



GRAMA AROGYA

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

BACKGROUND

Gram Panchayats(GPs) 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.

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 Task Forces (GPTFs), their role evolving with an expanded mandate to address all major health initiatives across maternal and child health, communicable and non-communicable diseases including TB, diabetes, hypertension, and other general ailments. The vision of the GPTF, is to strengthen community ownership of different health programs at the GP level. This aligns with the objective of the flagship Ayushman Bharat programme, 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.

Gram Panchayats: A nodal platform for convergence and decentralization



They promote transparency:

Communities can access the GPs to gain information on all programs and their administrative details



They ensure people's participation: GPs represent all sections of the rural community and can facilitate maximum direct participation of people in the development process



They are an autonomous body: GPs can make decisions at the local level functionally, financially and administratively, and have potential to proactively affect health policies and programs



They promote subsidiarity:

GPs are closest to the communities and understand local realities, local contexts, available resources and existing challenges of people and health systems



They drive uniformity: GPs can apply uniform norms and criteria for selection of beneficiaries and other aspects, irrespective of the sponsoring body, ensuring realization of vision rather than individualized approaches



They ensure accountability: GPs elicit the active involvement of and ownership by elected representatives through continuous social auditing

Figure 1: Why the Gram Panchayat is the appropriate choice for convergence



Operationalizing convergence includes coordination between the various mandated committees, community structures and individual functionaries across all departments at the level of the village and GP. The GP is indeed the nodal platform for implementing governance because functionally they are not limited to definitions and priorities of state departments, but rather can prioritize holistic development for the communities that they alone represent.

An important platform that exists at the village level to initiate convergence is the Gram Sabha, where the Village Health Sanitation and Nutrition

Committee (VHSNC) and health functionaries like ASHAs and Anganwadi workers who represent different departments like Health and Women and Child Development respectively, can share progress on health and development services, take feedback from people for improving overall conditions in the village, and even generate awareness about pressing issues like child marriage, mental health, and disease conditions. Deliberations on grievances, solutions, appreciation of health functionaries, discussion on an annual health plan, utilization of the un-tied funds etc., can also take place during Gram Sabhas, under the leadership of the people's representatives in the panchayat.

The Grama Arogya

Grama Arogya formerly known as 'Graama Panchayath Arogya Amrutha Abhiyaana (GPAAA), a first-of-its-kind convergence initiative in the country launched by the Government of Karnataka, hopes to usher in new synergy among the GPs, communities and the health facilities in rural areas of the state. KHPT has been working with the Departments of Rural Development and Panchayat Raj (RDPR), Health and Family Welfare (HFW), and Women & Child Development (WCD) of the Government of Karnataka, since August 2021, to involve GPs more proactively in addressing issues of public health to ensure access for last mile communities. The program, supported by the United States Agency for

International Development (USAID), initially covered initiatives in 14 districts to reduce the burden of Tuberculosis (TB) and Non-Communicable Diseases (NCDs); increase vaccination rates among remote communities; address mental health issues through the Sahita Careline tele-counselling health service, and prevent the incidence of child marriages.

In light of the increased screening and testing for TB and NCDs, as well as vaccination uptake in the implementation districts, the Government of Karnataka made a provision in its annual budget to scale Grama Arogya to all 31 districts in the state. KHPT will continue to provide technical support to the state as the program is expanded.

Vision

The vision of Grama Arogya 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 (HWCs), such as the ASHA, Middle-level Health Practitioner (MLHP), and Auxiliary Nurse and Midwife (ANM).

Coverage

Grama Arogya was initially implemented in **2816** GPs of **14** districts from September 2021, covering a rural population of about **20** million. The program was successful in reviving the health mandate of the GPs and demonstrating convergence at the lowest levels.

Based on the successes and impact of the Grama Arogya, the RDPR, Government of Karnataka GOK has expanded the program from September 2022 in all **5957** GPs of **31** districts, covering a rural population of about 37 million in Karnataka.

Pilot Phase: 2816 GPs in 14 districts of Karnataka

Scaled phase: 5957 GPs in all 31 districts of Karnataka



Promoting convergence through Grama Arogya

The Grama Arogya has been operationalised through the proactive leadership of the GPTF, specifically for the promotion, awareness building, and creation of an enabling and stigma-free environment at the Gram Panchayat and village level. It aims to increase reach through engagement with village-level platforms and community structures such as Gram Sabhas, Self-help Groups (SHGs), MNREGA groups, School Development and Monitoring Committees

(SDMCs), Village Health Sanitation and Nutrition Committees (VHSNCs), etc. Village level health sub-committees like the VHSNCs help strengthen the linkages between the health functionaries and the aforementioned community structures. Community structures, through regular interactions, assess community needs and respond to those needs in the form of being a point of contact for testing and referral services, as well as creating awareness and being involved in health promotion initiatives.

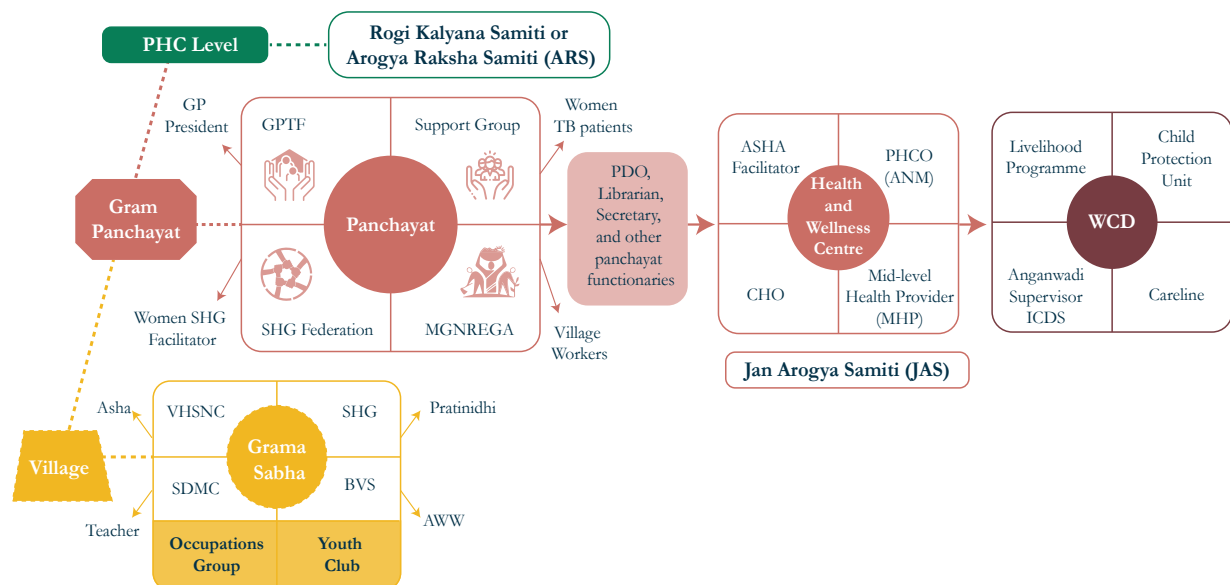
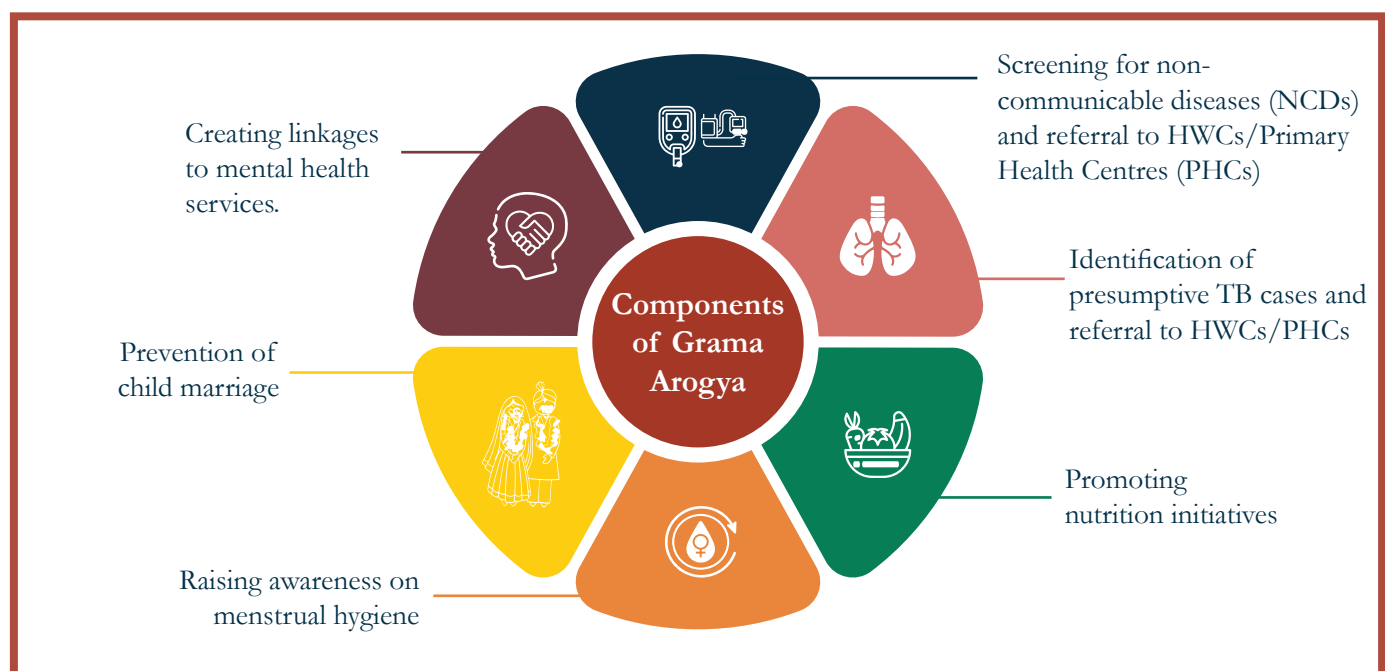


Figure 2: Implementing Convergence

The Gram Sabha is an important village-level platform to promote convergence. The VHSNC, along with health functionaries such as ASHAs and Anganwadi Workers, specializes in maternal and child health and represents a variety of departments. In addition to sharing progress on health and development services, representatives of the WCD Department can also raise awareness on pressing issues such as child marriage, mental health, and communicable and non-communicable disease.

The GP allows panchayats and their officials to discuss community needs, set priorities, and plan activities with community groups such as SHG associations, GP task forces, and MNREGA groups and their representatives. These groups include librarians, ANMs, community health officers, and

teachers. The GP, with support from HWC officials, can ensure implementation of health services. GP functionaries can anchor all initiatives with their leadership; community structures can support family physicians in raising awareness and ensuring access to vulnerable groups, and HWC functionaries (from the HFW Department) can use their technical skills to deliver health services to the right populations. GP functionaries can also call on the support of the Jan Arogya Samiti (members of which are from GPs). At the GP level, WCD programs and functionaries include the Integrated Child Development Scheme (ICDS) with Anganwadi supervisors and Child Protection Unit officials. In addition, GPs can address social issues such as child marriage, nutrition, gender integration, violence, etc.



Innovative Approaches

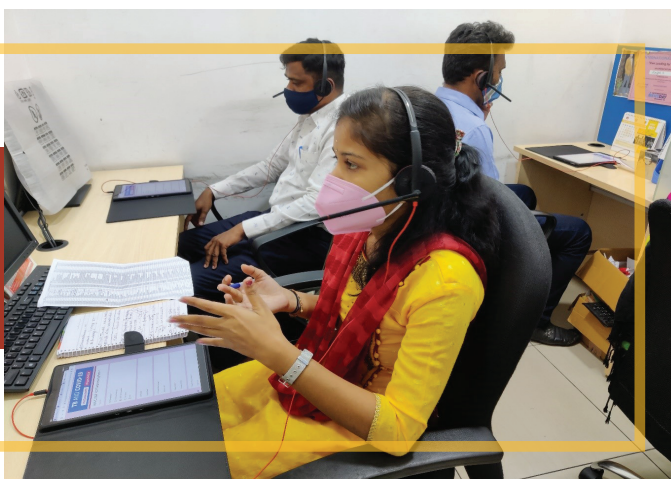


Distribution of Health Management Kits to panchayats

One of the main pillars of this project is the strengthening of health services and capacities of GPs through the provision of technical tools, including screening and testing kits. KHPT developed a health management kit comprised of nine point-of-care devices, including a blood pressure monitor, haemoglobinometer, glucometer, weighing machine and BMI chart, pulse oximeter, infrared thermometer, and MUAC tape. This kit was provided to the GP to organize health camps within the communities with the support of frontline workers and healthcare facility staff. The point-of-care testing facilitates by the health management kit allows access to healthcare for the most remote populations, and enables referral to higher care facilities.

Organizing health camps for vulnerable communities

GPs have been organizing health camps using the Health Management Kit after preparing a micro plan with the participation of concerned stakeholders to address the needs of the most vulnerable communities. Camps have been organized for MNREGA workers and other daily wage labourers, who often do not have the opportunity to visit health facilities in their working hours, as well as for the elderly, women, children and disabled, who are unable to leave their homes to reach health facilities. These communities are screened for TB, diabetes, hypertension, anaemia, undernutrition, and referred for care to health facilities.



Providing mental health support through the Sahita Careline telecounselling service

KHPT established the Sahita Careline, a free-of-cost outbound telecounselling service, during the COVID-19 pandemic in August 2021, with the support of the Government of Karnataka. KHPT is promoting the Sahita Careline during awareness activities in the community, encouraging people to reach out for mental health support. The Careline is staffed by trained counsellors who provide counselling services and link persons in need of additional services to the district mental health program.

Training and Capacity Building

KHPT has facilitated training on Grama Arogya interventions and the use of the health management kit through different models for **41,734** GP officials across the state. This includes satellite training through the Abdul Nazir Sab State Institute Of Rural Development for the GPTFs across the state, comprised of Panchayat Development Officers, Presidents, ASHA Facilitators, ANMs and JNNURM representatives. Cascade trainings were also done with expert resource persons from the Departments of HFW, RDPR and WCD to train the GP members and GPTFs on Grama Arogya, to constitute a resource pool at taluka, districts and state level.



KHPT's support to Grama Arogya



KHPT, with support from USAID, is providing technical support to the Government of Karnataka for the effective implementation of Grama Arogya in **31** districts; this is in alignment with its vision of empowering and promoting health among grassroots communities. The support largely includes capacity building and monitoring of key stakeholders, including GP members and frontline workers such as the ASHA, Anganwadi Worker and Community Health Officers to enable the effective implementation of the program.

Facilitating Capacity Building: KHPT facilitates trainings aimed at building perspectives, skills and operational excellence among GP members, community structures and health functionaries, with technical experts from the concerned government departments. Local resource pools are being identified and capacitated to handhold the GPs in implementing the program initiatives.

Supporting monitoring and evaluation: KHPT has set up a system of collecting information on the services provided through health camps, which is integrated into the Panchayat reporting software. KHPT also provides periodic analysis of data and feedback and makes regular field visits for supportive supervision of field-level functionaries to ensure data quality.

Operating the Sahita Careline: KHPT operates the Sahita Careline with a team of about 11 counsellors located at one centre in Dharwad. The counsellors have been trained to provide mental health support to vulnerable people, including the elderly, adolescents, children and their caregivers. Clients are assessed using a mental health checklist to gauge their need for counselling, and followed up on a regular basis, while being assured of confidentiality. The Sahita Careline counsellors also refer clients to representative of the District Mental Health Program for further interventions

Developing communications materials and job aids: KHPT has developed a variety of print and audiovisual communications materials to raise awareness among the general population on COVID-19 vaccinations, mental health, menstrual hygiene, child marriage, the prevention and management of anaemia, malnutrition, NCDs and TB, as well as services available through health camps organized by the GP. KHPT has also developed a training module for GP officials, as well as job aids to help understand the basics of these conditions and plan health-related activities in their communities.

Program Impact



31

districts in Karnataka



5,957

Gram Panchayats



















1,26,234

GPTF members trained

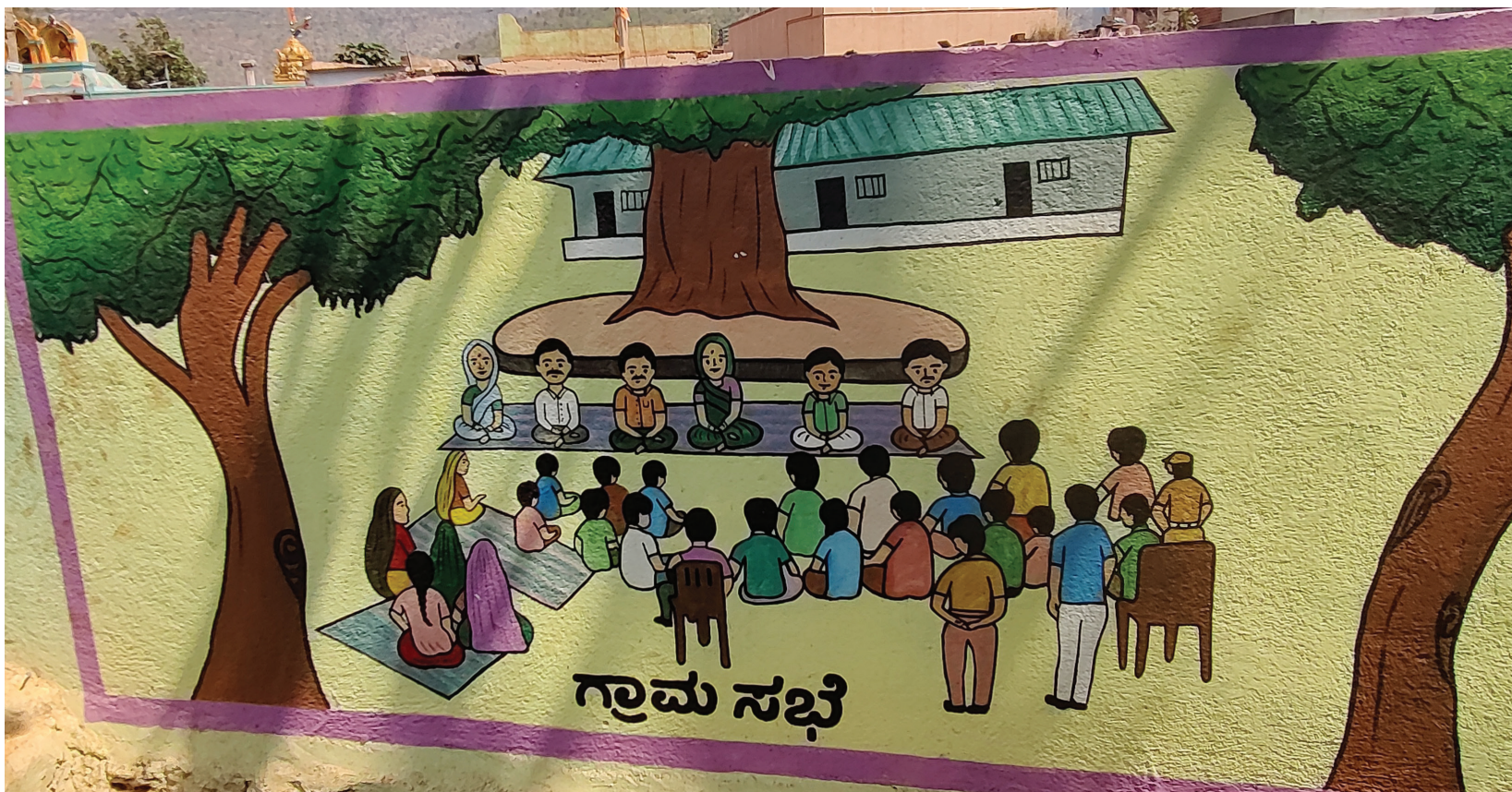


37.7 million

population covered

NCD TESTING	ANAEMIA SCREENING	TB SCREENING	UNDER NUTRITION	MENTAL HEALTH COUNSELLING
 49,354 NCD camps organized  28,90,629 people screened for NCD  2,87,549 people referred for further care	 3,89,591 15-49 years screened for anaemia (Hb)  35,611 15-49 years referred for low Hb <11 g/dL	 44,22,990 people screened for TB  37,932 people referred for TB testing	 84,715 children aged 0-6 years screened  580 children aged 0-6 years referred for further care  70,389 children aged 7-18 years screened  1,043 children aged 7-18 years referred for further care	 1,00,749 people screened with mental health checklist  4,089 people counselled  481 people referred for further mental health support
 6000 Health management kits distributed		 154 IEC materials developed		

*The above figures are a summation of 31 districts in Karnataka for the September 2021-Aug 2023 period. The project was initiated in 14 districts from 2021 and scaled up to the remaining 17 districts in September 2022. The under nutrition data is from December 31, 2022.



KHPT

IT Park, 5th Floor,
1-4, Rajajinagar Industrial Area,
Behind KSSIDC Admin office, Rajajinagar,
Bengaluru, Karnataka - 560 044

Ph: + 91 80 4040 0200
Fax: + 91 80 4040 0300
Email: khptblr@khpt.org
Website: www.khpt.org