health concerns and needs.
2. **Participatory Decision-Making:** Panchayat Raj members should adopt participatory approaches to decision-making, involving all community members in health-related discussions and planning. This ensures that decisions are made collectively, taking into account the diverse perspectives of the community.
3. **Prioritizing Health Needs:** Panchayat Raj members should prioritize the health needs of vulnerable populations, focusing on addressing disparities and ensuring that health services reach those who need them the most.
4. **Advocating for Equity:** Panchayat Raj members should advocate for equitable distribution of healthcare resources, ensuring that health facilities and services are accessible to all, regardless of social, economic, or cultural factors.
5. **Sensitization and Training:** Panchayat Raj members can undergo training on inclusivity and social justice in health governance. This will enable them to understand the specific needs of marginalized groups and devise targeted interventions.
6. **Gender Sensitization:** Panchayat Raj members should promote gender sensitivity in health decision-making, ensuring that women's health concerns are adequately addressed and that women are actively involved in health-related programs.



### Q15. How can Panchayat Raj members advocate for health-related issues in the community?

A15. Panchayat Raj members can advocate for health-related issues in the community through the following methods:

1. **Awareness Campaigns:** Organizing health awareness campaigns on issues such as vaccination, maternal and child health, sanitation, and disease prevention can help educate the community about health-related concerns.
2. **Community Meetings and Discussions:** Panchayat Raj members can hold regular community meetings to discuss health issues and gather feedback from the community members. These discussions help in understanding the community's health needs better.
3. **Collaboration with Healthcare Professionals:** Panchayat Raj members can collaborate with healthcare professionals, NGOs, and health workers to address specific health challenges in the community effectively.
4. **Lobbying for Resources:** Panchayat Raj members can advocate for increased allocation of funds and resources for health programs at the district and state levels.
5. **Empowering Local Health Workers:** Supporting and empowering local health workers, such as ASHAs (Accredited Social Health Activists) and Anganwadi workers, helps in improving health services at the grassroots level.
6. **Monitoring Health Programs:** Panchayat Raj members should actively monitor the implementation of health programs and initiatives to ensure their effectiveness and identify areas that need improvement.



## Session - 2: Overview on Localization of Sustainable Development Goal focusing on Healthy Village Theme - Activities, Local Goals, Targets and Indicators

### Q1. Why is health crucial in rural communities, and how does it impact the overall well-being of a village?

Health is crucial in rural communities due to several interconnected reasons that directly influence the overall well-being of the village. Here are the detailed explanations of why health is vital in rural areas and how it impacts the community:

1. **Human Well-being:** Health is a fundamental aspect of human well-being. In rural communities, where resources might be limited and access to healthcare services may be challenging, good health is even more critical. Healthy individuals are more productive, have better quality of life, and can actively contribute to the development of the village.
2. **Economic Impact:** Ill health can have severe economic consequences for both individuals and the community. When people fall sick, they might be unable to work or perform daily activities, leading to a loss of productivity. This can affect agriculture, local businesses, and other livelihood activities, impacting the overall economic well-being of the village.
3. **Medical Expenses:** Health issues often come with medical expenses that can be a burden for rural families. The cost of healthcare, medications, and treatment can lead to financial strain and even push families into poverty. This, in turn, affects their overall living conditions and perpetuates a cycle of poverty in the community.
4. **Strain on Healthcare Facilities:** In rural areas, healthcare facilities may be limited and sometimes overwhelmed by the demand for services. High rates of illness can strain the available healthcare resources, leading to longer waiting times, reduced quality of care, and challenges in providing timely medical attention to those in need.
5. **Infectious Disease Control:** In rural communities, infectious diseases can spread quickly due to various factors like lack of clean water, inadequate sanitation, and limited access to healthcare. Addressing health issues in these areas becomes crucial to control and prevent the spread of infectious diseases, protecting the health of the entire community.
6. **Hygiene and Sanitation:** Poor hygiene and sanitation practices can lead to various health issues, such as waterborne diseases and infections. By promoting good hygiene practices and ensuring access to clean water and sanitation facilities, the risk of illnesses can be significantly reduced, leading to healthier living conditions for the entire village.
7. **Social and Psychological Welfare:** Health is not just limited to physical well-being; it also encompasses social and psychological welfare. In rural communities, where social ties are strong, the health of individuals can directly impact the overall community's morale and well-being. A healthy population fosters a sense of community and unity.



8. **Long-Term Development:** Health plays a critical role in long-term development. By investing in health programs and initiatives, rural communities can break the cycle of poverty, improve education outcomes, increase economic opportunities, and achieve sustainable development goals.
9. **Empowerment and Resilience:** A healthy community is more empowered and resilient in facing challenges and adversities. Healthier individuals are better equipped to cope with environmental hazards, natural disasters, and other crises that might affect rural areas.

In conclusion, health is a foundational element for the well-being and progress of rural communities. By addressing health challenges through a holistic approach, encompassing access to basic services, health education, sanitation, and disease prevention, rural villages can thrive and become prosperous, fostering an environment where individuals can lead fulfilling lives and contribute to the overall growth and development of the community.

## **Q2: How do the United Nations' Sustainable Development Goals (SDGs) relate to the concept of a healthy village?**

A2. Six of the 17 SDGs are particularly aligned with the concept of a healthy village:

- SDG-2: Zero Hunger - Ensuring no household in the village faces hunger promotes overall well-being.
- SDG-3: Good Health and Well-being - Access to healthcare services for everyone is fundamental for a healthy village.
- SDG-4: Quality Education - Providing quality education to all children in the village is vital for their future well-being.
- SDG-5: Gender Equality - Eradicating discrimination between genders creates a supportive environment for everyone's health.
- SDG-6: Clean Water and Sanitation - Ensuring access to clean water and sanitation facilities is essential for preventing waterborne diseases.
- SDG-12: Responsible Consumption and Production - Encouraging responsible consumption and production practices at the household level contributes to community health.

## **Q3. What are the prerequisites to transform a Gram Panchayat into a healthy village?**

A3. To transform a Gram Panchayat into a healthy village, a comprehensive and multi-faceted approach is required. This approach focuses on providing essential services and addressing the socio-economic determinants of health to ensure the well-being of the community. Here are the prerequisites in detail:

1. **Clean Drinking Water:** Access to clean and safe drinking water is a fundamental requirement for a healthy village. Implementing initiatives like the Jal Jeevan Mission or "Har Ghar Nal Se Jal" ensures that every household has access to clean drinking water. This reduces the risk of waterborne diseases and promotes overall health.



2. **Sanitation and Waste Management:** Proper sanitation practices and waste management are essential for preventing the spread of diseases and maintaining a hygienic environment. The implementation of the Swachh Bharat Mission (SBM) helps in managing waste and promoting sanitation practices, contributing to better health outcomes.
3. **Good Road Connectivity:** Good Road connectivity is crucial for ensuring timely access to healthcare facilities and resources. The Pradhan Mantri Gram Sadak Yojana (PMGSY) aims to provide all-weather road connectivity to rural areas, which facilitates the movement of patients and medical personnel.
4. **Effective Public Distribution System (PDS):** A robust Public Distribution System ensures food security and prevents hunger in the village. Adequate and timely supply of essential food items helps in maintaining the overall health and well-being of the community.
5. **Kitchen Garden:** Encouraging every household to cultivate a kitchen garden promotes the availability of fresh fruits and vegetables. This helps in improving nutrition and reduces the cost involvement in acquiring nutritious food items.
6. **Health Education:** Raising awareness about health and hygiene through programs like SBM and other educational initiatives incurs no extra cost. Health education empowers individuals to take preventive measures and adopt healthy practices.
7. **Access to Medical Facilities:** Access to medical facilities is essential for timely diagnosis and treatment of diseases. Utilizing the services of Accredited Social Health Activists (ASHA) and Local Auxiliary Nurse Midwives (ANM) ensures that medical facilities reach every individual in the village.
8. **Health Infrastructure/Telemedicine:** Primary Health Centres (PHC) and Community Health Centres (CHC) play a vital role in providing health infrastructure and telemedicine services. Strengthening these facilities improves access to healthcare and medical consultations.
9. **Supplementary Nutrition:** Aanganwadi Centres provide supplementary nutrition to children and pregnant mothers, addressing malnutrition. This targeted approach helps in improving the nutritional status of vulnerable groups.

By implementing these prerequisites, a Gram Panchayat can create an environment that fosters good health and well-being. These initiatives not only enhance the physical health of the community but also contribute to the socio-economic development and prosperity of the village. It is essential to ensure that these services are accessible to all members of the community without any discrimination, empowering them to lead healthier and more fulfilling lives. The collective efforts of the local government, healthcare workers, and community members are vital in building a sustainable and healthy village for the present and future generations.



#### Q4: What are some local goals for a healthy village that can address specific health challenges in rural communities?

A4. Local goals for a healthy village are specific and targeted objectives that focus on addressing health challenges prevalent in rural communities. These goals are designed to improve the health and well-being of the community members and contribute to sustainable development. Here are some local goals in detail that can address specific health challenges in rural areas:

1. **Elimination of Stunting:** Stunting, a severe form of malnutrition, is a significant health challenge in many rural communities. Local goals can aim to eradicate stunting by implementing nutrition-focused programs, promoting exclusive breastfeeding, providing supplementary nutrition to children, and educating caregivers about the importance of proper nutrition during the early years of a child's life.
2. **Elimination of Anemia:** Anemia, particularly among adolescent girls and women, is prevalent in rural areas. Local goals can focus on reducing anemia rates by creating awareness about iron-rich diets, providing iron and folic acid supplements to pregnant women, and ensuring access to proper antenatal care.
3. **Promoting Kitchen Gardens:** Kitchen gardens can play a crucial role in improving dietary diversity and nutrition. Local goals can encourage every household to cultivate a kitchen garden, promoting the cultivation of nutritious crops like moringa, leafy greens, and vegetables to enhance the availability of fresh and nutritious food.
4. **Communicable Disease Management:** Rural communities may face challenges in managing communicable diseases. Local goals can focus on implementing preventive and curative measures to control diseases like malaria, tuberculosis, and waterborne illnesses through vaccination programs, health education, and vector control initiatives.
5. **Maternal and Child Health:** Improving maternal and child health is essential for the well-being of the entire community. Local goals can strive for zero maternal and child deaths under five years, promote safe birthing practices, enhance neonatal care, and ensure access to maternal healthcare services.
6. **Universal Access to Healthcare:** Access to healthcare services is critical for improving health outcomes. Local goals can aim to ensure that every community member has access to essential healthcare services, including preventive and curative care, immunization, and family planning.
7. **Accessible Medical Care and Health Facilities:** Ensuring access to medical facilities is essential for timely diagnosis and treatment of illnesses. Local goals can focus on establishing and improving health infrastructure, including primary health centers, community health centers, and mobile medical units, to cater to the healthcare needs of the rural population.

By setting and achieving these local goals, rural communities can make significant progress in addressing their specific health challenges. It is essential to involve community members, local



healthcare providers, and governmental and non-governmental organizations in the planning and implementation of these goals to ensure their success. Additionally, monitoring and evaluating the progress of these goals regularly will help to make necessary adjustments and improvements in the healthcare strategies, ultimately leading to better health outcomes and improved overall well-being of the village.

### **Q5. How can the Sustainable Development Goal 3 (SDG-3) be localized and implemented at the local and regional levels?**

A5. Localizing SDG-3 is a critical process that involves adapting and implementing the global goals at the local and regional levels. This process takes into account the unique needs, challenges, and opportunities of specific communities and regions. Here's a detailed explanation of how Sustainable Development Goal 3 (SDG-3) can be localized and implemented at the local and regional levels:

1. **Awareness Raising:** Local and regional governments play a crucial role in raising awareness about the SDGs and their relevance to local communities. They can conduct awareness campaigns and engage with community members, civil society organizations, and other stakeholders to foster understanding and ownership of the goals.
2. **Advocacy for Local Ownership:** Promoting local ownership of the SDGs is vital for their successful implementation. Local and regional governments should advocate for their participation in the decision-making process and the design of strategies that align with the SDGs. When local governments have a sense of ownership and responsibility for the goals, their commitment to implementation is likely to be stronger.
3. **Implementation Planning:** Local and regional governments must prepare for the implementation of SDG-3 in their communities. This involves reviewing existing local and regional development plans to identify the main needs, priorities, and gaps related to health and well-being. By aligning local plans with the SDGs, governments can ensure that the goals are integrated into their development agendas.
4. **Mobilizing Local Resources:** Localizing SDG-3 requires the mobilization of local resources to fund and support initiatives aimed at improving health and well-being. This includes exploring innovative financing mechanisms, public-private partnerships, and community-based funding models to ensure sustainable implementation.
5. **Building Capacities for Effective Leadership:** Effective and responsive leadership is crucial for successful SDG implementation. Local and regional governments should invest in building the capacities of their officials and staff to design and implement health programs, monitor progress, and adapt strategies based on local realities.
6. **Participating in Development Cooperation:** Collaboration and partnerships with other local and regional governments, national authorities, international organizations, and non-governmental organizations are essential for effective SDG localization.



Participating in development cooperation and peer-to-peer learning allows sharing of best practices and experiences to improve implementation strategies.

7. **Monitoring and Evaluation:** Local and regional governments should establish monitoring and evaluation systems to assess progress toward achieving SDG-3 targets. This involves setting up indicators relevant to the local context and collecting data to measure outcomes and impacts. Monitoring progress helps identify areas of success and areas that need improvement, enabling evidence-based decision-making.
8. **Learning from Experiences:** Learning from experiences and sharing lessons learned is crucial for continuous improvement in SDG implementation. Local and regional governments can participate in knowledge-sharing networks, workshops, and conferences to exchange insights and best practices with other communities facing similar challenges.

By localizing SDG-3, local and regional governments can play a central role in achieving inclusive and sustainable health and well-being for their communities. The process requires a collaborative and participatory approach, involving various stakeholders to address health challenges effectively and ensure that no one is left behind in the pursuit of better health outcomes.

#### **Q6. What are the high-impact activities, local targets, and local indicators identified for the "Healthy Village" theme in the context of localization of SDGs through Panchayati Raj Institutions?**

A6. High-impact activities, local targets, and local indicators identified for the "Healthy Village" theme in the context of localization of SDGs through Panchayati Raj Institutions (PRIs) are designed to improve health outcomes and well-being at the community level. These activities, targets, and indicators are part of the Ministry of Panchayati Raj's Thematic Framework for Localization of SDGs and focus on promoting sustainable development and health in rural areas. Let's explore each aspect in detail:

##### **High-Impact Activities - 60:**

1. Awareness Camp for institutional deliveries
2. Awareness camp for pregnant women & family members on safe delivery
3. Awareness camp on behavioral issues of Mission LiFE (Lifestyle, IFA, Folic Acid, and Education)
4. Awareness camp on Child health
5. Awareness camp on nutritional requirements and access to ANC (Antenatal Care) and PNC (Postnatal Care)
6. Awareness Camp on Prevention of Early Marriage
7. Awareness camp on routine immunization
8. Awareness creation on prevention of early marriage
9. Awareness Program & Street Play on child marriage



10. Beneficiaries for Health Insurance
11. Camp for inclusion of name in the list of health card
12. Celebration of Village Health and Nutrition Days
13. Construction of Health Sub-Centers
14. Early registration in Government hospitals
15. Early registration of Pregnant women in Government hospitals
16. Free Ambulance service
17. Equipment for Hospital
18. Identification and monitoring of anemic children
19. Identification and monitoring of pregnant and lactating mothers
20. IEC (Information, Education, and Communication) / awareness campaign on PMJAY Scheme (Pradhan Mantri Jan Arogya Yojana)
21. IEC materials on Nutrition
22. IEC materials on Nutrition; supplementary nutritious food groups
23. Immunization Camp
24. Improved sanitation status in health infrastructure
25. Infrastructure for institutional delivery
26. Maintenance of Health Sub-Centers
27. Monitoring of Institutional delivery
28. Monitoring the services of ICDS (Integrated Child Development Services) centers
29. Nukkad Natak on maternal and child health
30. Nutri Garden in the premises of households
31. Organize Healthy Baby Show
32. Organizing Blood testing Camp for identification
33. Plantation of Nutri Garden in AWC (Anganwadi Centers) / Households
34. Promotion of institutional deliveries
35. Provide information on reproductive health services for a healthy pregnancy and childbearing
36. Sapling Distribution to the mother
37. Supplementary nutritious food
38. Provide Pension to Elderly Weavers



39. Supplementary nutritious food for pregnant women
40. Talk show/ Film Show on Nutritional aspects
41. Talk Show on preventive and curative measures of anaemia
42. Talk show on symptoms and preventive measures of anaemia
43. Tracking of Pregnancy by ASHA (Accredited Social Health Activists)
44. Training of Mid-wives (MW) on safe delivery
45. Upgradation of Health Sub-Centers
46. VPRP (Village Poverty Reduction Plan) - Demand for Health Card
47. VPRP: Public Goods - Mosquito nets
48. VPRP- Public Services - Deworming
49. VPRP- Public Services - Staff nurses in health centers
50. VPRP: SDP (Social Development Programme) Alcoholism (Health and nutrition)
51. VPRP: SDP Covid Vaccine Hesitancy (Health and nutrition)
52. VPRP: SDP - Drug Abuse (Health and Nutrition)
53. VPRP: SDP Issues related to sanitation (Health and nutrition)
54. VPRP: SDP Lack of adolescent healthcare (Health and nutrition)
55. VPRP: SDP Lack of clean drinking water (Health and nutrition)
56. VPRP- SDP - malnutrition (Health and Nutrition)
57. Wall painting on Child health
58. Wall Paintings for awareness on PMJAY Scheme
59. Weighing machine distribution in AWC

**Local Targets - 14:**

1. Reduce maternal mortality
2. End preventable deaths of newborns and children under 5 years of age
3. Promote prevention, early diagnosis, and treatment of communicable diseases
4. Ensure access to quality health care services in collaboration with the health department
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
6. Take steps to reduce deaths and injuries from road traffic accidents
7. Ensure that all have access to sexual and reproductive health care services and family planning



8. Provide essential health care services to all at the GP (Gram Panchayat) level
9. Reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination
10. Take steps to reduce the use of tobacco/alcohol among adults
11. Ensure quality nutritious food for all children aged under five years
12. Facilitate the enrollment of children, pregnant women, and adolescent girls under ICDS
13. Reduce malnutrition among children and women
14. Facilitate the nutritional needs of adolescent girls, pregnant and lactating women, and older persons

**Local Indicators - 26:**

1. Maternal Mortality Ratio
2. Percentage of births attended by skilled health personnel (Period 1 year)
3. Under-five mortality rate (per 1,000 live births)
4. Neonatal mortality rate (per 1,000 live births)
5. Tuberculosis incidence per 1,000 population
6. Malaria incidence per 1,000 population
7. Prevalence of Hepatitis 'B' per 1,000 population
8. Dengue: Case Fatality
9. No of new cases of Kala-azar in the panchayats of endemic blocks
10. No of Covid Cases per 1000 population
11. Number of deaths due to cancer
12. Suicide mortality rate (per 1,000 population)
13. Number of persons treated in de-addiction centers (in number)
14. People killed/injured in road accidents (per 1,000 population)
15. Percentage of currently married women (15-49 years) who use any modern family planning methods
16. Total physicians, nurses, and midwives per 10,000 populations
17. Total GP spending on Health to the total expenditure
18. No men and women reporting Asthma in the age group 15-49 years
19. Percentage of people using Tobacco/Alcohol
20. Percentage of children aged under 5 years who are underweight
21. Percentage of children under the age of 5 years who are wasted.



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

These high-impact activities, local targets, and local indicators are designed to address specific health challenges in rural communities, improve health outcomes, and promote well-being at the village level. By implementing these activities and monitoring progress through local indicators, Gram Panchayats can work towards achieving sustainable development and improved health for their communities.

### **Q7. Why is a healthy population crucial for sustainable development and inclusive growth in a country?**

A7. A healthy population is crucial for sustainable development and inclusive growth in a country due to several reasons:

1. **Human Capital Formation:** A healthy population is a productive population. Healthy individuals are better equipped to participate in economic activities, contribute to the labor force, and drive economic growth.
2. **Reduced Healthcare Costs:** A healthy population leads to reduced healthcare costs for the government and individuals. With lower disease burden, resources can be allocated more efficiently to other development priorities.
3. **Education and Learning:** Good health facilitates access to education and learning. Healthy children are more likely to attend school regularly, which enhances human capital development.
4. **Poverty Reduction:** Health is intrinsically linked to poverty reduction. Healthy individuals are more likely to escape the cycle of poverty, leading to more equitable growth and development.
5. **Improved Life Expectancy:** A healthy population has higher life expectancy, ensuring that the workforce remains active and productive for longer periods.
6. **Social Cohesion:** Good health fosters social cohesion and community well-being, leading to stronger social capital.
7. **Resilience to Shocks:** A healthy population is better equipped to handle economic and environmental shocks, ensuring stability and sustainability.
8. **Gender Equality:** Good health is linked to gender equality, as healthy women can participate more actively in economic and social activities.

By investing in healthcare and ensuring a healthy population, countries can lay the foundation for sustainable development, poverty eradication, and inclusive growth.

### **Q8. What are Low-Cost & No-Cost Activities for the Healthy Village Theme?**



A8. Low-Cost & No-Cost Activities for the Healthy Village Theme may include:

1. **Health Awareness Sessions:** Organizing awareness sessions on health and hygiene practices using community spaces like schools, community centers, or religious places.
2. **Community Mobilization:** Mobilizing community volunteers and leaders to spread health-related messages and encourage participation in health programs.
3. **Use of Local Resources:** Utilizing locally available resources for health promotion, such as traditional medicinal herbs or locally grown nutritious foods.
4. **Health Education through Street Plays:** Organizing street plays and skits to educate the community about health and well-being.
5. **Home Visits:** Conducting home visits by health workers to provide health education and counseling to families.
6. **Peer Education:** Training and empowering community members to act as peer educators and share health-related information with their peers.
7. **Information Dissemination through Posters and Brochures:** Creating and distributing informational posters and brochures on health topics.
8. **Community Clean-up Drives:** Organizing clean-up drives to improve sanitation and cleanliness in the village.
9. **Promotion of Traditional Health Practices:** Integrating traditional health practices and remedies into health education and awareness initiatives.
10. **Advocacy for Health Facilities:** Advocating for improved healthcare infrastructure and services at higher levels of government.

**Q9. How do the local goals and targets of the Healthy Village Theme contribute to achieving the global SDGs 2 and 3?**

A9. The local goals and targets of the Healthy Village Theme are designed to address health and well-being issues in rural areas, aligning with the objectives of SDGs 2 (Zero Hunger) and 3 (Good Health & Well-Being). Here's how they contribute:

**Contribution to SDG 2 (Zero Hunger):**

1. **Nutrition Programs:** By implementing supplementary nutrition programs for pregnant women, lactating mothers, and children, the theme addresses malnutrition, which is a key component of SDG 2.
2. **Kitchen Gardens:** Promoting kitchen gardens improves dietary diversity and availability of nutritious foods, contributing to food security and nutrition.

**Contribution to SDG 3 (Good Health & Well-Being):**

1. **Immunization Drives:** Conducting vaccination camps contributes to SDG 3 by reducing the prevalence of preventable diseases and ensuring good health for all ages.



2. **Maternal and Child Health:** Focusing on maternal and child health aims to reduce maternal mortality and improve child health outcomes, both of which are critical components of SDG 3.
3. **Disease Prevention Campaigns:** Implementing disease prevention campaigns helps in controlling communicable diseases, which aligns with SDG 3's objective of combating various diseases.
4. **Healthcare Accessibility:** Ensuring easy access to healthcare services through health sub-centers and linkages with nearby healthcare facilities promotes good health and well-being for the community.

By achieving the local goals and targets of the Healthy Village Theme, progress is made towards achieving the broader global SDGs 2 and 3, contributing to a world with zero hunger and improved health and well-being for all.

**Q10. What are some indicators for measuring the success of health-related interventions in the Healthy Village Theme?**

A10. Indicators for measuring the success of health-related interventions in the Healthy Village Theme may include:

1. **Immunization Coverage:** Percentage of eligible population vaccinated against preventable diseases.
2. **Reduction in Malnutrition Rates:** Improvement in the nutritional status of children and women.
3. **Access to Clean Water and Sanitation Facilities:** Percentage of households with access to clean drinking water and improved sanitation.
4. **Maternal and Child Health Outcomes:** Maternal mortality ratio, infant mortality rate, under-five mortality rate, and proportion of institutional deliveries.
5. **Awareness about Preventive Healthcare Practices:** Percentage of the population aware of key preventive health practices.
6. **Healthcare Accessibility:** Distance and time taken to reach the nearest healthcare facility.
7. **Community Engagement:** Participation and involvement of the community in health initiatives.
8. **Prevalence of Specific Diseases:** Incidence and prevalence rates of communicable and non-communicable diseases.

These indicators provide quantitative and qualitative data to assess the effectiveness and impact of the health-related interventions and help identify areas for improvement and further focus.



### Session - 3: Implementation of Schemes, Programs, and challenges for Healthy Villages: Role of GPs. (Women, Child and Adolescent Health)

#### Q1. What are the major goals of the National Rural Health Mission (NRHM)?

A1. The major goals of the National Rural Health Mission (NRHM) are as follows:

1. **Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR):** NRHM aims to reduce the number of infant and maternal deaths by improving access to quality maternal and child healthcare services, promoting institutional deliveries, and enhancing the coverage of antenatal and postnatal care.
2. **Universal access to public health services:** NRHM focuses on providing universal access to essential health services, including maternal and child health, water, sanitation & hygiene, immunization, and nutrition.
3. **Prevention and control of communicable and non-communicable diseases:** NRHM emphasizes preventive measures and control of diseases, including locally endemic diseases, to reduce their impact on the population's health.
4. **Access to integrated comprehensive primary healthcare:** NRHM aims to strengthen primary healthcare services by providing a range of health services at the community level, including preventive, promotive, and curative care.
5. **Population stabilization, gender, and demographic balance:** NRHM addresses the need for population stabilization by promoting family planning measures and ensuring gender equity in accessing healthcare services.
6. **Revitalize local health traditions and mainstream AYUSH:** NRHM seeks to integrate traditional and alternative healthcare practices (AYUSH - Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy) into the mainstream health system.
7. **Promotion of healthy lifestyles:** NRHM encourages the adoption of healthy behaviors and lifestyles to prevent diseases and promote overall well-being.

By working towards these goals, NRHM aims to improve the overall health indicators of rural areas and contribute to the development and progress of the country.

#### Q2. What is the role of Accredited Social Health Activists (ASHAs) in the healthcare system?

A2. Accredited Social Health Activists (ASHAs) play a crucial role in the healthcare system, especially in rural areas. ASHAs are female volunteers chosen by and accountable to the Gram Panchayat. They act as a link between the community and the public health system, bridging the gap between healthcare services and the rural population. The role of ASHAs includes the following:

1. Health Education and Awareness
2. Immunization Promotion
3. Maternal and Child Healthcare
4. Referral and Escort Services
5. Nutrition Support
6. Data Collection and Reporting
7. Community Mobilization



The efforts of ASHAs have been instrumental in improving various health indicators, such as institutional deliveries, immunization coverage, and maternal and child health outcomes in rural areas.

### **Q3. What is the Village Health Sanitation and Nutrition Committee (VHSNC)?**

A3. The Village Health Sanitation and Nutrition Committee (VHSNC) is a committee formed under the National Rural Health Mission (NRHM) to address health-related issues at the village level. The committee is envisaged to take leadership in providing a platform for improving health awareness and access of the community to health services. It also serves as a mechanism for community-based planning and monitoring of health-related activities.

The VHSNC consists of 15 members, with the elected village president or Sarpanch as the chairperson. Other members include panchayat representatives, Anganwadi workers, ASHA workers, teachers, and community health volunteers. The committee acts as a platform for community participation and decision-making in matters related to health and sanitation.

The key functions and responsibilities of the VHSNC include:

1. **Identifying Health Issues:** The committee identifies health issues and challenges faced by the community and discusses possible solutions.
2. **Planning and Monitoring:** VHSNC develops village-level health plans and monitors the implementation of various health-related programs and initiatives.
3. **Health Awareness:** The committee conducts health awareness campaigns and health-related educational programs to create awareness among the community.
4. **Access to Health Services:** VHSNC works to improve the community's access to health services and ensures that healthcare facilities are functioning effectively.
5. **Nutrition and Sanitation:** The committee promotes nutrition and sanitation practices within the community to improve overall health and well-being.
6. **Social Audits:** VHSNC conducts social audits to ensure transparency and accountability in the implementation of health programs.

The VHSNC plays a vital role in empowering communities to actively participate in decision-making processes related to health and sanitation. It enables decentralized planning and ensures that health services are tailored to the specific needs of each village, thereby contributing to the development of healthy villages.

### **Q4. What is the Janani Suraksha Yojana (JSY)?**

A4. The Janani Suraksha Yojana (JSY) is a flagship scheme under the National Rural Health Mission (NRHM) that aims to reduce maternal and infant mortality by promoting institutional deliveries among pregnant women, especially those from economically disadvantaged sections.

The primary objective of JSY is to incentivize and encourage pregnant women to deliver in government health facilities or accredited private health institutions to ensure skilled attendance at birth. It seeks to improve access to quality maternal and child healthcare services and reduce the financial burden on pregnant women during childbirth.

**Key features of the Janani Suraksha Yojana (JSY) include:**



1. Conditional Cash Transfer
2. Beneficiary Categories
3. Cash Assistance Amount
4. Janani Shishu Suraksha Karyakram (JSSK)

#### **Q5. What is the Janani Shishu Suraksha Karyakram (JSSK)?**

A5. The Janani Shishu Suraksha Karyakram (JSSK) is an initiative launched under the National Rural Health Mission (NRHM) to provide free and no-expense delivery and other essential services to pregnant women and sick neonates in public health institutions. It aims to ensure that financial constraints do not hinder pregnant women and newborns from accessing quality healthcare services during childbirth and the postnatal period.

Key features of the Janani Shishu Suraksha Karyakram (JSSK) include:

1. Free Delivery Services
2. Free Drugs and Consumables
3. Free Diagnostics
4. Free Blood Transfusion
5. Free Transport
6. Free Nutrition

The Janani Shishu Suraksha Karyakram (JSSK) is a significant step towards reducing maternal and neonatal mortality rates in India by ensuring universal access to quality healthcare services during childbirth and postnatal care. It has helped promote institutional deliveries, improve maternal health outcomes, and reduce financial barriers to healthcare access for pregnant women and newborns.

#### **Q6. What is Kilkari, and how does it benefit pregnant women and mothers?**

A6. Kilkari is an Interactive Voice Response (IVR) based mobile service that delivers time-sensitive audio messages about pregnancy and child health directly to the mobile phones of pregnant women and mothers. The service is part of the Reproductive, Maternal, Newborn, Child Health, and Adolescent Health (RMNCH+A) strategy under the National Health Mission (NHM) to improve maternal and child health outcomes.

Kilkari delivers audio messages in the local language to the registered mobile numbers of pregnant women and mothers. The messages are tailored to the stage of pregnancy or the age of the child and provide important information and guidance on maternal and child health practices, nutrition, immunization, breastfeeding, and other essential

#### **Q7. What is the objective of Rashtriya Bal Swasthya Karyakram (RBSK)?**

A7. The Rashtriya Bal Swasthya Karyakram (RBSK) is a prominent health initiative under the National Health Mission (NHM) in India. Its main objective is to provide early identification and early intervention for children from birth to 18 years of age, with a focus on identifying health issues and developmental delays at an early stage. RBSK aims to ensure that children receive timely and appropriate medical attention to prevent further complications and promote their overall well-being. Specific Objectives are as follows:

1. Early Identification
2. Comprehensive Health Screening
3. Timely Intervention



4. Holistic Development
5. Strengthening Referral Mechanism
6. Community Outreach
7. Training and Capacity Building
8. Monitoring and Evaluation

#### **Q8. What is the focus of Rashtriya Kishor Swasthya Karyakram (RKSK)?**

A8. The Rashtriya Kishor Swasthya Karyakram (RKSK) is an important initiative launched by the Ministry of Health and Family Welfare under the National Health Mission (NHM) in India. It focuses on addressing the unique healthcare needs of adolescents aged 10 to 19 years and aims to ensure their holistic health and development. RKSK recognizes the critical importance of adolescence as a phase of life when young people undergo significant physical, emotional, and social changes. The program strives to empower adolescents with knowledge and skills to make informed decisions about their health and well-being. RKSK's focus areas:

1. Sexual and Reproductive Health
2. Nutrition and Diet
3. Injuries and Violence Prevention
4. Prevention of Non-Communicable Diseases (NCDs)
5. Mental Health
6. Substance Misuse
7. Health Services and Referral
8. Gender Equity and Empowerment
9. Life Skills Education
10. Participation and Youth Leadership

RKSK's comprehensive approach to adolescent health aims to equip young people with the knowledge, skills, and support they need to lead healthy and productive lives. By addressing their unique healthcare needs, RKSK contributes to building a healthier and more empowered generation of adolescents in India.

#### **Q9. What are the key interventions under the Universal Immunization Programme?**

A9. The Universal Immunization Programme (UIP) is a crucial public health initiative by the Government of India aimed at providing vaccination free of cost to all eligible beneficiaries. The primary goal of UIP is to protect children and pregnant women from vaccine-preventable diseases, reduce morbidity and mortality, and achieve immunization coverage targets. The UIP aims to achieve and sustain high immunization coverage rates to ensure the control and eradication of vaccine-preventable diseases across India. Regular immunization drives, outreach activities, and immunization awareness campaigns are conducted to reach remote and underserved areas, ensuring equitable access to vaccination services.

#### **Q10. What is the purpose of the Mission Indradhanush immunization programme?**

A10. Mission Indradhanush is an intensive immunization program launched by the Government of India with the aim of achieving full immunization coverage for children and pregnant women. The program targets children under the age of two years and pregnant women who have missed out on routine immunization services or have been partially vaccinated. Mission Indradhanush focuses on selected high-priority districts and urban areas to ensure that



the most vulnerable populations are covered. The main purpose of the Mission Indradhanush immunization program is as follows:

1. Full Immunization Coverage
2. Targeting High-Risk Areas
3. Inclusion of JE and Hib Vaccines
4. Intensive Immunization Drives
5. Micro-Planning and Mapping
6. Decentralized Implementation
7. Monitoring and Accountability
8. Intersectoral Convergence

By focusing on intensified immunization efforts and targeted interventions, Mission Indradhanush aims to close the immunization gap and protect all children and pregnant women from vaccine-preventable diseases, thus contributing to improved child and maternal health in India.

### **Q11. What is Surakshit Matritva Aashwasan (SUMAN)?**

A11. Surakshit Matritva Aashwasan (SUMAN) is an initiative launched by the Ministry of Health and Family Welfare, Government of India, with the objective of providing assured, dignified, and quality healthcare services to pregnant women and newborns visiting public health facilities. The program aims to reduce maternal and newborn mortality and morbidity by ensuring access to comprehensive and respectful care during pregnancy, childbirth, and the postnatal period. SUMAN's objectives:

1. Assured and Quality Healthcare
2. Elimination of Out-of-Pocket Expenses
3. End Preventable Maternal and Newborn Deaths
4. Respectful and Dignified Care
5. Emphasis on Antenatal and Postnatal Care
6. Community Engagement and Awareness
7. Strengthening Health Facilities
8. Timely Referral and Transport Services

By providing free and comprehensive healthcare services and promoting respectful and timely care, SUMAN aims to make a significant impact in reducing maternal and newborn mortality and ensuring the well-being of women and children in India.

### **Q12. What is the Anaemia Mukta Bharat Programme, and what is its objective?**

A12. The Anaemia Mukta Bharat (AMB) Programme is a national initiative launched by the Ministry of Health and Family Welfare, Government of India, to combat the widespread problem of anaemia in the country. Anaemia is a condition characterized by a deficiency of red blood cells or hemoglobin in the blood, leading to reduced oxygen-carrying capacity and resulting in fatigue and weakness. The AMB Programme aims to achieve a 2% annual reduction in the prevalence of anaemia and improve the overall health and well-being of affected populations. AMB Programme's objectives:

1. Addressing Anaemia Prevalence
2. Six Target Beneficiary Groups
3. Six Interventions
4. Six Institutional Mechanisms
5. Ensuring Adequate Nutrition



6. Awareness and Behavior Change
7. Strengthening Healthcare Delivery
8. Intersectoral Collaboration

By addressing anaemia through multiple interventions and institutional mechanisms, the AMB Programme aims to make a significant impact in improving the overall health and quality of life of affected individuals, especially women and children.

**Q13. What are the key services offered under the Integrated Child Development Services (ICDS) Scheme?**

A13. The Integrated Child Development Services (ICDS) Scheme is a flagship program of the Government of India aimed at promoting the holistic development of young children and ensuring the overall well-being of mothers and children. ICDS provides a package of essential services to children aged 0-6 years and pregnant and lactating women. The key services offered under the ICDS Scheme are as follows:

1. Supplementary Nutrition
2. Pre-school Non-formal Education
3. Nutrition and Health Education
4. Immunization
5. Health Check-up
6. Referral Services

ICDS plays a vital role in promoting early childhood development and reducing malnutrition among young children. The program also empowers women through health and nutrition education, contributing to improved maternal and child health outcomes.

**Q14. What is the Scheme for Adolescent Girls, and who are its beneficiaries?**

A14. The Scheme for Adolescent Girls (SAG) is a comprehensive program launched by the Government of India to address the specific needs and challenges faced by adolescent girls aged 11-18 years. The program aims to empower adolescent girls by providing them with access to education, health services, and life skills development. SAG focuses on improving the nutritional status, health, and overall well-being of adolescent girls through cost-effective interventions. The Scheme for Adolescent Girls plays a crucial role in empowering young girls by providing them with opportunities for education, skill development, and improved health. By investing in the development of adolescent girls, the program aims to create a positive impact on their future and promote gender equality and social inclusion.

**Q15. What are the objectives of the Kishori Shakti Yojana (KSY)?**

A15. The Kishori Shakti Yojana (KSY) is a program launched by the Government of India to address the health and development needs of adolescent girls between the ages of 11 and 18 years. KSY aims to improve the nutritional and health status of adolescent girls, equip them with home-based and vocational skills, and empower them for better livelihood opportunities. The program focuses on promoting overall development and awareness about health and hygiene among adolescent girls. Objectives of Kishori Shakti Yojana:

1. Nutritional Support
2. Health and Nutrition Education
3. Iron and Folic Acid (IFA) Supplementation
4. Non-formal Education and Life Skills Development



5. Vocational Training
6. Awareness on Adolescent Health and Hygiene
7. Counseling and Guidance
8. Community Participation

The Kishori Shakti Yojana emphasizes the importance of investing in the health and development of adolescent girls to create empowered and self-reliant young women. By providing them with education, health services, and vocational skills, the program aims to improve the future prospects of adolescent girls and promote gender equality and social inclusion.

#### **Q16. What are the key functions and responsibilities of Gram Panchayats in implementing health schemes and programs?**

A16. Gram Panchayats, as local self-governing bodies, play a critical role in the successful implementation of health schemes and programs at the grassroots level. Their functions and responsibilities in health implementation include:

1. **Planning:** Gram Panchayats are responsible for developing health plans and strategies tailored to the specific needs of their local communities. They assess the healthcare needs and gaps in their area and prioritize the allocation of resources to address those needs effectively.
2. **Budgeting:** Gram Panchayats are involved in budgeting for health initiatives. They allocate funds for health-related activities, including the establishment and maintenance of healthcare facilities, procurement of medical equipment and supplies, and implementation of health programs.
3. **Execution:** Gram Panchayats are actively involved in the execution of health schemes and programs. They coordinate with healthcare providers, community health workers, and other stakeholders to ensure the smooth delivery of health services.
4. **Monitoring and Evaluation:** Gram Panchayats monitor the progress and effectiveness of health programs in their area. They conduct regular assessments, collect data, and evaluate the impact of health interventions. Monitoring helps identify challenges and areas that require improvement.
5. **Community Engagement:** Gram Panchayats act as intermediaries between the community and higher health authorities. They engage with the community to raise awareness about health programs, promote healthy behaviors, and encourage participation in health-related activities.
6. **Capacity Building:** Gram Panchayats facilitate capacity building and training programs for community health workers, ASHAs, and other healthcare personnel. They ensure that healthcare providers are equipped with the necessary skills and knowledge to deliver quality healthcare services.
7. **Grievance Redressal:** Gram Panchayats address grievances related to health services and act as a platform for community members to voice their concerns. They work to resolve issues and ensure that healthcare services are accessible and responsive to the community's needs.



8. **Coordination with Higher Authorities:** Gram Panchayats collaborate with higher-level health authorities, such as district health officials and state health departments, to align local health initiatives with broader health policies and guidelines.

**Q17. Why are Gram Panchayats considered catalysts for community engagement and participation in health initiatives?**

A17. Gram Panchayats are considered catalysts for community engagement and participation in health initiatives due to several key factors:

1. **Proximity to the Community:** Gram Panchayats are the closest form of government to the community. They have a deep understanding of the local context, culture, and healthcare needs. This proximity allows them to engage with the community more effectively and identify health challenges specific to the area.
2. **Trust and Credibility:** Gram Panchayats enjoy a level of trust and credibility among community members. Their status as locally elected representatives gives them legitimacy and authority, making it easier to mobilize and sensitize the community about health issues and initiatives.
3. **Effective Communication:** Gram Panchayats serve as effective channels of communication between the community and higher health authorities. They can relay information about health programs, services, and benefits in a language and manner that resonates with the local population.
4. **Cultural Sensitivity:** Gram Panchayats are well-versed in the cultural norms and practices of the community. This cultural sensitivity allows them to tailor health interventions and messages to be culturally appropriate, which increases the likelihood of community acceptance and participation.
5. **Grassroots Mobilization:** Gram Panchayats have the capacity to mobilize community members for health-related activities and events. They can organize health camps, awareness campaigns, and health check-ups, promoting community participation and ownership in health initiatives.
6. **Addressing Local Needs:** Gram Panchayats have a direct understanding of the community's unique health challenges and can advocate for solutions that address those needs effectively. This approach ensures that health programs are more responsive and relevant to the community.
7. **Inclusivity and Participation:** Gram Panchayats promote inclusivity by involving diverse segments of the community in decision-making processes. This participation fosters a sense of ownership and responsibility, encouraging community members to actively engage in health-related activities.

**Q18. What are some common challenges faced by Gram Panchayats in the implementation of health programs?**

A18. While Gram Panchayats play a crucial role in health implementation, they encounter several challenges that can hinder the effective delivery of health services. Some common challenges include:

1. Limited Financial Resources



2. Inadequate Healthcare Infrastructure
3. Shortage of Skilled Healthcare Personnel
4. Administrative Hurdles
5. Low Awareness and Health Literacy
6. Cultural and Social Barriers
7. Geographical Challenges
8. Monitoring and Data Collection

### Q19. How can Gram Panchayats access and leverage financial resources for health-related activities?

A19. Gram Panchayats can access and leverage financial resources for health-related activities through various channels:

1. **Central and State Government Schemes:** The central and state governments launch several health-related schemes that provide financial assistance to Gram Panchayats. By actively participating in these schemes, Gram Panchayats can access funds allocated for specific health initiatives.
2. **Grants from NGOs and Development Agencies:** Non-governmental organizations (NGOs) and development agencies often provide grants and funding for health projects in rural areas. Gram Panchayats can collaborate with these organizations to secure financial support for health-related activities.
3. **Corporate Social Responsibility (CSR) Funds:** Corporates are increasingly investing in CSR activities, including healthcare. Gram Panchayats can engage with corporations operating in their area and seek support for health projects through CSR funds.
4. **State Finance Commissions and Local Funds:** State Finance Commissions allocate funds to local bodies like Gram Panchayats. These funds can be utilized for health initiatives based on local needs and priorities.
5. **Revenue Generation:** Gram Panchayats can explore revenue generation through local taxes, fees, and levies. The revenue generated can be allocated for health-related projects.
6. **Participatory Budgeting:** Involving the community in the budgeting process allows Gram Panchayats to align financial resources with community needs and preferences, ensuring effective utilization of funds for health activities.
7. **Transparent Fund Utilization:** Gram Panchayats should maintain transparency and accountability in fund utilization. Proper documentation, auditing, and reporting of financial activities build trust among stakeholders and encourage further funding opportunities.
8. **Leveraging Digital Technology:** Digital platforms can be used to raise funds for specific health projects through crowdfunding or online campaigns. Leveraging technology allows Gram Panchayats to access a wider pool of donors and supporters.



## **Session - 4: 15th Finance Commission, Funds available from other Central and State government schemes, line departments; and State-wise Health Grants**

### **Q1. What is the 15th Finance Commission, and what is its role in fiscal devolution and resource allocation?**

A1. The 15th Finance Commission of India is a constitutional body constituted by the President to recommend the distribution of financial resources between the central government and the states. It plays a crucial role in fiscal devolution, which refers to the process of sharing financial resources between the central government and state governments. The Finance Commission's primary responsibility is to assess the current state of the finances of the government and make recommendations on the formula for the distribution of tax proceeds.

The Finance Commission's role in resource allocation is to ensure a fair and equitable distribution of funds, considering the unique needs and priorities of different states and local bodies. It takes into account several factors, such as population, income distance, area, and fiscal discipline, while allocating funds to states. The goal is to bridge the fiscal gap and promote balanced regional development.

The commission's recommendations have a significant impact on the availability of financial resources for various sectors, including health, education, infrastructure, and social welfare. By ensuring a fair allocation of funds, the Finance Commission aims to promote inclusive development and improve the quality of public services across the country.

### **Q2. How does the 15th Finance Commission's recommendations impact health funding and development at the local level?**

A2. The 15th Finance Commission's recommendations directly influence the allocation of funds to states, including grants related to health initiatives. The funds allocated for health initiatives at the local level are based on the commission's assessment of the state's financial capacity and developmental requirements. By providing funds to strengthen health infrastructure, improve healthcare services, and address public health challenges, the Finance Commission plays a crucial role in enhancing health funding and development at the local level.

These recommendations are particularly essential for health development in rural areas, where access to quality healthcare is often limited. By providing targeted funds for health-related programs and initiatives, the Finance Commission supports the improvement of health outcomes and the overall well-being of people in rural and underserved areas.

### **Q3. What are the various health-related funds available from central government schemes?**



A3. The central government offers multiple health-related funds through various schemes to address the diverse healthcare needs of the population. Some of the prominent health-related schemes include:

**a. National Health Mission (NHM):** NHM aims to provide accessible, affordable, and quality healthcare services to both rural and urban areas. It includes the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM) components.

**b. Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY):** Also known as the Ayushman Bharat scheme, it is a health insurance scheme that provides financial coverage for secondary and tertiary healthcare services to vulnerable and economically disadvantaged families.

**c. National AIDS Control Program (NACP):** This program focuses on the prevention and control of HIV/AIDS and provides support for testing, treatment, and awareness campaigns.

**d. National Tuberculosis Elimination Program (NTEP):** The NTEP aims to eradicate tuberculosis (TB) by providing free diagnosis and treatment services across the country.

**e. National Immunization Program:** This program aims to immunize children against preventable diseases, such as polio, measles, and hepatitis.

**f. National Vector Borne Disease Control Program (NVBDCP):** NVBDCP focuses on controlling vector-borne diseases like malaria, dengue, and chikungunya.

**g. National Mental Health Program:** This program focuses on promoting mental health, providing treatment for mental disorders, and reducing the stigma associated with mental illnesses.

These schemes are designed to address specific health challenges and promote overall health and well-being across different sections of the population.

#### **Q4. How do state-level schemes and funds contribute to health initiatives in rural areas?**

A4. State-level schemes and funds complement the central government's efforts in addressing health challenges and improving healthcare delivery in rural areas. Each state may have its unique health priorities and requirements, and state-level schemes allow for decentralized health planning, ensuring that local health challenges are adequately addressed.

State governments may allocate funds specifically for health infrastructure, primary healthcare centers, upgrading facilities, and recruiting healthcare personnel in rural areas. They may also design initiatives tailored to address prevalent health issues in their respective regions, such as maternal and child health programs, immunization drives, and disease control measures.

These state-level schemes often work in conjunction with central government schemes to create a comprehensive and synergistic approach to healthcare development in rural areas. The



combined efforts of both central and state governments are essential to improving healthcare access, quality, and outcomes in rural India.

**Q5. What are state-wise health grants, and how are they distributed among different regions?**

A5. State-wise health grants refer to the financial allocations provided to individual states for health-related activities and programs. These grants are part of the funds recommended by the Finance Commission and approved by the central government for each state. The distribution of health grants among different regions is based on various factors, including:

**a. Population:** States with higher populations often receive larger allocations to cater to the healthcare needs of a larger number of people.

**b. Health Indicators:** The health performance indicators of a state, such as maternal mortality rate, infant mortality rate, and disease prevalence, also influence the allocation of funds. States with poorer health indicators may receive more substantial grants to address specific health challenges.

**c. Development Needs:** The Finance Commission considers the developmental requirements of each state while distributing grants. States with lower per capita income or higher levels of poverty may receive additional funds to support their health initiatives.

**d. Fiscal Discipline:** The fiscal discipline of states, as reflected in their financial management practices, may also play a role in determining the allocation of health grants.

The Finance Commission's recommendations take these factors into account to ensure a balanced and equitable distribution of health grants among different regions, aiming to address health disparities and promote better health outcomes across the country.

**Q6. What are line departments, and what is their role in managing health programs and utilizing allocated funds?**

A6. Line departments are government departments responsible for managing specific sectors, such as health, education, agriculture, and infrastructure. In the context of health, the line department is the Ministry of Health and Family Welfare at the central level and respective state health departments at the state level. These line departments play a crucial role in the planning, implementation, and monitoring of health programs and initiatives.

The line departments are responsible for utilizing the allocated funds effectively and efficiently for various health-related activities. Their roles and responsibilities include:

**a. Planning:** Line departments develop comprehensive health plans and strategies, taking into account the health needs and priorities of the population. These plans outline the allocation of funds to different health programs and initiatives.



**b. Implementation:** Line departments are responsible for implementing health programs on the ground. This includes setting up healthcare facilities, hiring and training healthcare personnel, procuring medical equipment and supplies, and coordinating various health services.

**c. Monitoring and Evaluation:** Line departments monitor the progress and outcomes of health programs to ensure they are running as per the set objectives. They assess the impact of initiatives and make necessary improvements based on the evaluation results.

**d. Financial Management:** Line departments are accountable for managing allocated funds, ensuring transparency in financial transactions, and maintaining accurate records of expenditures.

**e. Coordination:** Line departments collaborate with other relevant departments and stakeholders to ensure the seamless delivery of healthcare services and the effective utilization of resources.

By efficiently managing health programs and funds, line departments play a critical role in advancing healthcare services and improving health outcomes for the population.

#### **Q7. How can Gram Panchayats and line departments optimize the utilization of available funds and resources for health initiatives?**

A7. To optimize the utilization of available funds and resources for health initiatives, both Gram Panchayats (local self-governing bodies) and line departments can adopt several strategies:

**a. Data-Driven Decision-Making:** Gram Panchayats and line departments should base their decisions on data and evidence. They should conduct regular assessments of health needs, health indicators, and healthcare utilization patterns to identify gaps and allocate resources accordingly.

**b. Transparent Financial Management:** Transparent financial management is crucial to ensure that funds are utilized appropriately and accounted for accurately. Proper record-keeping and audits help prevent misallocation and misuse of funds.

**c. Community Involvement:** Involving the community in health planning and decision-making fosters ownership and ensures that health initiatives address the actual needs of the local population.

**d. Capacity Building:** Training and capacity building of healthcare personnel and local administrators can enhance the effectiveness of health programs and services.



**e. Prioritization:** Gram Panchayats and line departments should prioritize the allocation of funds to critical health areas, such as maternal and child health, infectious disease control, and preventive healthcare.

**f. Inter-Sectoral Collaboration:** Health initiatives often require collaboration with other sectors, such as education and sanitation. Working in tandem with other departments can improve the overall impact of health programs.

**g. Innovation and Technology:** Embracing innovative healthcare solutions and leveraging technology, such as telemedicine and mobile health, can expand access to healthcare services and improve health outcomes.

By adopting these strategies, Gram Panchayats and line departments can ensure that available funds and resources are used optimally to achieve desired health outcomes at the local level.

#### **Q8. How can data be used for evidence-based decision-making and resource allocation in health initiatives?**

A8. Data plays a critical role in evidence-based decision-making and resource allocation in health initiatives. By analyzing relevant health data, decision-makers can make informed choices and prioritize interventions based on actual needs. Here's how data can be used effectively:

**a. Health Indicators:** Health data related to indicators such as maternal mortality rate, infant mortality rate, disease prevalence, and immunization coverage can identify areas with the greatest health challenges.

**b. Demographic Data:** Understanding the demographic profile of the population, including age groups, gender distribution, and socio-economic status, helps tailor health interventions to specific groups.

**c. Healthcare Utilization:** Analyzing data on healthcare utilization patterns, including patient visits, hospital admissions, and outpatient services, helps identify areas where healthcare services may be insufficient.

**d. Disease Surveillance:** Monitoring disease trends and outbreaks through surveillance data enables timely responses and resource allocation to control and prevent further spread.

**e. Impact Evaluation:** Assessing the impact of previous health interventions helps identify successful strategies and areas that require further attention and investment.

**f. Geographic Mapping:** Mapping health data geographically helps identify health disparities and target resources to areas with the greatest need.

**g. Real-Time Monitoring:** Implementing real-time data monitoring systems allows for quick decision-making and resource allocation based on emerging health challenges.



By using data effectively, decision-makers can optimize resource allocation, design evidence-based health interventions, and ensure that limited resources are directed to areas where they can have the most significant impact on health outcomes.

### **Q9. Why is investing in health infrastructure important for improved healthcare delivery in rural areas?**

A9. Investing in health infrastructure is crucial for improved healthcare delivery in rural areas due to the following reasons:

**a. Accessibility:** Adequate health infrastructure, including well-equipped primary health centers and community health facilities, ensures that healthcare services are easily accessible to rural populations. Improved accessibility reduces barriers to seeking medical care and promotes early intervention and preventive health measures.

**b. Quality of Care:** Proper health infrastructure allows for the provision of high-quality healthcare services. It ensures the availability of essential medical equipment, medicines, and trained healthcare professionals, leading to accurate diagnoses and effective treatment.

**c. Emergency Response:** Well-established health infrastructure enables timely response to medical emergencies, reducing the time taken to reach healthcare facilities and ensuring prompt medical attention during critical situations.

**d. Preventive Healthcare:** Health infrastructure facilitates the implementation of preventive healthcare programs, including immunization drives, maternal and child health services, and disease control initiatives. Preventive measures can significantly reduce the burden of diseases in rural areas.

**e. Referral System:** An efficient health infrastructure enables a seamless referral system, where patients can be transferred to higher-level healthcare facilities when necessary. This ensures that patients receive specialized care beyond the capabilities of primary healthcare centers.

**f. Data Collection and Management:** Proper health infrastructure allows for accurate data collection, which is essential for monitoring health trends, assessing the impact of interventions, and making evidence-based decisions.

**g. Community Trust:** Improved health infrastructure builds trust among the community, encouraging people to seek healthcare services regularly and adhere to medical advice and treatment plans.

By investing in health infrastructure, governments can lay the foundation for an effective and sustainable healthcare system in rural areas, leading to improved health outcomes and overall well-being of the population.



### Q10. What strategies can be adopted to enhance access to healthcare services in rural areas?

A10. To enhance access to healthcare services in rural areas, various strategies can be adopted:

**a. Strengthening Primary Healthcare:** Investing in well-equipped primary healthcare centers and sub-health centers, and ensuring the availability of trained healthcare personnel at these facilities, enhances the availability of basic healthcare services to the rural population.

**b. Telemedicine and Mobile Health:** Leveraging technology, such as telemedicine and mobile health initiatives, enables remote medical consultations and health education, bringing healthcare services closer to remote areas.

**c. Mobile Health Units:** Deploying mobile health units to visit remote villages and provide medical services and health screenings can overcome geographical barriers and improve healthcare access.

**d. Incentives for Healthcare Professionals:** Offering incentives, such as rural allowances and career development opportunities, can attract and retain healthcare professionals in rural areas.

**e. Awareness Campaigns:** Conducting awareness campaigns on preventive healthcare, sanitation, and the importance of regular health check-ups can encourage people to proactively seek healthcare services.

**f. Public-Private Partnerships:** Collaborating with private healthcare providers can help bridge the healthcare gap in rural areas and improve service availability.

**g. Community Health Workers:** Training and empowering community health workers to provide basic healthcare services and promote health awareness can make healthcare services more accessible.

**h. Health Insurance:** Expanding health insurance coverage and promoting awareness about available insurance schemes can reduce the financial burden of healthcare expenses on rural families.

**i. Public Transport:** Improving public transportation links to healthcare facilities can facilitate patient travel to distant hospitals and medical centres.

By adopting these strategies, governments and healthcare stakeholders can work towards reducing disparities in healthcare access and improving the health outcomes of rural populations.



## Session - 5: Formulation of Health Development Planning in GP in convergence with line departments

### Q1. What is health development planning at the Gram Panchayat level, and why is it significant?

A1. Health development planning at the Gram Panchayat level involves formulating and implementing strategies to address health challenges and promote well-being within rural communities. It is a process through which Gram Panchayats, which are local self-governing bodies in India, work to improve the health outcomes of their residents. This planning aims to assess health needs, set priorities, and allocate resources to implement targeted interventions.

The significance of health development planning at the Gram Panchayat level lies in its ability to ensure that health initiatives are tailored to the specific needs of the local population. Each rural community may face unique health challenges influenced by factors such as geography, socioeconomic status, and cultural practices. By engaging in health planning, Gram Panchayats can bridge the gap between the community's health needs and the available healthcare services, thereby leading to improved health outcomes.

### Q2. How does health planning contribute to addressing health challenges in rural communities?

A2. Health planning plays a crucial role in addressing health challenges in rural communities by providing a systematic approach to tackle these issues. Here's how it contributes:

**a) Identifying Health Issues:** Health planning involves conducting a comprehensive health needs assessment to identify prevalent health issues within the community. This assessment helps Gram Panchayats understand the specific health challenges they need to address.

**b) Allocating Resources Effectively:** By understanding the health needs, Gram Panchayats can allocate resources efficiently to tackle the identified health issues. This ensures that resources are utilized optimally to have a substantial impact on health outcomes.

**c) Implementing Targeted Interventions:** Health planning allows for the implementation of evidence-based and targeted interventions to address specific health challenges. This approach ensures that interventions are tailored to the unique needs of the community.

**d) Promoting Preventive Healthcare:** Health planning often emphasizes preventive healthcare measures, which can help reduce the burden of diseases in the long run. By focusing on prevention, rural communities can experience improved overall health and reduced healthcare costs.

**e) Strengthening Health Systems:** Through health planning, Gram Panchayats can work towards improving the capacity and functioning of local healthcare systems. This may involve



training healthcare workers, upgrading facilities, and enhancing the delivery of healthcare services.

### **Q3. What methods can be used to conduct a comprehensive health needs assessment in the Gram Panchayat?**

A3. Conducting a comprehensive health needs assessment is a critical step in health development planning. Several methods can be used to gather information about the health status of the community and its healthcare needs:

**a) Surveys:** Conducting household surveys can help gather data on the health status of individuals, prevalent diseases, healthcare utilization, and barriers to accessing healthcare services.

**b) Focus Group Discussions (FGDs):** FGDs involve group discussions with community members to gain insights into their perceptions, experiences, and priorities regarding health issues and healthcare services.

**c) Health Data Analysis:** Analyzing existing health data from health facilities, government reports, and other sources can provide valuable information on disease patterns, health trends, and areas requiring attention.

**d) Key Informant Interviews:** Engaging with local healthcare providers, community leaders, and other stakeholders can provide in-depth insights into the health challenges faced by the community.

**e) Community Consultations:** Involving the community in the assessment process through town hall meetings or community forums helps in understanding their perspectives and involving them in the decision-making process.

The combination of these methods ensures a holistic understanding of the health needs and challenges in the Gram Panchayat, allowing for better planning and implementation of health initiatives.

### **Q4. How can Gram Panchayats prioritize health issues based on the assessment results and community inputs?**

A4. Prioritizing health issues is a crucial step in health development planning to ensure that resources are directed towards the most critical areas. Here's how Gram Panchayats can prioritize health issues:

**a) Community Consultations:** Engaging the community in the planning process allows them to voice their concerns and priorities regarding health issues. By involving the community, Gram Panchayats can understand which health problems are most pressing and impactful in their context.



**b) Severity and Impact:** Analyzing the assessment results to determine the severity and impact of health issues is essential. High-prevalence diseases with significant health and economic consequences may warrant immediate attention.

**c) Feasibility of Interventions:** Gram Panchayats should assess the feasibility of addressing certain health issues. Some health challenges may require extensive resources and expertise, while others may be more manageable with existing capacities.

**d) Alignment with National/State Health Policies:** Aligning health priorities with national or state health policies ensures that efforts are consistent with broader public health goals and objectives.

**e) Cost-Effectiveness:** Prioritizing cost-effective interventions can optimize resource allocation and achieve better health outcomes within available budgets.

By combining community inputs, data-driven assessment results, and practical considerations, Gram Panchayats can effectively prioritize health issues and plan targeted interventions to address them.

#### **Q5. What are the strategies to foster collaboration between Gram Panchayats and line departments for integrated health planning?**

A5. Integrated health planning requires collaboration among various stakeholders, including Gram Panchayats and line departments responsible for different aspects of public health and development. Here are some strategies to foster collaboration:

**a) Regular Meetings and Dialogues:** Organizing regular meetings and dialogues between Gram Panchayats, health department officials, and representatives of other line departments can facilitate information sharing, coordination, and joint decision-making.

**b) Joint Planning Sessions:** Conducting joint planning sessions involving multiple departments can help identify areas of convergence and mutual interest for integrated health interventions.

**c) Cross-Departmental Training:** Providing cross-departmental training to officials and workers can create awareness about the interconnections between health and other development sectors, fostering a more holistic approach to planning.

**d) Data Sharing and Analysis:** Sharing relevant data between departments can improve the understanding of health issues and enable evidence-based decision-making.

**e) Common Goals and Objectives:** Aligning health goals with the objectives of other development programs can promote collaboration and ensure that health is integrated into broader development initiatives.



**f) Joint Resource Allocation:** Collaboratively allocating resources for integrated health planning ensures that each department's expertise and resources are leveraged effectively.

By adopting these strategies, Gram Panchayats and line departments can work together to develop comprehensive and integrated health plans that address the diverse health needs of rural communities.

**Q6. How can Gram Panchayats identify available resources and potential funding sources for health development initiatives?**

A6. Identifying available resources and potential funding sources is vital for effective health development planning. Here are the steps Gram Panchayats can take:

**a) Resource Mapping:** Conducting a resource mapping exercise involves identifying and assessing the existing healthcare infrastructure, facilities, and human resources available within the Gram Panchayat. This includes health centers, hospitals, community health workers, and other healthcare providers.

**b) Government Schemes:** Gram Panchayats can explore funding opportunities provided by the central and state governments through various health-related schemes and programs. These schemes may offer financial assistance for specific health interventions.

**c) Grants and Funding from NGOs and Foundations:** Engaging with non-governmental organizations (NGOs) and foundations that focus on health and rural development can help secure additional funding for health initiatives.

**d) Corporate Social Responsibility (CSR) Funds:** Collaborating with private companies for CSR initiatives may provide funding for health projects in rural areas.

**e) Public-Private Partnerships (PPPs):** Exploring partnerships with private healthcare providers and organizations can offer additional resources and expertise for health development initiatives.

**f) External Support:** Gram Panchayats can seek support from international organizations, donor agencies, and development partners to access funding for specific health projects.

By identifying and leveraging these resources and funding sources, Gram Panchayats can strengthen their health development initiatives and improve healthcare services in rural communities.

**Q7. Why is community engagement essential in the health planning process?**

A7. Community engagement is essential in the health planning process because it ensures that health initiatives are designed to meet the actual needs and preferences of the community members they aim to serve. Involving the community in the planning process fosters a sense



of ownership and empowerment, leading to increased support and participation in the proposed interventions.

When communities actively participate in health planning, they can provide valuable insights into their unique health challenges, cultural practices, and existing barriers to healthcare access. This firsthand knowledge enables planners to design interventions that are culturally sensitive, relevant, and acceptable to the community. Community engagement also helps identify potential champions within the community who can play leadership roles in implementing and sustaining health initiatives.

Furthermore, when the community is engaged in decision-making, they are more likely to take ownership of the health programs and work towards their success. This sense of ownership can lead to increased compliance with health guidelines and better utilization of healthcare services, ultimately contributing to improved health outcomes in the community.

#### **Q8. How can Gram Panchayats develop actionable health interventions and action plans?**

A8. Gram Panchayats can develop actionable health interventions and action plans through the following steps:

- a) Collaborate with Healthcare Experts:** Engaging with healthcare professionals and experts can provide valuable insights into evidence-based practices and interventions that have proven effective in similar settings.
- b) Use Evidence-Based Guidelines:** Relying on evidence-based guidelines and best practices helps ensure that interventions are based on scientific evidence and have a higher likelihood of producing positive health outcomes.
- c) Align with Identified Health Priorities:** Action plans should prioritize interventions that align with the health priorities identified through the health needs assessment and community engagement processes.
- d) Set Specific and Measurable Goals:** Action plans should have clear and measurable objectives, allowing progress to be tracked and evaluated effectively.
- e) Consider Feasibility and Resources:** Gram Panchayats should assess the feasibility of implementing proposed interventions, taking into account available resources, infrastructure, and local capacities.
- f) Involve Stakeholders:** Engaging relevant stakeholders, including healthcare providers, community members, and other government departments, ensures a coordinated effort in implementing the action plans.
- g) Create a Timeline:** Developing a timeline for implementing each intervention helps in setting realistic targets and tracking progress.



**h) Monitor and Evaluate:** Regular monitoring and evaluation of the action plans allow for adjustments and improvements based on the outcomes achieved.

By following these steps, Gram Panchayats can develop actionable and practical health interventions that address the identified health challenges effectively.

**Q9. Why is it important to ensure that action plans are evidence-based and feasible for implementation?**

A9. Ensuring that action plans are evidence-based and feasible for implementation is crucial for several reasons:

**a) Effectiveness:** Evidence-based interventions have been rigorously tested and proven effective in addressing specific health issues. By using such interventions, Gram Panchayats can maximize the chances of achieving positive health outcomes in the community.

**b) Cost-Effectiveness:** Evidence-based interventions are more likely to be cost-effective as they focus resources on strategies that have shown to deliver significant health benefits.

**c) Resource Optimization:** Developing feasible action plans ensures that available resources, such as finances, infrastructure, and human capital, are utilized optimally, avoiding wastage.

**d) Sustainability:** Feasible interventions are more likely to be sustainable in the long run as they can be integrated into existing healthcare systems and are achievable within available resources.

**e) Community Acceptance:** Evidence-based interventions are often more readily accepted by the community, as they are backed by scientific evidence and have a higher likelihood of success.

**f) Credibility:** Implementing evidence-based and feasible interventions enhances the credibility of the health planning process and the Gram Panchayat's efforts in addressing health challenges.

By prioritizing evidence-based and feasible interventions, Gram Panchayats can enhance the effectiveness, efficiency, and sustainability of their health development initiatives.

**Q10. What strategies can be used to build effective partnerships with NGOs, healthcare providers, and other stakeholders for enhanced health outcomes?**

A10. Building effective partnerships with NGOs, healthcare providers, and other stakeholders is essential for achieving enhanced health outcomes in rural communities. Here are some strategies to foster successful collaborations:



- a) Establish Memorandums of Understanding (MoUs):** Formal MoUs between Gram Panchayats and partnering organizations clarify roles, responsibilities, and commitments, ensuring a shared understanding of the collaboration's objectives.
- b) Regular Communication:** Open and regular communication between all stakeholders facilitates coordination, information sharing, and problem-solving.
- c) Sharing of Resources and Expertise:** Collaboration allows stakeholders to share resources, knowledge, and expertise, enabling a more comprehensive approach to health development.
- d) Joint Planning and Decision-Making:** Involving stakeholders in joint planning and decision-making processes promotes a sense of ownership and ensures that interventions reflect diverse perspectives.
- e) Clearly Defined Roles:** Clearly defining the roles and contributions of each partner avoids duplication of efforts and helps maintain focus on specific objectives.
- f) Aligning Goals and Objectives:** Ensuring alignment between the goals and objectives of the Gram Panchayat and its partners creates a unified approach towards addressing health challenges.
- g) Establishing Trust:** Building trust among partners is crucial for effective collaboration and sustained engagement in health initiatives.
- h) Monitoring and Evaluation:** Collaborative monitoring and evaluation mechanisms allow stakeholders to assess the impact of interventions and make necessary adjustments.

By implementing these strategies, Gram Panchayats can create strong partnerships that leverage the expertise and resources of various stakeholders to achieve enhanced health outcomes.

#### **Q11. What is the first step in preparing a health plan for the village?**

A11. The first step in preparing a health plan for the village is conducting a thorough health needs assessment. This assessment involves gathering data and information about the health status and healthcare needs of the village population. The primary goal of the health needs assessment is to identify the existing health challenges, prevalent diseases, health-seeking behaviours, and other factors that may impact the health and well-being of the community.

The health needs assessment can be carried out through various methods, including surveys, focus group discussions, health data analysis, and consultations with healthcare providers. By gathering this information, the health planners can develop a comprehensive understanding of the health issues faced by the village and use this knowledge to inform the development of targeted health interventions in the health plan.



## Q12. Why is it important to identify key health indicators and priority areas for intervention?

A12. Identifying key health indicators and priority areas for intervention is essential to ensure that the health plan addresses the most critical health issues faced by the village. By focusing resources and efforts on key health indicators, health planners can effectively target the health challenges that have the most significant impact on the community's health and well-being.

Additionally, identifying priority areas for intervention allows for a more focused and efficient allocation of resources. It ensures that limited resources are directed towards evidence-based interventions that are more likely to produce positive health outcomes. By addressing priority areas, the health plan can have a greater overall impact on the health of the village population.

## Q13. What does a comprehensive health plan include?

A13. A comprehensive health plan includes a detailed roadmap for improving the health and well-being of the village population. It typically comprises the following components:

- a) **Health Needs Assessment:** A summary of the findings from the health needs assessment, highlighting the key health challenges and priority areas for intervention.
- b) **Health Goals and Objectives:** Clear and specific health goals and objectives that outline the desired health outcomes and the timeline for achieving them.
- c) **Targeted Interventions:** A description of the specific strategies and interventions that will be implemented to address the identified health issues.
- d) **Resource Allocation:** An outline of the resources required for implementing the interventions, including financial, human, and infrastructure resources.
- e) **Timelines and Milestones:** Setting timelines and milestones for the implementation of each intervention helps in tracking progress and ensuring timely delivery of services.
- f) **Responsibilities:** Clearly defining the roles and responsibilities of different stakeholders involved in the implementation of the health plan.
- g) **Monitoring and Evaluation:** A plan for regular monitoring and evaluation of the health plan's progress to assess its effectiveness and make necessary adjustments.

A comprehensive health plan ensures that the village's health needs are well understood and that targeted interventions are designed and implemented to achieve the desired health outcomes.

## Q14. How can health interventions be integrated with the activities of line departments and other stakeholders?



A14. Integrating health interventions with the activities of line departments and other stakeholders involves collaboration and convergence of efforts to address health issues from multiple angles. Here are some strategies:

- a) Joint Planning:** Engaging in joint planning sessions with representatives from various line departments helps identify areas of mutual interest and possible integration of health interventions.
- b) Cross-Sectoral Workshops:** Organizing workshops that bring together stakeholders from different sectors allows for brainstorming and collaborative problem-solving.
- c) Information Sharing:** Regular communication and data sharing between health departments and other line departments facilitate a better understanding of health issues and potential areas for collaboration.
- d) Coordinated Service Delivery:** Coordinating service delivery between health facilities and other development programs can enhance the reach and impact of health interventions.
- e) Training and Capacity Building:** Providing cross-sectoral training and capacity-building programs helps build a shared understanding of health issues and the importance of integration.
- f) Policy Alignment:** Ensuring that health objectives are aligned with the objectives of other development programs helps create synergies and avoids conflicting priorities.

By adopting a collaborative and integrated approach, health interventions can benefit from the expertise and resources of various stakeholders, leading to a more holistic and sustainable impact on the health of the village population.

#### **Q15. Why is a monitoring and evaluation framework important for the health plan?**

A15. A monitoring and evaluation (M&E) framework is essential for the health plan because it serves several critical purposes:

- a) Tracking Progress:** The M&E framework helps track the progress of health interventions and activities against set targets and timelines.
- b) Assessing Effectiveness:** Through regular evaluation, the M&E framework assesses the effectiveness of implemented interventions in achieving desired health outcomes.
- c) Identifying Successes and Challenges:** Monitoring and evaluation provide insights into successful interventions and areas that require improvement or adjustment.
- d) Data-Driven Decision Making:** The M&E framework provides evidence-based data that helps health planners make informed decisions to optimize resource allocation and improve program effectiveness.



**e) Accountability:** Monitoring and evaluation promote accountability among stakeholders by assessing whether they have fulfilled their roles and responsibilities.

**f) Learning and Adaptation:** The M&E framework facilitates learning from both successes and challenges, enabling adaptations to improve the health plan continuously.

**g) Reporting to Stakeholders:** Regular reporting on progress and outcomes to stakeholders, including the community, ensures transparency and fosters support for the health plan.

By implementing a robust M&E framework, Gram Panchayats can ensure that the health plan remains on track, achieves its objectives, and delivers the intended impact on the health of the village population.



## **Session - 6: Community Participation and need for VHSNC- Role of PRIs to promote LSDG theme 2: Healthy Village**

### **Q1. What is community participation, and why is it important in health and development?**

A1. Community participation refers to the active involvement and engagement of individuals, groups, and communities in decision-making processes and actions that directly affect their lives, well-being, and development. It is vital in health and development as it empowers local communities, fosters inclusivity, utilizes local knowledge, ensures sustainability, and strengthens social cohesion. By actively engaging community members, VHSNC can achieve better health, sanitation, and nutrition outcomes for all individuals in the village.

### **Q2. What is the Village Health, Sanitation, and Nutrition Committee (VHSNC), and what are its objectives?**

A2. The Village Health Sanitation and Nutrition Committee (VHSNC) is a committee formed under the National Rural Health Mission (NRHM) to address health-related issues at the village level. The committee is envisaged to take leadership in providing a platform for improving health awareness and access of the community to health services. It also serves as a mechanism for community-based planning and monitoring of health-related activities.

The VHSNC consists of 15 members, with the elected village president or Sarpanch as the chairperson. Other members include panchayat representatives, Anganwadi workers, ASHA workers, teachers, and community health volunteers. The committee acts as a platform for community participation and decision-making in matters related to health and sanitation.

The key functions and responsibilities of the VHSNC include:

1. **Identifying Health Issues:** The committee identifies health issues and challenges faced by the community and discusses possible solutions.
2. **Planning and Monitoring:** VHSNC develops village-level health plans and monitors the implementation of various health-related programs and initiatives.
3. **Health Awareness:** The committee conducts health awareness campaigns and health-related educational programs to create awareness among the community.
4. **Access to Health Services:** VHSNC works to improve the community's access to health services and ensures that healthcare facilities are functioning effectively.
5. **Nutrition and Sanitation:** The committee promotes nutrition and sanitation practices within the community to improve overall health and well-being.
6. **Social Audits:** VHSNC conducts social audits to ensure transparency and accountability in the implementation of health programs.



## Objectives of VHSNC

The VHSNC plays a vital role in empowering communities to actively participate in decision-making processes related to health and sanitation. It enables decentralized planning and ensures that health services are tailored to the specific needs of each village, thereby contributing to the development of healthy villages.

Its objectives are multi-faceted and focused on empowering local communities, improving health awareness, generating demand for health services, mobilizing resources, enhancing accountability and transparency, and bridging gaps in health, sanitation, and nutrition services at the grassroots level. Let's elaborate on each of these objectives:

1. **Empowering Local Communities:** One of the primary objectives of the VHSNC is to empower local communities, especially the marginalized and vulnerable sections, to actively participate in decision-making processes related to health, sanitation, and nutrition. By involving the community in planning and implementation, VHSNC promotes ownership and accountability in improving health outcomes.
2. **Creating Health Awareness:** VHSNC plays a crucial role in creating health awareness among the community members. It disseminates information about preventive healthcare practices, disease control measures, and maternal and child health services. The committee conducts health education programs, health camps, and awareness campaigns to sensitize the community about various health-related issues.
3. **Generating Demand for Health Services:** VHSNC works to generate demand for health services among the community members. It encourages the utilization of available healthcare facilities and services, including maternal and child healthcare, immunization, antenatal care, and family planning services. By promoting the benefits of institutional deliveries and regular health check-ups, VHSNC aims to improve healthcare-seeking behavior.
4. **Mobilizing Resources:** Another important objective of VHSNC is to mobilize resources for improving health and sanitation facilities in the village. The committee collaborates with government authorities, non-governmental organizations (NGOs), and other stakeholders to secure funds and resources for healthcare infrastructure development, essential medical equipment, and health programs.
5. **Enhancing Accountability and Transparency:** VHSNC ensures transparency in the utilization of funds and resources allocated for health-related activities. It monitors the implementation of various health programs and services and holds health service providers accountable for delivering quality healthcare to the community.
6. **Bridging Gaps in Health, Sanitation, and Nutrition Services:** VHSNC identifies gaps and deficiencies in health, sanitation, and nutrition services within the village and works towards addressing them. It advocates for improved access to safe drinking water, proper sanitation facilities, and better nutrition services to improve overall health and well-being.



7. **Strengthening Community Participation:** VHSNC fosters community participation in health-related decision-making and implementation. It encourages the involvement of women, youth, and other community members in health programs, ensuring a more inclusive and comprehensive approach to healthcare.
8. **Promoting Local Health Traditions:** VHSNC promotes and revives local health traditions and traditional healing practices that are effective and relevant in the local context. It integrates traditional healthcare methods with modern medical practices to provide holistic health services.
9. **Monitoring and Evaluation:** VHSNC plays a pivotal role in monitoring the progress and impact of health programs and services in the village. It collects and analyzes health-related data, identifies challenges, and provides feedback to relevant authorities for better planning and implementation.

Overall, the objectives of the VHSNC align with the broader goal of the National Rural Health Mission (NRHM) to improve the health status of rural communities, reduce health disparities, and ensure equitable access to quality healthcare services for all. Through its community-driven approach, VHSNC contributes significantly to the development of healthy villages and empowers local communities to take charge of their health and well-being.

### **Q3. How is community participation empowering for local communities in VHSNC?**

A3. Community participation empowers local communities in VHSNC by giving them a voice in decision-making processes. It fosters a sense of ownership, agency, and responsibility among community members. Empowered communities are more likely to take initiative, mobilize resources, and actively contribute to their own well-being. Moreover, community empowerment in VHSNC goes beyond immediate health outcomes. It can lead to increased social capital, improved community resilience, and a stronger sense of solidarity among members.

### **Q4. How does community participation foster local ownership and sustainability in VHSNC?**

A4. Community participation in VHSNC fosters local ownership by involving community members in the entire project cycle, from needs assessment to planning, implementation, and evaluation. When communities actively participate in designing and executing programs, they take ownership of the outcomes. This sense of ownership results in greater commitment and sustainability of initiatives even after external support diminishes. Local ownership also ensures that interventions align with the community's cultural norms, beliefs, and practices, making them more acceptable and effective.



**Q5. In what ways does community participation enhance accountability and transparency in VHSNC?**

A5. Community participation enhances accountability and transparency in VHSNC operations. When community members are actively engaged in monitoring and evaluation, they act as watchdogs, ensuring that resources are utilized effectively and services are delivered with quality and fairness. VHSNC is accountable to the community it serves, and transparency in decision-making processes helps build trust. Openly sharing information about resource allocation, program progress, and outcomes promotes community confidence in the committee's actions. This accountability not only benefits the community but also holds external stakeholders, such as government agencies and service providers, accountable for their roles in supporting VHSNC initiatives.

**Q6. How does community participation help bridge gaps in health, sanitation, and nutrition services in VHSNC?**

A6. Community participation plays a vital role in identifying and addressing gaps in health, sanitation, and nutrition services in VHSNC. Local community members are intimately aware of their specific needs and challenges, which may not be apparent to external agencies. Through community engagement, VHSNC can uncover unmet health needs, understand barriers to accessing services, and design targeted interventions to address these issues effectively. Additionally, community members often have valuable insights into the root causes of health disparities and challenges, including cultural factors, social norms, and economic constraints. Their involvement helps bridge the gap between top-down policy implementation and grassroots realities, leading to more contextually relevant and impactful interventions.

**Q7. What are some effective strategies for mobilizing community participation in VHSNC?**

A7. Effective strategies for mobilizing community participation in VHSNC include conducting awareness campaigns, community meetings, and door-to-door outreach to engage residents. Collaborating with local leaders, influencers, and social networks can also encourage community members to actively participate in VHSNC activities. VHSNC can leverage cultural events, festivals, and local celebrations to disseminate health messages and create awareness. Community mobilization efforts should be sensitive to cultural norms, language preferences, and the needs of marginalized groups to ensure inclusivity and active engagement.

**Q8. How can inclusivity and diversity be promoted in VHSNC?**

A8. Promoting inclusivity and diversity in VHSNC ensures that all voices are heard and represented. Engaging women, youth, elderly individuals, people with disabilities, and other marginalized groups is essential to capture the full range of community perspectives and needs. Creating a safe and inclusive space for open discussions is crucial for encouraging active



participation from diverse community members. Efforts should be made to overcome social and cultural barriers that may prevent certain groups from engaging fully.

**Q9. How can VHSNC build trust and collaboration with community members?**

A9. Building trust and collaboration are fundamental to successful community engagement. VHSNC members should actively listen to community concerns, be responsive to feedback, and follow through on promises made during community meetings. Transparency in decision-making processes and resource allocation fosters trust. VHSNC members should actively involve the community in setting priorities and designing interventions, ensuring that decisions are collectively made.

**Q10. What are the key communication channels and tools that VHSNC can utilize for effective community engagement?**

A10. VHSNC can utilize various communication channels such as community meetings, bulletin boards, posters, pamphlets, and local radio stations to disseminate information about health, sanitation, and nutrition. Additionally, utilizing technology like mobile phones, SMS messaging, and social media can enhance communication and outreach to a wider audience.

**Q11. How can VHSNC advocate for health, sanitation, and nutrition issues?**

A11. VHSNC can advocate for health, sanitation, and nutrition issues by voicing the community's needs and priorities to higher administrative levels and government authorities. Through evidence-based advocacy, VHSNC can draw attention to priority areas and lobby for necessary resources and support. Advocacy efforts may include engaging with local policymakers, attending community health forums, and collaborating with NGOs and civil society organizations working in the health sector.

**Q12. How can VHSNC utilize social media and technology for effective community engagement?**

A12. Social media and technology can be valuable tools for community engagement and information dissemination. Creating social media pages or groups for VHSNC allows for real-time updates, event promotion, and interactive discussions with community members. SMS messaging can be utilized to send health reminders, appointment notifications, and important updates to community members. By leveraging these modern communication tools, VHSNC can extend its reach and engage with a larger audience.

**Q13. How can VHSNC identify and address training needs for its members?**

A13. VHSNC can identify training needs for its members through needs assessments, surveys, and direct feedback from members. Understanding the specific gaps in knowledge and skills can help design training programs that are relevant and beneficial. Regular feedback sessions



and performance evaluations can also help identify ongoing training needs as the committee evolves and faces new challenges.

**Q14. What are the essential components of designing and delivering effective training programs for VHSNC members?**

A14. Effective training programs for VHSNC members should be interactive, participatory, and context-specific. They should be accessible to all members, considering language preferences and the educational background of participants. In addition to traditional classroom-style training, practical hands-on exercises and role-plays can reinforce learning and ensure that VHSNC members are better equipped to carry out their responsibilities.

**Q15. Why is continuous learning and knowledge sharing important for VHSNC members?**

A15. Continuous learning and knowledge sharing are essential for VHSNC members to stay updated on best practices and emerging trends in health, sanitation, and nutrition. Conducting periodic workshops, seminars, and study visits can provide opportunities for VHSNC members to learn from one another and share experiences. This continuous improvement allows the committee to adapt to new challenges and seize opportunities for better community engagement and development.

**Q16. How does monitoring and evaluation contribute to the effectiveness of VHSNC?**

A16. Monitoring and evaluation contribute to the effectiveness of VHSNC by providing feedback on the progress and impact of its initiatives. It helps identify areas of success and areas that require improvement, enabling the committee to make informed decisions and optimize resource allocation. Monitoring and evaluation ensure that VHSNC activities are aligned with its objectives and community needs, leading to more focused and impactful interventions.

**Q17. What are some indicators used to assess community participation and the effectiveness of VHSNC?**

A17. Indicators for assessing community participation in VHSNC may include the number of community members engaged, their level of involvement in decision-making, and the extent of collaboration with external stakeholders. Effectiveness indicators could include changes in health indicators, service utilization rates, and community satisfaction with health services. Additionally, feedback and perceptions from community members can provide valuable insights into the success of VHSNC initiatives.



**Q18. How can VHSNC utilize data from monitoring and evaluation for improvement and decision-making?**

A18. VHSNC can utilize data from monitoring and evaluation to identify areas for improvement and make informed decisions. Regular feedback sessions with the community can help understand their needs and preferences better. Data on the impact of interventions can guide VHSNC in allocating resources more effectively and implementing evidence-based strategies for better health, sanitation, and nutrition outcomes.

**Q19. Can you provide some examples of exemplary VHSNC initiatives and their impact on health, sanitation, and nutrition?**

A19. Examples of exemplary VHSNC initiatives may include successful vaccination campaigns, effective community health education programs, and innovative sanitation projects that have resulted in improved waste management and clean water supply. Such initiatives have contributed to increased immunization coverage, reduced disease incidence, enhanced health awareness, and better hygiene practices among community members.

**Q20. How can VHSNC engage with government and non-government organizations for effective community participation?**

A20. VHSNC can engage with government and non-government organizations through collaborative partnerships and regular communication. By actively participating in local health committees, attending meetings with government representatives, and networking with NGOs, VHSNC can advocate for the community's health needs and access additional resources and support for their initiatives.

**Q21. How can VHSNC link with healthcare facilities and service providers for better health service delivery?**

A21. VHSNC can establish linkages with healthcare facilities and service providers by fostering regular communication and coordination. Collaborating with local health workers, ASHA workers, and other healthcare providers can ensure seamless access to healthcare services for community members. VHSNC can also organize health camps and outreach programs in collaboration with healthcare facilities to increase service availability and reach to underserved populations.

**Q22. How can VHSNC ensure long-term commitment and involvement of community members?**

A22. VHSNC can ensure long-term commitment and involvement of community members by maintaining open communication channels, regularly sharing updates on progress and achievements, and actively seeking feedback from the community. Celebrating the success of VHSNC initiatives and recognizing the contributions of community members can also instill a sense of pride and ownership in community-driven projects.



**Q23. How can VHSNC celebrate achievements and recognize contributions effectively?**

A23. VHSNC can celebrate achievements and recognize contributions by organizing community events, award ceremonies, or appreciation gatherings. Acknowledging the efforts of community members publicly can foster a sense of belonging and motivate others to participate actively. Sharing success stories and case studies can also showcase the positive impact of community participation and inspire others to get involved.

**Q24. What is the role of Panchayati Raj Institutions (PRIs) in GPDP planning?**

A24. Panchayati Raj Institutions (PRIs) play a crucial role in the planning and implementation of the Gram Panchayat Development Plan (GPDP). They act as facilitators, mobilize resources, strengthen community participation, advocate for community needs, ensure accountability and transparency, and create synergies between health and development initiatives.

**Q25. How do PRIs facilitate community participation in GPDP planning?**

A25. PRIs facilitate community participation in GPDP planning by organizing Gram Sabha meetings and engaging community members in decision-making. They encourage the active involvement of all sections of the community, including women, youth, elderly, and marginalized groups, in setting priorities and voicing their needs and concerns related to health, sanitation, and nutrition.

**Q26. What is the role of PRIs in mobilizing resources for GPDP planning?**

A26. PRIs have the authority to raise and allocate funds for local development projects, including those related to health, sanitation, and nutrition. They identify resource requirements for GPDP initiatives and mobilize funds from various sources, such as government grants, local taxes, and external development agencies.

**Q27. How do PRIs strengthen the Village Health, Sanitation, and Nutrition Committee (VHSNC) through capacity building?**

A27. PRIs play a crucial role in strengthening the VHSNC by providing necessary support and capacity building. They organize training programs and workshops for VHSNC members, empowering them with the knowledge and skills required to effectively address health, sanitation, and nutrition issues within the community.

**Q28. How do PRIs advocate for community health needs in GPDP planning?**

A28. PRIs advocate for community health needs in GPDP planning by prioritizing health, sanitation, and nutrition-related interventions. They ensure that adequate resources are allocated for these areas and advocate for community health needs at higher administrative levels and with government authorities.



**Q29. What steps do PRIs take to ensure accountability and transparency in GPDP planning?**

A29. PRIs foster accountability and transparency in GPDP planning and implementation by ensuring that VHSNC activities are aligned with community priorities. They monitor the utilization of resources and regularly review progress to identify areas for improvement. Community feedback mechanisms are put in place to keep the process accountable.

**Q30. How do PRIs create synergy between health and development initiatives in GPDP planning?**

A30. PRIs integrate health, sanitation, and nutrition-related activities into the broader development agenda of the Gram Panchayat. They identify linkages between health interventions and other development projects, such as infrastructure, education, and livelihood, to create a holistic approach to community development.

**Q31. How do PRIs collaborate with external stakeholders in GPDP planning?**

A31. PRIs collaborate with external stakeholders, including government departments, non-governmental organizations, and healthcare providers, to leverage additional expertise and resources. This collaboration strengthens the impact of VHSNC initiatives and extends the reach of health services to underserved communities.

**Q32. How do PRIs monitor and evaluate GPDP and VHSNC activities?**

A32. PRIs are responsible for monitoring the implementation of GPDP and VHSNC activities. They conduct regular progress reviews, performance evaluations, and impact assessments to identify areas of success and areas that need improvement. This feedback mechanism ensures that community health needs are adequately addressed and that interventions are continuously optimized.

**Q33. How do PRIs promote inclusivity and gender sensitivity in GPDP planning and VHSNC activities?**

A33. PRIs actively promote inclusivity and gender sensitivity in GPDP planning and VHSNC activities by ensuring that marginalized groups, including women, are represented in decision-making processes. They strive to address the specific needs of different population segments, promoting equity and inclusiveness in health and development interventions.

**Q34. How do PRIs encourage innovation and adaptation in health, sanitation, and nutrition interventions?**

A34. PRIs encourage innovation and adaptive practices in health, sanitation, and nutrition interventions by supporting VHSNC in experimenting with new approaches and technologies.



They encourage the adoption of evidence-based practices and new solutions to tackle local health challenges effectively.

**Q35. How do PRIs strengthen the overall development of rural areas through GPDP planning?**

A35. PRIs strengthen the overall development of rural areas through GPDP planning by prioritizing health, sanitation, and nutrition-related interventions. They ensure that resources are allocated strategically to address community needs, improve infrastructure, and enhance the quality of life for all residents.



## Session - 7: Role of PRIs and GPs for promoting Self-Help Groups on Community Action on Health

### Q1. What are Self-Help Groups (SHGs), and what is their purpose?

A1. Self-Help Groups (SHGs) are community-based organizations formed by individuals with similar socio-economic backgrounds, typically women. The primary purpose of SHGs is to empower their members through self-reliance, collective decision-making, and mutual support. SHGs provide a platform for members to come together, pool their resources, and address common social and economic challenges faced by the community.

SHGs are often established with the support of NGOs, government agencies, or financial institutions. They operate on the principle of collective action, where members contribute regular savings, which are then used to provide credit or loans to members in need. The collective savings and access to credit empower members to undertake income-generating activities, start small businesses, and invest in community development projects.

### Q2. How do SHGs contribute to community development and empowerment?

A2. SHGs contribute to community development and empowerment in various ways. They provide financial inclusion by offering access to credit and savings, leading to economic upliftment. Additionally, SHGs foster a sense of solidarity and community ownership, allowing members to collectively address their social and economic needs.

1. **Economic Empowerment:** SHGs empower members economically by providing them with a reliable source of credit for income-generating activities and small businesses. This economic empowerment leads to increased financial independence and improved livelihoods for the community.
2. **Social Empowerment:** SHGs create a platform for open discussions and mutual support, enabling members to share their experiences and seek solutions to common challenges. This social empowerment helps build confidence and self-esteem among members.
3. **Decision-making:** SHGs encourage democratic decision-making within the group, promoting leadership skills and active participation. Members take collective decisions on financial matters, community projects, and other group activities, fostering a sense of ownership and responsibility.
4. **Skill Development:** SHGs organize skill-building training sessions, workshops, and capacity-building programs for their members. These activities enhance members' knowledge and expertise, making them more capable of addressing various challenges faced by the community.
5. **Gender Empowerment:** SHGs, especially those with a focus on women, contribute to gender empowerment by providing women with opportunities to be financially independent, assert their rights, and participate in decision-making processes.



### Q3. What is the impact of community action on health outcomes?

A3. Community action on health can have a significant impact on health outcomes. By fostering a sense of community ownership, promoting health literacy, and mobilizing resources, community-led initiatives lead to improved health awareness, better utilization of healthcare services, and the development of local health solutions that are culturally relevant and sustainable.

1. **Improved Health Awareness:** Community action on health helps raise awareness about various health issues, preventive measures, and the importance of regular health check-ups. Through workshops, campaigns, and awareness programs, communities become more knowledgeable about health-related matters, leading to early detection and prevention of diseases.
2. **Better Utilization of Healthcare Services:** When communities take an active role in promoting health, there is increased utilization of healthcare services. Members of the community are more likely to seek medical help, access immunization programs, and participate in maternal and child health initiatives.
3. **Culturally Relevant Solutions:** Community-led health initiatives consider the local culture, traditions, and practices, making the interventions more acceptable and sustainable. This approach ensures that health solutions align with the community's beliefs and values, leading to higher compliance and effectiveness.
4. **Empowerment and Ownership:** Community action on health empowers individuals to take charge of their health and well-being. By actively participating in health-related decision-making and activities, community members feel a sense of ownership and responsibility for their health outcomes.

### Q4. Can you provide examples of successful community-based health initiatives?

A4. Certainly, here are some examples of successful community-based health initiatives:

1. **Immunization Drives:** Community-led campaigns on immunization have been successful in increasing immunization coverage in various communities. By creating awareness, addressing misconceptions, and mobilizing community members, these drives have led to higher vaccination rates and a reduction in preventable diseases.
2. **Sanitation Drives:** Community-driven initiatives to improve sanitation, such as building community toilets and promoting waste management practices, have resulted in cleaner and healthier living environments. This has contributed to a decrease in water-borne diseases and improved overall hygiene.
3. **Nutrition Programs:** Community-based nutrition programs have focused on educating families about balanced diets and the importance of proper nutrition. These initiatives have led to reduced malnutrition rates, especially among children and pregnant women.



4. **Maternal and Child Health Initiatives:** Community-led efforts to promote safe motherhood and child health have increased antenatal care utilization, institutional deliveries, and postnatal follow-ups. These initiatives have contributed to reduced maternal and neonatal mortality rates.

#### Q5. What are the steps to form and organize SHGs in the community?

A5. The steps to form and organize SHGs in the community are as follows:

1. **Identification:** Identify potential members who have similar socio-economic backgrounds and are interested in forming an SHG.
2. **Orientation:** Conduct orientation sessions to explain the concept, objectives, and benefits of an SHG to potential members.
3. **Formation:** Form the SHG by bringing together interested individuals who agree to work collectively and contribute regular savings.
4. **Leadership:** Elect leaders from among the group members who will be responsible for managing the SHG's affairs and coordinating activities.
5. **Norms and Rules:** Establish group norms and rules governing savings, loan procedures, decision-making, and conduct within the SHG.

#### Q6. How can community members be mobilized to participate in SHGs?

A6. Community members can be mobilized to participate in SHGs through the following techniques:

1. **Awareness Building:** Raise awareness about the benefits of SHGs through community meetings, door-to-door campaigns, and information dissemination.
2. **Success Stories:** Share success stories of existing SHGs to showcase the positive impact they have had on members' lives and the community.
3. **Involvement of Local Leaders:** Involve local leaders and influencers in promoting SHGs, as their support can significantly influence community members.

#### Q7. How can SHGs promote health literacy and awareness among their members?

A7. SHGs can promote health literacy and awareness among their members through the following methods:

1. **Health Education Sessions:** Organize health education sessions, workshops, and training programs on topics such as preventive health practices, nutrition, maternal and child health, and sanitation.
2. **Awareness Campaigns:** Conduct awareness campaigns using posters, pamphlets, and audio-visual aids to disseminate information on health-related issues.



3. **Guest Speakers:** Invite healthcare professionals, experts, and community health workers to deliver talks and interactive sessions on various health topics.

#### **Q8. What methods can SHGs use to conduct a health needs assessment at the community level?**

A8. SHGs can use the following methods to conduct a health needs assessment at the community level:

1. **Focus Group Discussions (FGDs):** Organize FGDs with community members to gather insights and opinions on health challenges and priorities.
2. **Household Surveys:** Conduct surveys to collect data on health status, existing health practices, and health-related needs of households in the community.
3. **Key Informant Interviews:** Interview local leaders, healthcare providers, and community influencers to gain a broader understanding of health issues and available resources.

#### **Q9. How can SHGs mobilize resources to support health initiatives?**

A9. SHGs can mobilize resources to support health initiatives through the following strategies:

1. **Savings and Contributions:** Utilize the regular savings and contributions made by SHG members to pool financial resources for health-related projects.
2. **Government Schemes:** Access government schemes and grants available for community development and health promotion.
3. **Collaboration with NGOs:** Partner with non-governmental organizations (NGOs) that focus on health and community development to seek support and resources.
4. **Local Authorities:** Collaborate with local authorities, such as Gram Panchayats or Municipalities, to access funds and resources for health initiatives.

#### **Q10. How can SHGs collaborate with local authorities and healthcare providers for support and resources?**

A10. SHGs can collaborate with local authorities and healthcare providers by employing the following strategies:

1. **Building Relationships:** Establish strong relationships with local authorities and healthcare providers by attending community health meetings and actively participating in health-related discussions.
2. **Advocacy:** Advocate for community health needs during meetings with local authorities and healthcare providers, presenting data and evidence to support the requests.



3. **Partnerships:** Form partnerships with healthcare facilities and professionals to seek support for health-related activities and interventions.

### **Q11. How can successful SHG-led health models be scaled up and replicated in other communities?**

A11. Successful SHG-led health models can be scaled up and replicated in other communities through the following approaches:

1. **Networking and Knowledge Sharing:** Encourage SHGs to participate in networks and forums where they can share best practices and lessons learned with other communities.
2. **Training and Capacity Building:** Conduct training programs to build the capacity of SHG leaders and members in effective health management and implementation of health initiatives.
3. **Partnerships and Collaboration:** Form partnerships with government agencies, NGOs, and other stakeholders to facilitate the expansion of successful health models.

### **Q12. How can SHGs ensure the sustainability and long-term continuation of health initiatives?**

A12. To ensure the sustainability and long-term continuation of health initiatives, SHGs can adopt the following measures:

1. **Building Capacity:** Focus on building the capacity of SHG members through regular training and skill development, enabling them to manage health initiatives effectively.
2. **Income-Generating Activities:** Encourage SHGs to engage in income-generating activities to generate funds for sustaining health initiatives.
3. **Community Engagement:** Maintain active community engagement and participation in health activities to ensure a sense of ownership and responsibility among community members.
4. **Advocacy:** Advocate for continued support from local authorities, healthcare providers, and other stakeholders to maintain the momentum of health initiatives.

### **Q13: How do SHG promote community action on health?**

A13. Self-Help Groups (SHGs) are voluntary associations of individuals, primarily women, who come together for mutual support, economic empowerment, and addressing social issues. In the context of community action on health, SHGs act as platforms for local residents to collectively address health challenges faced by the community.

SHGs play a vital role in promoting community action on health by fostering a sense of ownership, empowerment, and social responsibility among its members. They create awareness about health issues, disseminate information on preventive health practices, conduct



training sessions, and advocate for better healthcare services. By organizing health-related initiatives and pooling resources, SHGs enhance the overall health and well-being of the community.

**Q14. How do Panchayati Raj Institutions (PRIs) and Gram Panchayats (GPs) support community action on health?**

A14. Panchayati Raj Institutions (PRIs) and Gram Panchayats (GPs) are local self-government bodies that play a crucial role in supporting community action on health. They provide a democratic platform for community participation, facilitate needs assessment, allocate funds, and collaborate with healthcare providers.

PRIs and GPs act as intermediaries between the government and local communities, ensuring that the health needs of the community are addressed effectively. They conduct community needs assessments and health surveys to identify priority areas for intervention. PRIs allocate funds from their budgets to support health-related initiatives, including those led by Self-Help Groups. They organize training programs, capacity-building sessions, and awareness campaigns on health-related topics. Additionally, they foster collaboration with healthcare providers, advocate for pro-health policies, and monitor the progress of health initiatives within their jurisdiction.

**Q15. How do PRIs and GPs empower Self-Help Groups (SHGs) to promote community action on health?**

A15. PRIs and GPs empower SHGs to promote community action on health through financial support, capacity-building programs, institutional linkages, and advocacy efforts. PRIs and GPs allocate funds from their budgets to support SHG-led health initiatives, enabling them to organize health camps, procure medical supplies, and address the healthcare needs of the community. They facilitate capacity-building programs for SHG members, including training on health awareness, sanitation, and healthcare practices. By establishing institutional linkages, PRIs ensure that SHGs have access to healthcare providers and resources. Moreover, they advocate for the health needs of the community at higher levels of government, ensuring that policies and funding decisions align with the community's health priorities.

**Q16. How do Self-Help Groups (SHGs) contribute to improving the health of the community?**

A16. Self-Help Groups (SHGs) contribute to improving the health of the community through health awareness, advocacy, resource mobilization, and peer support.

SHGs create health awareness by disseminating information on preventive health practices, disease management, maternal and child health, nutrition, and sanitation. They conduct awareness campaigns, workshops, and training sessions to educate the community. SHGs also advocate for better healthcare services, infrastructure, and policies at the local level. They



engage with authorities to voice community health needs and demand necessary improvements. Furthermore, SHGs mobilize resources to support community health initiatives, such as organizing health camps, procuring medical supplies, and providing financial assistance to economically vulnerable members. Lastly, SHGs offer peer support, which enhances the mental well-being of community members dealing with health challenges.

**Q17. How does the collaboration between PRIs, GPs, and SHGs lead to effective community action on health?**

A17. The collaboration between PRIs, GPs, and SHGs leads to effective community action on health by leveraging local knowledge, resources, and democratic governance structures.

PRIs and GPs bring their understanding of the local community's needs, challenges, and available resources. They facilitate the formation and functioning of SHGs, enabling them to address health issues that align with the community's priorities. SHGs, in turn, utilize their grassroots-level reach and engagement to mobilize community members and implement health-related initiatives effectively. The collaboration ensures that health interventions are tailored to the specific needs of the community, making them more impactful and sustainable. The involvement of PRIs and GPs also strengthens the accountability and transparency of community health initiatives, fostering community ownership and long-term commitment to health improvement.

**Q18. What role do Self-Help Groups (SHGs) play in promoting low-cost and no-cost activities under the LSDG Theme 2 - Healthy Village?**

A18. SHGs play a significant role in promoting low-cost and no-cost activities under the LSDG Theme 2 - Healthy Village. Through their grassroots-level presence, SHGs facilitate community-driven initiatives that focus on improving the health and well-being of the village population. By leveraging local resources, knowledge, and collective action, SHGs implement cost-effective and sustainable activities that address health challenges without imposing a financial burden on the community.

In the context of community action on health, SHGs serve as platforms for local residents to collectively address health challenges faced by the community. They promote low-cost activities by harnessing the skills and talents of their members and community volunteers. These activities may include health awareness campaigns, sanitation drives, nutrition workshops, and promoting healthy lifestyle practices. SHGs utilize their peer support networks to disseminate information and encourage behavior change within the community, effectively addressing health issues at minimal expense.

Furthermore, SHGs spearhead no-cost activities that involve advocacy, mobilization, and community participation. By partnering with local authorities, healthcare providers, and government agencies, SHGs advocate for improved healthcare services, access to clean water, and better sanitation facilities, among others. They mobilize community members to actively



participate in health-related programs, creating a sense of ownership and shared responsibility for the village's health and well-being.

**Q19. How do Self-Help Groups (SHGs) leverage local resources to implement low-cost activities for promoting community health?**

A19. Self-Help Groups leverage local resources to implement low-cost activities for promoting community health by identifying available assets and talents within the village and utilizing them effectively.

SHGs are deeply connected with the local community, and they understand the available resources and skills. They identify individuals with specific knowledge and expertise related to health, nutrition, and sanitation, and encourage them to share their knowledge with others. This approach allows the village to tap into its own human resources, eliminating the need for costly external trainers or consultants. By equipping community members with relevant knowledge and skills, SHGs empower them to take charge of their health and well-being, leading to a sustainable and cost-effective approach to community health improvement.

**Q20. How do Self-Help Groups (SHGs) conduct behavior change communication campaigns to promote healthy practices in the village?**

A20. Self-Help Groups (SHGs) conduct behavior change communication campaigns to promote healthy practices in the village by utilizing simple and effective communication tools and leveraging local cultural practices.

Behavior change is a crucial aspect of promoting health in a village. SHGs excel in conducting behavior change communication campaigns that focus on low-cost and no-cost interventions. They use communication tools like street plays, community meetings, and interpersonal communication to disseminate health-related information and encourage the adoption of healthy behaviors such as handwashing, proper waste disposal, and family planning. By relying on local cultural practices and traditions, SHGs ensure that their messages resonate well with the community, making behavior change more likely and sustainable.

**Q21. How do Self-Help Groups (SHGs) advocate for improved healthcare services and infrastructure at the local level?**

A21. Self-Help Groups (SHGs) advocate for improved healthcare services and infrastructure at the local level by acting as community mobilizers and partnering with local authorities and healthcare providers.

SHGs work closely with local authorities, Gram Panchayats, and healthcare providers to demand better facilities and resources. Through collective advocacy, SHGs influence policy decisions and secure government support for health-related projects. This advocacy approach ensures that the village's health needs are addressed at the higher levels of government without imposing a significant financial burden on the community. SHGs mobilize community



members to actively participate in health-related programs, creating a sense of ownership and shared responsibility for the village's health and well-being.

**Q22. How do Self-Help Groups (SHGs) contribute to building healthier and more resilient communities under the Healthy Village theme of the LSDG?**

A22. Self-Help Groups (SHGs) contribute to building healthier and more resilient communities under the Healthy Village theme of the LSDG by promoting preventive health measures, community empowerment, and sustainable development.

SHGs strengthen the resilience of the village to health challenges by promoting preventive measures and fostering a sense of community ownership. They reduce the vulnerability of the community to diseases and health emergencies by encouraging healthy behaviors, sanitation practices, and access to clean water. By empowering the community to take charge of their health and well-being, SHGs create a sense of collective responsibility, leading to a stronger community response to health challenges. Their low-cost and no-cost activities also ensure that health improvements are sustainable and do not burden the community financially, contributing to overall community development and well-being.

In conclusion, Self-Help Groups (SHGs) play a pivotal role in promoting low-cost and no-cost activities under the Healthy Village theme of the Local-Self Government Department Grant. Through their grassroots-level presence, advocacy efforts, and community mobilization, SHGs empower communities to take charge of their health and well-being. Their cost-effective and sustainable approach ensures that the village's health needs are met without imposing a significant financial burden, leading to healthier and more resilient communities.



## **Session - 8: Overview of Panchayat Development Index and its integration in GPDP**

### **Q1. What is the Panchayat Development Index (PDI), and why is it important in rural development?**

A1. The Panchayat Development Index (PDI) is a crucial tool used by governments and policymakers to assess the overall development status of Panchayats or local self-government institutions in rural areas. It is essential in measuring progress and guiding the formulation of development plans by combining various indicators that reflect the social, economic, and infrastructural development of Panchayats.

### **Q2. How does the PDI contribute to bridging the developmental deficit in Gram Panchayats (GPs) in rural India?**

A2. The PDI plays a vital role in bridging the developmental deficit in rural India by providing a comprehensive view of the well-being and progress of Gram Panchayats (GPs). It aids in achieving Sustainable Development Goals and is unmatched in guiding the implementation of government programs in the village Panchayat area.

### **Q3. How many themes, targets, and indicators are included in the PDI?**

A3. The PDI consists of 9 themes, 144 targets, and 577 indicators. These indicators are categorized into those to be captured from other ministries (227 local indicators) and those to be collected from field surveys/GP records (322 local indicators).

### **Q4. Name some key elements of the PDI as mentioned in the reference material.**

A4. The key elements of the PDI include:

1. Weightage for indicators
2. Target values
3. Gradation vs Ranking
4. Incremental progress measurement
5. Data
6. Data source
7. Data validation
8. Data visualization in PDI
9. Analysis

### **Q5. What is the significance of the PDI in rural development, according to the reference material?**

A5. The PDI's significance lies in its ability to:

1. Capture the status and movement in development at the grassroots level.
2. Ensure rapid transformation of Panchayats by focused intervention in 9 thematic areas.
3. Promote sustainable development by capturing data on emerging areas like environmental cooperation, organic farming, waste management, mental health, and renewable energy use.
4. Identify and scale best practices, both sector and geography specific.



5. Generate positive competition among Panchayats.
6. Strengthen Panchayati Raj Institutions (PRIs) through participatory planning backed by data.
7. Motivate line departments and frontline workers to support action for outcome indicators.
8. Generate interest and lobby for fund allocations among Elected Representatives.
9. Adopt a multi-sectoral approach through convergence, integration, and focused attention.
10. Build reliable financial databases and development measurements of progress at the GP level.
11. Bring transparency and accountability among Panchayats and departments.
12. Ensure that no one is left behind in the development process.

**Q6. How can the PDI be integrated into the Gram Panchayat Development Plan (GPDP) planning process?**

A6. The integration of PDI into GPDP planning involves several steps, including data collection and analysis, identifying development gaps, setting priorities, formulating action plans, allocating resources, involving the community, monitoring and evaluation, and maintaining flexibility and adaptability.

**Q7. What is the significance of integrating PDI into the GPDP, especially in the context of Theme 2: Healthy Village of LSDG?**

A7. The integration of PDI into GPDP is significant because it ensures a more focused, targeted, and comprehensive approach to rural development. In the context of Theme 2: Healthy Village of LSDG, it helps assess health infrastructure, monitor health indicators, promote sanitation and clean water, address environmental concerns, empower local communities, allocate resources effectively, and measure progress toward creating healthier villages.

**Q8. How does the PDI contribute to assessing health infrastructure in rural Panchayats?**

A8. The PDI includes indicators related to healthcare facilities and accessibility. By incorporating these health infrastructure indicators, policymakers can assess the availability and quality of healthcare services in Panchayats, identify gaps, and make targeted investments to improve medical facilities in rural areas.

**Q9. Why is involving the local community important in the PDI process, particularly in the context of Theme 2: Healthy Village?**

A9. Involving the local community is crucial in the PDI process because it empowers them to actively participate in identifying health-related priorities and formulating action plans. This engagement ensures that development initiatives align with the needs and preferences of the community, leading to more effective and sustainable outcomes, especially in promoting the health and well-being of rural communities.



## LSDG Theme 2- Healthy Village Pre- Training Assessment Questionnaire

1. What is the purpose of integrating the Participatory Development Index (PDI) in GPDP?
  - a) To assess the overall development performance of Gram Panchayats.
  - b) To promote community engagement and ownership in the planning process.
  - c) To track the progress of GPDP implementation.
  - d) All of the above.**
2. The main objective of the e-GramSwaraj portal is to:
  - a) Digitize administrative tasks of Gram Panchayats.
  - b) Promote transparency and efficiency in rural governance.**
  - c) Assess the health status of the village population.
  - d) Facilitate political decision-making at the Gram Panchayat level.
3. Which of the following is a key step in the process of Localization of Sustainable Development Goals (SDGs) at the grassroots level?
  - a) Capacity Building of elected representatives.**
  - b) Centralization of decision-making at higher levels.
  - c) Ignoring community input in planning and implementation.
  - d) Relying solely on external funding for SDG projects.
4. What is the role of Gram Panchayats in achieving the Localised Sustainable Development Goals (SDGs)?
  - a) They are the sole implementers of SDGs at the grassroots level.
  - b) They collaborate with other stakeholders to achieve SDG outcomes.
  - c) They design and implement locally relevant health policies and interventions.
  - d) b & c**
5. How can Self-Help Groups (SHGs) contribute to community action on health?
  - a) By providing medical treatment to community members.
  - b) By organizing health camps occasionally.
  - c) By empowering the community to take charge of their health.**
  - d) By conducting health awareness programs for women only.
6. What is the primary objective of the Thematic Approach in the Localization of Sustainable Development Goals (SDGs)?
  - a) To group the SDGs into broad themes for easier implementation.**
  - b) To exclude certain SDGs that are not relevant to the rural areas.
  - c) To reduce the number of SDGs from 17 to 9 for simplicity.
  - d) To prioritize urban development over rural development.
7. How can the Panchayat Development Index (PDI) be used to prioritize interventions in GPDP?
  - a) By allocating equal resources to all sectors regardless of PDI scores.
  - b) By focusing only on the sectors with the highest PDI scores.
  - c) By addressing development gaps in sectors with low PDI scores.**
  - d) By prioritizing sectors that are not part of the PDI assessment.



8. Which of the following is an example of a line department that can collaborate with Gram Panchayats in achieving Healthy Village goals?  
**a) Department of Education**  
b) Department of Defense  
c) Department of Space  
d) Department of Entertainment
9. The process of Localization of Sustainable Development Goals (SDGs) is primarily focused on:  
a) Implementing global SDGs as they are without any changes.  
**b) Tailoring SDGs to meet the specific needs of each Gram Panchayat.**  
c) Reducing the total number of SDGs for simplicity.  
d) Excluding certain SDGs that are not applicable to rural areas.
10. The Thematic Approach in the Localization of Sustainable Development Goals (SDGs) involves grouping the 17 SDGs into \_\_\_\_\_ broad themes.  
a) 5  
b) 10  
**c) 9**  
d) 20
11. Which of the following is a key step in the process of Localization of SDGs at the grassroots level?  
a) Centralization of decision-making by higher authorities.  
b) Ignoring community input in planning and implementation.  
**c) Capacity building of elected representatives.**  
d) Excluding Gram Panchayats from the process.
12. What is the significance of Gram Panchayats in achieving the SDG theme "Healthy Village"?  
a) They are responsible for national-level policymaking on health.  
b) They solely focus on urban development projects related to health.  
**c) They design and implement locally relevant health policies and interventions.**  
d) They play no role in achieving the SDGs.
13. The Panchayat Development Index (PDI) is a tool used to assess the overall development performance of \_\_\_\_\_.  
a) States  
b) Districts  
**c) Gram Panchayats**  
d) Municipalities
14. What is the primary objective of integrating the PDI in GPDP?  
a) To assess the health status of the village population.  
**b) To promote community engagement and ownership in the planning process.**  
c) To track the progress of GPDP implementation.  
d) To focus solely on health-related interventions.



## LSDG Theme 2- Healthy Village Post- Training Assessment Questionnaire

1. What is the primary role of Gram Panchayats in the Localization of Sustainable Development Goals (SDGs)?
  - a) Implementing SDGs at the global level.
  - b) Aligning global SDGs with local development planning.**
  - c) Excluding certain SDGs that are not relevant to the rural areas.
  - d) Promoting urban development over rural development.
2. Which of the following is a key outcome of integrating the Panchayat Development Index (PDI) in GPDP?
  - a) Enhanced community engagement in the planning process.**
  - b) Increased use of external funding for development projects.
  - c) Exclusion of marginalized groups from the planning process.
  - d) None of the above.
3. How can participatory approaches benefit GPDP formulation?
  - a) By ensuring that only Gram Panchayat members make decisions.
  - b) By creating a top-down planning approach.
  - c) By prioritizing development needs based on community inputs.**
  - d) By ignoring community preferences in planning.
4. The main purpose of the Localization of Sustainable Development Goals (SDGs) at the grassroots level is to:
  - a) Achieve SDGs without involving Gram Panchayats.
  - b) Align global SDGs with local development planning.**
  - c) Eliminate all development challenges at the grassroots level.
  - d) None of the above.
5. How can SHGs contribute to community action on health effectively?
  - a) By advocating for better healthcare policies at the state level.
  - b) By organizing one-time health camps in the community.
  - c) By empowering the community to actively address health issues.**
  - d) By collecting health-related data for the government.
6. How many local targets & local indicators are identified for Healthy Village theme:
  - a) 14 & 26**
  - b) 26 & 14
  - c) 39 & 64
  - d) 15 & 30
7. How can Gram Panchayats promote self-sufficiency in infrastructure as part of the Healthy Village theme?
  - a) By solely relying on external funding from central government schemes.
  - b) By encouraging community participation in infrastructure development.**
  - c) By ignoring infrastructure needs and focusing only on health-related SDGs.
  - d) By avoiding collaboration with other stakeholders.
8. What is the primary role of Gram Panchayat members in community action on health through Self-Help Groups (SHGs)?
  - a) To supervise and control all SHG activities related to health.



- b) To provide medical treatment and services to SHG members.
  - c) **To empower SHGs to take charge of their own health initiatives.**
  - d) To discourage SHGs from engaging in health-related activities.
9. What are the key benefits of using the e-GramSwaraj portal for GPDP uploading?
- a) Improved access to entertainment services for villagers.
  - b) **Enhanced accountability and transparency in rural governance.**
  - c) Reduction in the responsibilities of Gram Panchayats in planning.
  - d) Exclusion of community input in the development process.
10. How can Gram Panchayats use the Panchayat Development Index (PDI) for evidence-based decision-making?
- a) By disregarding the PDI scores and relying on intuition.
  - b) By prioritizing projects based on political affiliations.
  - c) **By aligning GPDP goals with areas of low PDI scores.**
  - d) By relying solely on external consultants for decisions.
11. The Thematic Approach in the Localization of SDGs involves aggregating the 17 global SDGs into \_\_\_\_ broad themes.
- a) 5
  - b) 12
  - c) **9**
  - d) 15
12. What is the purpose of integrating the Panchayat Development Index (PDI) in GPDP?
- a) To assess the overall development performance of Gram Panchayats.
  - b) To promote community engagement and ownership in the planning process.
  - c) To track the progress of GPDP implementation.
  - d) **All of the above.**
13. What is the significance of Gram Panchayats in achieving the SDG theme "Healthy Village"?
- a) They are responsible for national-level policymaking on health.
  - b) They solely focus on urban development projects related to health.
  - c) **They design and implement locally relevant health policies and interventions.**
  - d) They play no role in achieving the SDGs.
14. The process of Localization of Sustainable Development Goals (SDGs) is primarily focused on:
- a) Implementing global SDGs as they are without any changes.
  - b) **Tailoring SDGs to meet the specific needs of each Gram Panchayat.**
  - c) Reducing the total number of SDGs for simplicity.
  - d) Excluding certain SDGs that are not applicable to rural areas.

**Audio-visual Material on LSDG Theme 2, Healthy Village**

SL. NO.	CONTENT	VIDEO LINK
1	Film on Localization of Sustainable Development Goals	<a href="https://youtu.be/qT2xGAjMYa4">https://youtu.be/qT2xGAjMYa4</a>
2	Film presented by Jawanpura GP, Rajasthan on the theme of Healthy Village	<a href="https://www.youtube.com/watch?v=7Qs_JAohrKg&amp;list=PLr1WFeVzpoLsEZC3Ppn-w-EMP6mfjuUR9&amp;index=24">https://www.youtube.com/watch?v=7Qs_JAohrKg&amp;list=PLr1WFeVzpoLsEZC3Ppn-w-EMP6mfjuUR9&amp;index=24</a>
3	Film presented by Dawa GP, Bihar on the theme of Healthy Village	<a href="https://www.youtube.com/watch?v=INz1gYCGc4&amp;list=PLr1WFeVzpoLsEZC3Ppn-w-EMP6mfjuUR9&amp;index=25">https://www.youtube.com/watch?v=INz1gYCGc4&amp;list=PLr1WFeVzpoLsEZC3Ppn-w-EMP6mfjuUR9&amp;index=25</a>
4	Film presented by Ferragunj GP, Andaman & Nicobar on the theme of Healthy Village	<a href="https://www.youtube.com/watch?v=KmsbOVWDxxI&amp;list=PLr1WFeVzpoLsEZC3Ppn-w-EMP6mfjuUR9&amp;index=26">https://www.youtube.com/watch?v=KmsbOVWDxxI&amp;list=PLr1WFeVzpoLsEZC3Ppn-w-EMP6mfjuUR9&amp;index=26</a>
5	Film presented by Bagavdar GP, Gujarat on the theme of Healthy Village	<a href="https://www.youtube.com/watch?v=77Yh9_vgTts&amp;list=PLr1WFeVzpoLsEZC3Ppn-w-EMP6mfjuUR9&amp;index=27">https://www.youtube.com/watch?v=77Yh9_vgTts&amp;list=PLr1WFeVzpoLsEZC3Ppn-w-EMP6mfjuUR9&amp;index=27</a>
6	Healthy Village, Changsu, Nagaland	<a href="https://youtu.be/WR3fkpsoyqw">https://youtu.be/WR3fkpsoyqw</a>
7	Film on Healthy Village Gram Panchayat	<a href="https://youtu.be/Qj3GSn8KEZE">https://youtu.be/Qj3GSn8KEZE</a>
8	Healthy Panchayat   Peravoor Grama Panchayat	<a href="https://youtu.be/3USvXPZpMSM">https://youtu.be/3USvXPZpMSM</a>
9	Healthy Panchayat Motipur for National Panchayat Award Theme 2	<a href="https://youtu.be/4SdJDW8yrqg">https://youtu.be/4SdJDW8yrqg</a>
10	Film presented by Jhpiego Corporation India on the theme of Healthy Village	<a href="https://youtu.be/VT13eKuLMKY">https://youtu.be/VT13eKuLMKY</a>
11	Swachh Gaon Swasth Gaon	<a href="https://youtu.be/suHO0jkV4nU">https://youtu.be/suHO0jkV4nU</a>
12	SDG 3 - Good Health and wellbeing - Hindi	<a href="https://youtu.be/2Ut_hvZXXw8">https://youtu.be/2Ut_hvZXXw8</a>
13	Swasthya Kaun   स्वस्थ कौन   Who is Healthy   Health and Fitness	<a href="https://youtu.be/tB2v3qKQq5s">https://youtu.be/tB2v3qKQq5s</a>





**Centre for Panchayati Raj, Decentralized Planning & Social Service Delivery (CPRDP&SSD)**  
**National Institute of Panchayati Raj & Rural Development**  
**Rajendranagar (NIRDPR) - Hyderabad**