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GRAAMA PANCHAYATH AROGYA AMRUTHA ABHIYAANA

A convergence initiative to strengthen
Gram Panchayat leadership to ensure
the health of last mile communities



BACKGROUND

Gram Panchayats are the centres of village administration, development, and health and family welfare, with immense potential to provide decentralized services that can improve the health and well-being of villagers by gauging the public health requirements of rural areas, expanding access to healthcare services, and leveraging community networks to meet the needs of the most vulnerable and unreached populations. It is only when such healthcare services reach the underserved in the rural pockets of the nation that India can hope to reach its goal of reducing the burden of Covid-19, Tuberculosis (TB) and Non-communicable diseases (NCDs). Fortifying rural areas to combat these threats through the empowerment of Gram Panchayats and health functionaries is essential to mitigate existing and emerging threats to the health of people.

With this view, the Government of Karnataka established Gram Panchayat Covid Task Forces to address the immediate challenge of the Covid-19 pandemic, especially in rural Karnataka. These were envisaged to function as Gram Panchayat Health Task Forces, their role evolving with an expanded mandate to address all major health initiatives across maternal and child health, communicable and non-communicable diseases like TB, diabetes, hypertension and other general ailments. This vision of the Gram Panchayat Health Task Force, currently known as the Gram Panchayat Task Force, is the strengthening of community ownership of different health programs at the panchayat level. This aligns with the objective of the flagship Ayushman Bharat program under the National Health Mission (NHM) of achieving universal access to equitable, affordable and quality health care which is accountable and responsive to the needs of people.

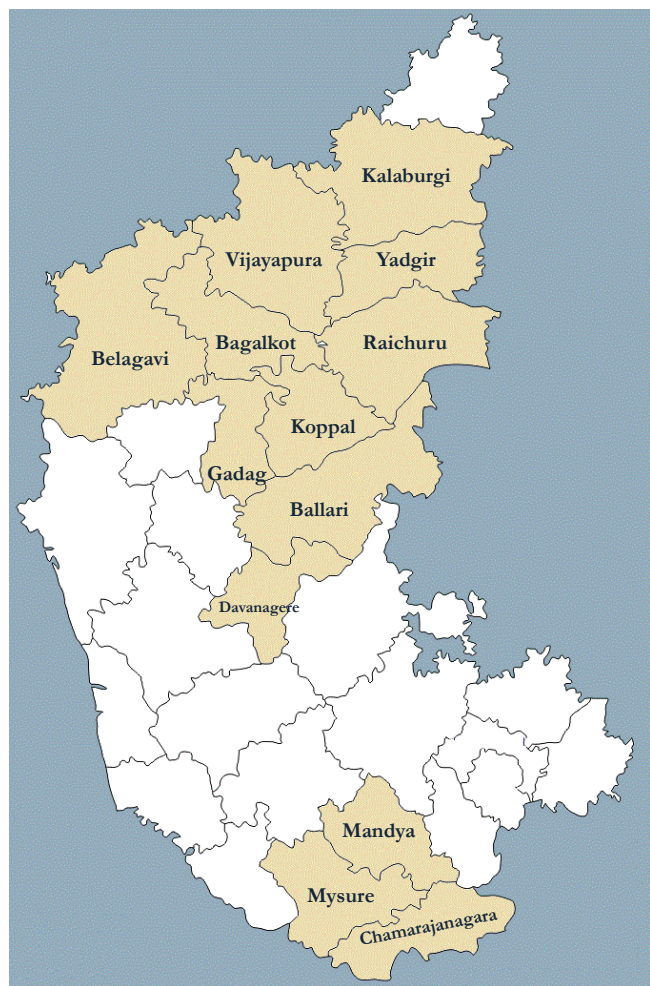
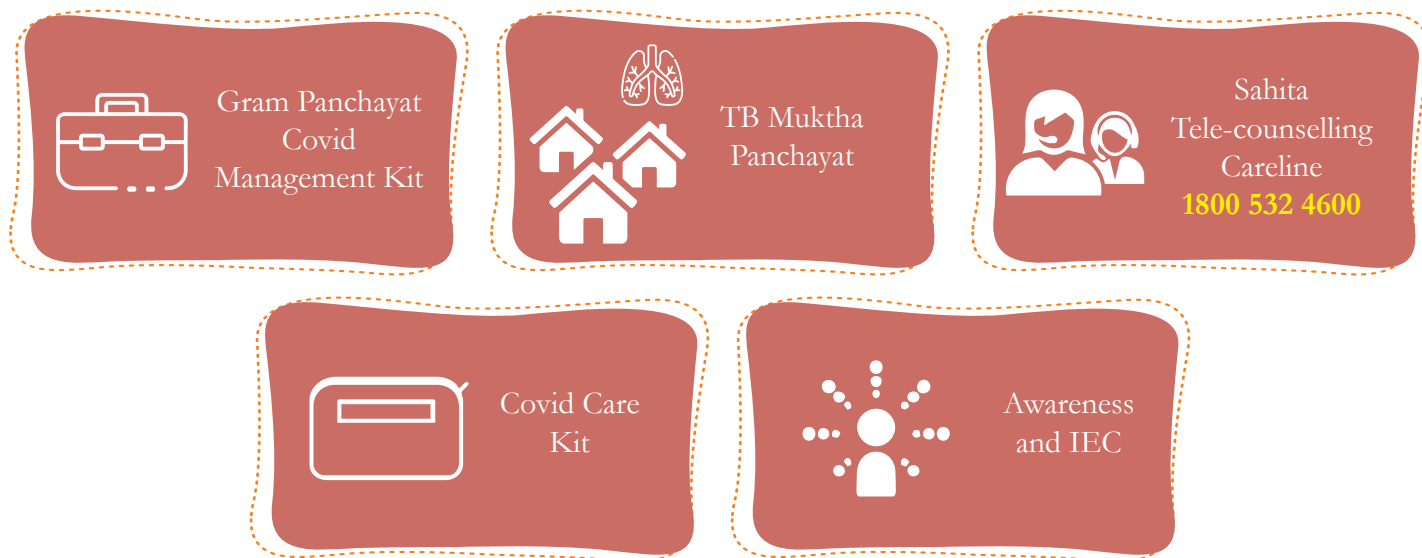
The National Tuberculosis Elimination Programme (NTEP), Karnataka, is also initiating the Kshaya Muktha Gram Panchayat (TB-free Gram Panchayat) initiative as part of its ambitious Kshaya Muktha Karnataka (TB-free Karnataka) campaign. By involving the members of Gram Panchayats, there will be a better understanding of the disease from the community perspective, an impetus for the early detection of cases and early initiation of treatment, community support to enable adherence by reducing stigma, and support to nutrition and treatment completion for better outcomes.

These initiatives highlight the importance of the Gram Panchayat as the most significant decentralised self-governing body, which can ensure and implement the “health for all” approach at the grassroots. KHPT is supporting the Government of Karnataka, namely the Departments of Rural Development and Panchayat Raj (RDPR) and Health and Family Welfare to implement the Graama Panchayath Arogya Amrutha Abhiyaana, which aims to enhance the capacities of Gram Panchayats to more proactively address issues of public health in rural Karnataka.

The Graama Panchayath Arogya Amrutha Abhiyaana

The Graama Panchayath Arogya Amrutha Abhiyaana (GPAAA), a first-of-its-kind initiative in the country launched by the Government of Karnataka, hopes to usher in new synergy among the Gram Panchayats, communities and the health facilities in rural areas of the state. The program involves the multisectoral coordination of the Karnataka state departments of RDPR, and Health and Family Welfare, in partnership with KHPT, and with the support of the United States Agency for International Development (USAID).

Components of the GPAAA



Vision

The vision of the GPAAA is to take services to the doorstep of every poor household in rural Karnataka through the close collaboration of Panchayat functionaries such as the Panchayat Development Officer, members of the newly-established Gram Panchayat Task Force and health services staff from health and wellness centres, such as the ASHA, Middle-level Health Practitioner (MLHP), and ANM.

The GPAAA integrates the Covid Muktha Gram Panchayat and Kshaya Muktha Gram Panchayat campaigns with the aim of leveraging the strengths of Panchayats and the frontline workers of the health department to build healthy, TB-free and Covid-free villages.

As a long-term goal, the Panchayats will also address vulnerabilities including NCDs, mental health issues, elimination of child marriages, and malnutrition, among others.

Covering 2816 Gram Panchayats of 110 Talukas in 13 districts

Bagalkot, Ballari, Belagavi, Chamarajanagara, Davanagere, Gadag, Kalaburgi, Koppala, Mandya, Mysure, Raichuru, Vijayapura, Yadgir

Operationalizing the Abhiyaana

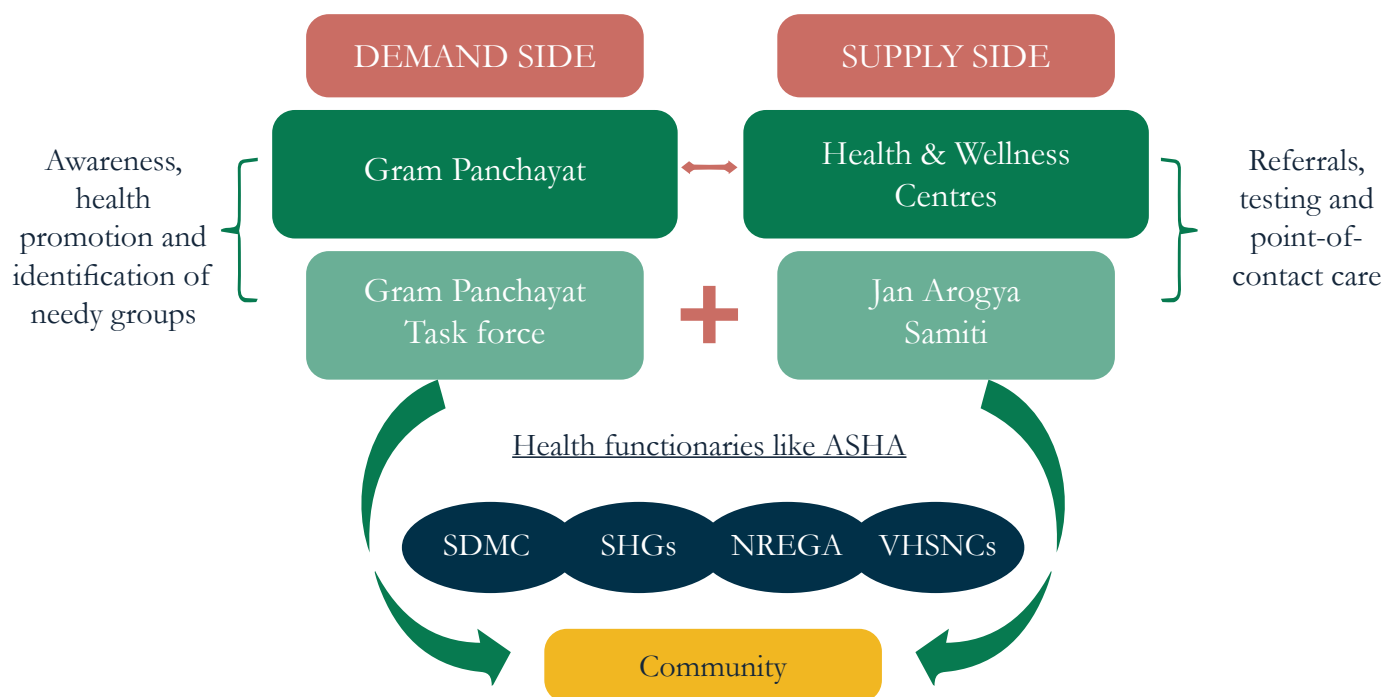
The Abhiyaana creates the opportunity for the RDPR's Gram Panchayat Task Force and the Health Ministry's Health and Wellness Centres (HWCs) to support each other through the promotion and implementation of testing, screening and awareness programs.

The GPAAA be will operationalised through the proactive leadership of the Gram Panchayat Task Force specifically for the promotion, awareness building and creation of an enabling and stigma-free environment at the Gram Panchayat and village level. This will be followed by delivery of testing and referral services through HWCs and Jan Arogya Samiti (JAS) functionaries such as the ASHAs, MLHPs and ANMs to the last mile vulnerable populations.

The Abhiyaana will aim to increase reach through engagement with village- level community structures such as Self-help Groups, MNREGA groups, School Development and Monitoring Committees (SDMCs), Village Health Sanitation and Nutrition Committees (VHSNCs) etc. The village level health sub-committees like the VHSNCs will help strengthen the linkages between the health functionaries and the above-mentioned community structures through regular interactions to assess community needs and respond to those needs in the form of point-of-contact testing and referral services, as well as through awareness and health promotion initiatives.

The GPAAA is a novel initiative that will help create a decentralised convergence model for health at the lowest level between both the demand and supply sides for the health of the grassroot communities. This model envisages the Gram Panchayat Task Force members, HWC and JAS functionaries working together to reach community structures at panchayat and village levels.

A Convergence Model at the Panchayat level



Role of Gram Panchayat Task Force in the GPAAA



Screening for **NCDs** and referral to HWCs/PHCs



Identification of suspected **TB** cases and referral to HWCs/PHCs



Identification of suspected cases of **Covid** and referral to HWCs/PHCs



Establishment of **Isolation Centres** for Covid positive individuals



Covid Vaccination campaign and promoting Covid-appropriate behaviours



Linkages to **mental health** services



Promoting **nutrition** initiatives



Campaigns against **child marriage**



Mitigation of **stigma** against COVID, TB and co-morbidities within communities



Promote correct **information and awareness** within communities



Launch of the Graama Panchayath Arogya Amrutha Abhiyaana



Shri K S Eshwarappa, Minister, RDPR, distributes Gram Panchayat kits to Gram Panchayat member representatives and frontline workers at the launch event, along with Shri H L Mohan, CEO, KHPT

The GPAAA was launched in the platinum jubilee year of Indian independence by Shri K S Eshwarappa, Minister, RDPR, at Suvarna Soudha in Belagavi on August 30, 2021. Shri L K Atheeq, Principal Secretary, RDPR, also addressed the Zilla Panchayat Chief Executive Officers (CEOs). Shri Darshan H V, Zilla Panchayat CEO, Belagavi, presided over the event. Shri K S Eshwarappa handed over the Gram Panchayat kit to four Gram Panchayat groups and released the IEC materials with dignitaries on the dais. The event was attended by 32 CEOs of Zilla Panchayaths across the state, as well as senior officials of the Government of Karnataka.



Shri K S Eshwarappa, Minister, RDPR and Shri L K Atheeq, Principal Secretary, RDPR launch IEC from the Gram Panchayat kit and vaccination campaign kits at Suvarna Soudha, Belagavi

The event was covered by 9 news media outlets and tweets from the event were re-tweeted by Shri K S Eshwarappa, Smt. Uma Mahadevan, Principal Secretary, Panchayat Raj, and Shri L K Atheeq.



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ಎಲ್ಲರೂ ಮಹಿಳಾ ಗುಂಪುಗಳಿಗೆ ಹೆಚ್ಚಾಗಿ ಆರೋಗ್ಯ ಸೇವೆಗಳ ಕುರಿತು ಮಾತನಾಡುತ್ತಾರೆ. ಈಗ ಅಭಿಯಾನದಿಂದ ಸನ್ನಿಹಿತ ಹಿರಿಯ ನಾಗರಿಕರು ಕೂಡ ಆರೋಗ್ಯ ಸೇವೆಗಳನ್ನು ತಲಪುತ್ತಾರೆ ಎಂದು ನನಗೆ ಅನಿಸುತ್ತದೆ
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These images and quotes are used for illustrative purposes only.

12:09 Uma Mahadevan 31.9K Tweets

Tweets Tweets & replies Media Likes

Belagavi USAID KHPT

1 3

Uma Mahadevan @readingkafka · 1h
twitter.com/khptblr/statu...

KHPT @KHPT_BLR · 1h
The vision of Grama Panchayat Arogya Amrutha Abhiyana is a step towards the vision of COVID-free, TB-free and healthy Grama Panchayathi @CMofKarnataka @ikseswarappa @ika...

The Grama Panchayat Arogya Amrutha Abhiyana (GPA) is a step towards the vision of COVID-free, TB-free and Healthy Grama Panchayathi

Uma Mahadevan @readingkafka · 2h
Rural local bodies at village level (gram panchayats) will carry out gender and child budgeting from this year. #localgovernance

ಮೈಸೂರು 31.8.2021

ಗ್ರಾಮೀಣರಿಗೆ ಉತ್ತಮ ಆರೋಗ್ಯ ಅವುತ ಯೋಜನೆ ಉದ್ಘಾಟನೆ
ದೇಶದಾದ್ಯಂತ ಮೊಟ್ಟ ಮೊದಲ ಬಾರಿಗೆ ರಾಜ್ಯದಲ್ಲಿ ಈ ಕಾರ್ಯಕ್ರಮ ಜಾರಿ: ಪಂಚಾಯತ್ ರಾಜ್ ಸಚಿವ ಶ್ರೀ ಕೆ.ಎಸ್.ಈಶ್ವರಪ್ಪ

ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಗ್ರಾಮೀಣ ಜನತೆಗೆ ಆರೋಗ್ಯ ಸೇವೆಗಳನ್ನು ಒದಗಿಸುವ ಗ್ರಾಮ ಪಂಚಾಯತ್ ಅರೋಗ್ಯ ಅಮೃತಾ ಅಭಿಯಾನ (GPA) ಯ ಉದ್ಘಾಟನೆ ಸಂದರ್ಭದಲ್ಲಿ ಸಚಿವರು ಮಾತನಾಡುತ್ತಿರುವುದು.

VOICES

“This is the first time in India we are launching such a program. This will help the Gram Panchayats to fight Covid and non-communicable diseases. With this project, we aim at reaching out to the rural population with the right information and education on Covid-19 management to protect themselves. I seek the support from all the CEOs assembled here to ensure that this project will be successful in getting the rural population the available services from departments such as Health and Family Welfare and Women and Child Development.

Shri K S Eshwarappa,
Minister, RDPR,
Government of Karnataka

This is a very unique experiment that is launched in Karnataka, where we are distributing diagnostic kits to the Gram Panchayats. With the involvement of Panchayat Raj Institutions, at a very decentralized level, we can take up early action in order to promote preventive health.

Shri L K Atheeq,
Principal Secretary, RDPR,
Government of Karnataka

KHPT will provide the capacity building support at the Gram Panchayat and taluka levels and has created numerous communication materials to ensure that the frontline workers are equipped to combat Covid-19, TB and NCDs, especially among unreached and vulnerable populations which have limited access to health services.

Shri H L Mohan,
Chief Executive Officer, KHPT



Role of KHPT

KHPT, with support from USAID, is providing the following support to the Government of Karnataka for implementation of the Abhiyaana in 13 districts; this in alignment with its vision of empowering and promoting health among grassroots communities.



Distribution of the Gram Panchayat Kit with essential equipment to monitor and manage Covid-19 and other related co-morbidities among populations



Training for Panchayat Development officers at block level on the distribution and use of the Panchayat kit and responsibilities in implementing health awareness initiatives at the Gram Panchayat level



Training through satellite/YouTube mode through SIRD for the Task Force comprised of the Panchayat Development Officer, President, ASHA facilitator, ANM and JNNURM representative



Collaborating on IEC campaigns that promote Covid-appropriate behaviours and Covid vaccination at the village level



In the longer term, support health promotion and disease prevention activities that include screening for Non-communicable diseases (NCDs) and communicable diseases like TB and linkages to continuum-of-care service packages

The IEC materials of the Gram Panchayat kit may be accessed by contacting kmunit@khpt.org

Disclaimer: This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of KHPT and do not necessarily reflect the views of USAID or the United States Government.

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