Arogya Sangama

Framework for Implementation

A Government of Karnataka Initiative to Build a 3-Way Partnership of People, Gram Panchayats and Service Providers for Health & its Social Determinants

Technical Partners: KHPT engage, innovate, empower | Johns Hopkins Bloomberg School of Public Health

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Acknowledgement

This framework aims to enhance capacity by establishing a sustainable model that fosters collaboration, community ownership, and integration. It involves individuals, local governing bodies, and healthcare providers at the grassroots level in rural regions. This initiative is a key component of the 'Arogya Sangama' project.

We sincerely appreciate the numerous stakeholders who have played a role in this ambitious initiative and have supported the pilot project in various ways. Their shared dedication has been instrumental in shaping the Arogya Sangama Implementation Framework.

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We are thankful to Johns Hopkins Bloomberg School of Public Health (JHU) and KHPT for their strategic direction and supportive nurturing, which were crucial to the program's success. We also express our appreciation for the valuable insights and involvement of the Gram Panchayat Task Force (GPTF) members, community participants (particularly SC/ST and women), Primary Health Care (PHC) Service providers at Health and Wellness Centre/Ayushman Arogya Mandir (HWC/AAM), ASHA workers, NGOs, school teachers, Anganwadi workers, self-help group members, and Social Welfare Department representatives. Their contributions during training sessions and consultations have enhanced the framework, making it more inclusive and relevant to the context.

Finally, on behalf of KHPT, we express our gratitude to the district, taluk, and village-level teams in Chamarajanagar and Raichur districts of Karnataka. Their dedication and field-level insights have been instrumental in shaping Arogya Sangama Implementation Framework.

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Section 1 | Gram Panchayat Task Forces and Arogya Sangama Project Inception

1.1 Gram Panchayats role in addressing health and its social determinants

Empowering communities is fundamental for primary healthcare. In India, several policies advocate for involving Gram Panchayats (GPs) in health governance to tackle social determinants of health and promote community engagement in primary healthcare. Recent nationwide evaluations highlight insufficient community engagement as a barrier to comprehensive primary healthcare delivery through Health and Wellness Centres (HWCs)[1]. This necessitates robust state-specific strategies to address this gap.

1.2 Gram Panchayat Task Forces

The Department of Rural Development and Panchayat Raj (DoRDPR), Government of Karnataka (GoK), created Gram Panchayat Task Forces (GPTFs) in 2020 for effective mitigation of the COVID-19 pandemic. GPTFs were designed to foster a 3-way partnership among GPs, healthcare providers, and community members for a decentralized pandemic response. Members include Gram Panchayat representatives, community members (with a focus on women and Scheduled Castes (SC)/Scheduled Tribes (ST) groups), primary healthcare providers from HWCs/ Ayushman Arogya Mandir (AAM), Accredited Social Health Activists (ASHAs), Non-government Organization (NGO) representatives, school teachers, Anganwadi workers (AWW), Self-help Groups (SHG) members, social welfare department representatives.

With ongoing support and regular virtual capacity-building inputs, GPTFs played a crucial role in public health and humanitarian efforts at the grassroots level during the pandemic. These included ensuring social distancing, conducting COVID-19 awareness campaigns, point-of-care diagnostics, building quarantine facilities, providing take-home rations and hot meals, and supporting migrants. Over time, GPTFs have evolved into an effective mechanism for primary healthcare delivery under Graama Panchayath Arogya Amrutha Abhiyaana (GPAAA), also known as Grama Arogya (GA) program in **31** Karnataka districts, enabling Non-Communicable Disease (NCD) screening and supporting Anemia Muktha Poustika Karnataka (AMPK) activities. Few GPTFs are now being trained to expand care and support for palliative care as part of skilling activities within the National Rural Livelihoods Mission (NRLM).

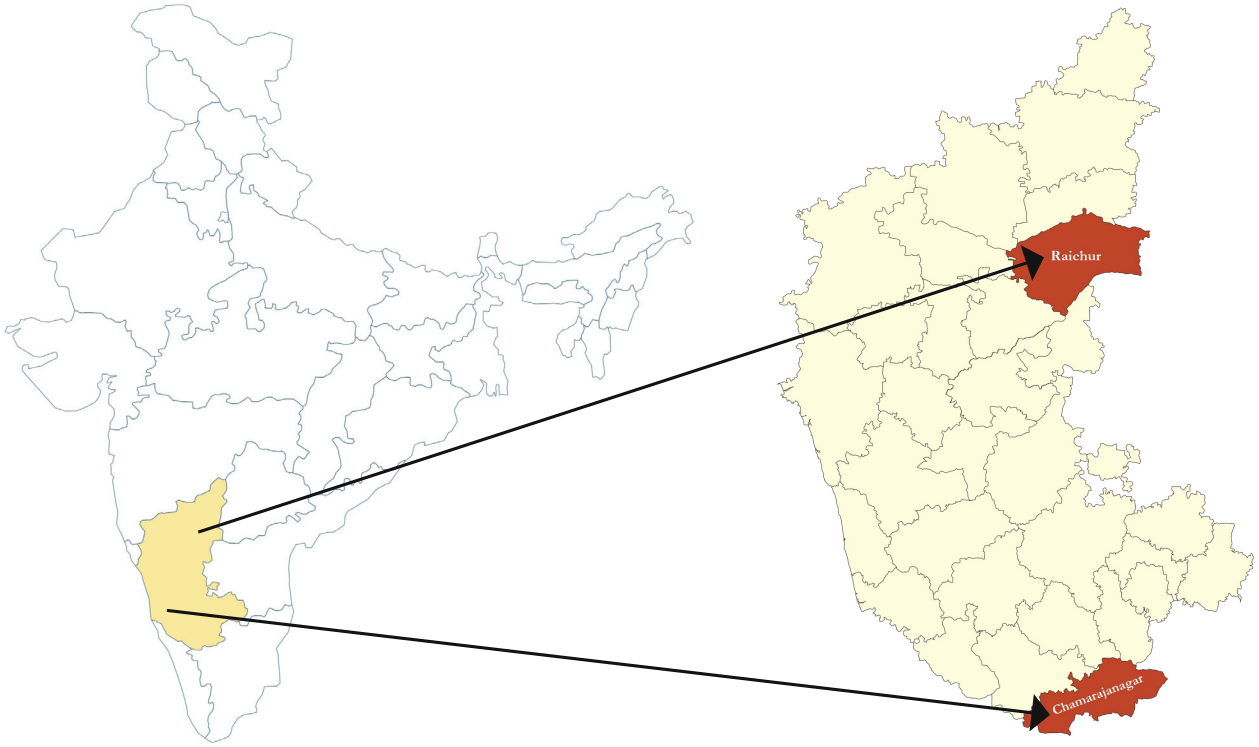
[1]Ayushman Bharat HWC Assessment in 18 states National Health Systems Resource Centre. (2022). AB-HWC report (Final version, May 13). National Health Systems Resource Centre. https://nhsrcindia.org/sites/default/files/2024-01/AB-HWC%20Report%20-%20FINAL%20-%20May%2013.pdf

1.3 Arogya Sangama Pilot Project

Although promising health initiatives through GPTFs are emerging in a few districts, the DoRDPR recognizes the potential for systematic, evidence-based approaches to support broader statewide adoption. There is a need to equip GPTFs with the skills and tools necessary to transform them into effective platforms for convergence and community engagement, strengthen the delivery of preventive and promotive health services for primary healthcare and provide leadership in addressing the needs, especially of excluded communities.

Building on the legacy of GPTFs work so far, the DoRDPR commissioned "Arogya Sangama (AS), a pilot project in collaboration with the Johns Hopkins Bloomberg School of Public Health and the Karnataka Health Promotion Trust (KHPT). The AS pilot project was initiated in 2023 to build the capacities of GPTFs to function as a "3-way partnership platform" (comprising people, panchayats, and healthcare providers) to increase community ownership, grassroots convergence for primary healthcare in Karnataka, specifically in Devadurga and Kollegal/Hanur Talukas of Raichur and Chamarajanagar district respectively.

Geographic Location



Four Primary Health Centre (PHC)-HWCs in Chamarajanagar and Raichur districts (two intervention facilities and two as concurrent control) were identified.

- **In Chamarajanagar,** the GPs falling under PHC Madhuvanahalli are Kunagalli, Siddayyanapuraa and Madhuvanahalli, while those under PHC Ramapura are Ajjipura, Doddalathur, Dinnalli, Suleri Palya and Ramapura.
- **In Raichur,** the total number of GPs under PHC Chinchodi are Amarapura, Jalahalli, Karadigudda and Chinchodi and those under PHC Koppara are Dondambli, Karegudda and Koppara.

1.4 Situational Analysis and Key Learnings from the Exploratory Phase

The inputs for the Arogya Sangama pilot are based on in-depth exploratory research and a baseline assessment conducted during the project's first phase (June 2023-September 2024). Detailed below is a situational analysis with key learnings from the exploratory phase.

A. Socio-political context, stakeholder relationships, health priorities and expectations of GPTFs.

To ensure Arogya Sangama is responsive to local realities and effectively builds GPTFs as a three-way partnership platform, it is essential to gain a thorough understanding of the regional local context in the Devadurga and Kollegal blocks of Chamarajanagar and Raichur districts. This involves understanding the existing relationships between community members, GP members, and healthcare providers, as well as being aware and sensitive to the health or health-related priorities they consider important and navigating and striving to resolve their mutual expectations. **Figure 1** summarizes key findings related to these domains for reference.

Context

- Distinct Context Yet Similar Challenges Across Both Districts:
- Socio-economic issues like poverty, migration, underdeveloped infrastructure, and under-resourced primary care facilities and schools
- Limited participation of women in local governance, high school drop outs in girls
- Community views health as functional well-being
- Traditional beliefs and cultural barriers shape health-seeking behavior
- Resource limitations and low tax revenue restrict GP support for primary care

Relationships

- Lack of trust among the three stakeholders
- Complex power dynamics on account of gender, caste, educational previlege between community-GP members and healthcare providers
- GP and healthcare providers feel community is reluctant to change, intrested in benefits, not health
- Suffers from "entitlement syndrome" and does not value or does not see its role in improving government services.
- Power-driven interpretations of GP and healthcare providers that overly emphasize only community's responsibility for health and wellbeing
- Power tensions between official cadres and elected GP members result in delayed decision-making and intra-team conflicts within GPs

Health Related Priorities

- Water, Sanitation and hygiene (WASH)
- Fully functional HWCs
- Focus on population groups beyond pregnant mothers and children
- Child marriage
- Malnutrition
- Harmful use of alcohol
- Smoking in school children and youth
- NCDs -Diabetes/Hypertension
- Limited supply of medicines for NCDs
- Elderly care
- Migration impacting care for elderly

Expectations

- Community and healthcare providers expect prompt response from GPs
- Healthcare providers want GPs to fix health infrastructure gaps and support awareness building but GP should not monitor them.
- GPs view their role in health as limited to infrastructure support, outbreak management but expect healthcare providers to approach them when needed.

B. Other observations and perspectives related to GPTFs

- Not all GPTFs actively support primary healthcare
- **Lack of role clarity:** Many members perceive their role as limited to health emergencies or outbreak management.
- Function as a loosely integrated group, with minimal community and GP member participation, primarily responding to top-down directives, showing limited team cohesion and motivation to enhance community health.
- Skepticism about GPTF sustainability due to the history of ineffective and dysfunctional health committees, such as Village Health Sanitation and Nutrition Committees (VHSNCs) and Hospital Management Committees (HMCs).
- Members demand clear guidance, role clarity, and institutional support to ensure sustained work.

C. Community health status in the intervention villages/GPs

The combined baseline mapping of the community health status of the intervention GPs is based on a household survey (Chamarajanagar, Kollegal/ Hanur Taluka-451, Raichur/ Devadurga Taluka-1162) undertaken by field investigators from the KHPT during the period January-September 2024 in the intervention PHCs/GPs-

Scope of survey

Chamarajanagar, Kollegal/Hanur Taluka-**451**

Raichur/ Devadurga Taluka-**1162)**

WASH

- Safe source of drinking water **>90** Households (HHs)
- Toilets **70%**

Education

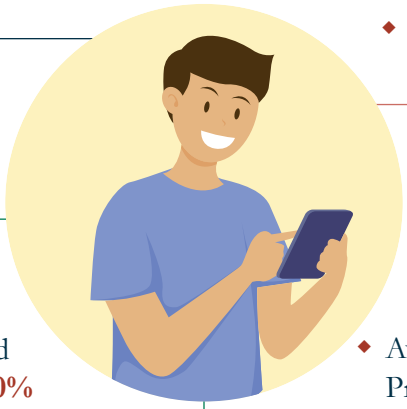
- No schooling **27%**

Maternal health

- Early registration , **4**-Antinatal Care (ANC) and Institutional Delivery **>90%**
- FLW vistis for Post natal care-**57%**

NCDs

- Population above 30 years of age screened for NCDs **74%**



Child Health and Nutrition

- Year 1 Immunization coverage **85-90%**
- Exclusive breastfeeding **33%**
- Complementary feeding **85%**
- Supplementary nutrition from Anganwadi Centre (AWC) **67%**

Health Entitlements and financial security

- Awareness about Janani Suraksha Yojana (JSY); Pradhan Mantri Matru Vandana Yojna **<40%**
- Awareness about Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)-Arogya Karnataka (ABArK) **17%**
- Extremely high Out-of-Pocket Expenditure (OOPE) on ANC-**15000** INR per pregnancy highest on Investigations **(46.0%)**, followed by drugs **(32.0%)** and travel cost **(8.5%)**, hospital cost **(13.5%)**

Figure 1 key findings related to the domains

Note: The above factsheet is based on the baseline household survey conducted in the GP villages under the PHCs of Madhuvanahalli & Ramapura in Kollegal Chamarajanagar, and Chinchodi & Koppara in Devadurga, Raichur. These intervention sites were specifically selected for the Arogya Sangama project due to their persisting low status of health, challenging socio-economic conditions and development of the area, which also has a high proportion of marginalized and vulnerable populations. Owing to unique characteristics of these locations, the broader outcomes described in the factsheet above do not reflect the status of the respective Talukas or the districts.

1.5 Design Inputs for Arogya Sangama Framework for Implementation

The Arogya Sangama framework for implementation combines insights from exploratory research and feedback from a diverse range of stakeholders (N=219), including representatives from the state, district, taluka, and gram panchayat levels, as well as frontline workers and community members. The feedback and insights were gathered through participatory workshops in both talukas during the second phase of the project.

The research and workshops provided valuable insights not only into the functioning of GPTFs but also the broader socio-cultural context, relationships, expectations, and challenges that could have a tangible impact on developing collaboration between community members, GP representatives, and healthcare providers to address health and its social determinants. These workshops also offered a platform for stakeholders

to understand their perspectives in depth, ensuring that their voices were incorporated into the program design.

By incorporating the field experiences of GPs, healthcare providers, and community members, framework has facilitated the development of collective action strategies that empower stakeholders with a greater ownership and commitment to their roles. During these participatory workshops, GPs, community members, and healthcare workers collectively identified challenges, proposed the composition and selection process for selecting GPTFs, shared their vision for these forums, outlined potential roles for different stakeholders, and suggested practical solutions for addressing critical issues which they consider important.

The synthesis of the intervention package within the AS pilot emerged from several rounds of ideation exercises with key decision-makers and experts. These included the Development Commissioner and Additional Chief Secretary for the Panchayat Raj Department, the Commissioner of Panchayat Raj in the GoK, the Chief Executive Officers of Chamarajanagar and Raichur districts, technical experts from Panchayat Raj Department, representatives from KHPT, and Johns Hopkins Bloomberg School of Public Health (BSPH). Annexure 1 provides details of the participants involved in both the participatory workshops and the ideation exercises.

These combined inputs have enabled the AS Framework for Implementation to be developed with a well-rounded approach that integrates both a top-down strategic vision and bottom-up feedback in the program planning process. It is evidence-based and deeply responsive to the needs, relationships, and perspectives of key stakeholders, including community members, GP members, and healthcare providers.

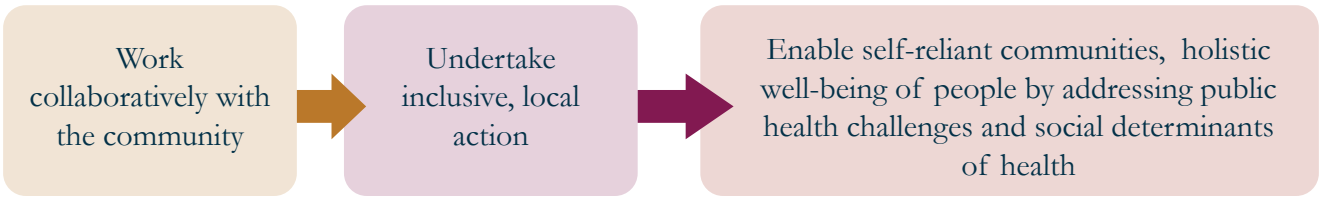
Section 2 | Arogya Sangama-Vision, Goals and Objectives

2.1 The Arogya Sangama Vision for Success

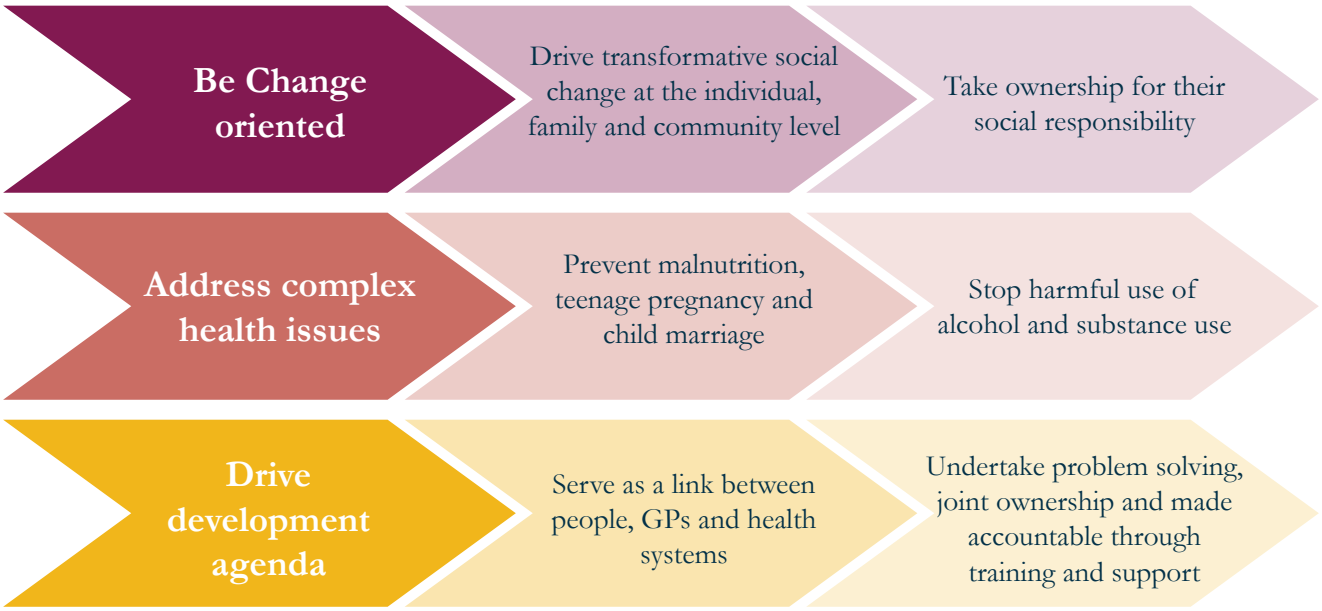
The project envisions GPTFs: To evolve into a collaborative forum led by GPs for identifying common priorities and shared interests with the community and healthcare providers, promoting joint planning and action to drive transformative health, development, and social change at individual, family, community and societal levels.

The vision for Arogya Sangama project is based on input from key stakeholders, including officials from the DoRDPR, GP members, and the community, regarding the GPTFs. The central idea is that, over time, under the Arogya Sangama project, GPTFs will evolve to effectively align with and fulfill the vision outlined by both state and local governance levels, as articulated by DoRDPR officials with the specific inputs and priorities identified by the local governments and community.

The DoRDPR officials outlined that GPTFs should



While according to local GP, healthcare providers and community members GPTFs will



2.2 Arogya Sangama-Project Goals

The GPTFs will work to create healthier living environments by addressing WASH priorities and tackling social challenges such as child marriages and substance abuse. Additionally, GPTFs will build communities' awareness about government entitlements and social security programs.

They will undertake collaborative action to enhance access to health services for mothers, children, the elderly, and other vulnerable groups. They will drive health promotion efforts to reduce the burden of malnutrition, infectious diseases, and non-communicable diseases while ensuring equitable access to resources and opportunities for the most vulnerable.

2.3 The Arogya Sangama Intervention Package

To achieve its goals, the DoRDPR has developed a comprehensive AS-Intervention Package **(See Figure 2),** based on inputs from stakeholders at the state, district, taluka, and GP levels. The implementation of this package will be carried out by respective GPs under the supervision of their taluka and Zilla Panchayat representatives. The sections ahead describe the four interventions in detail.

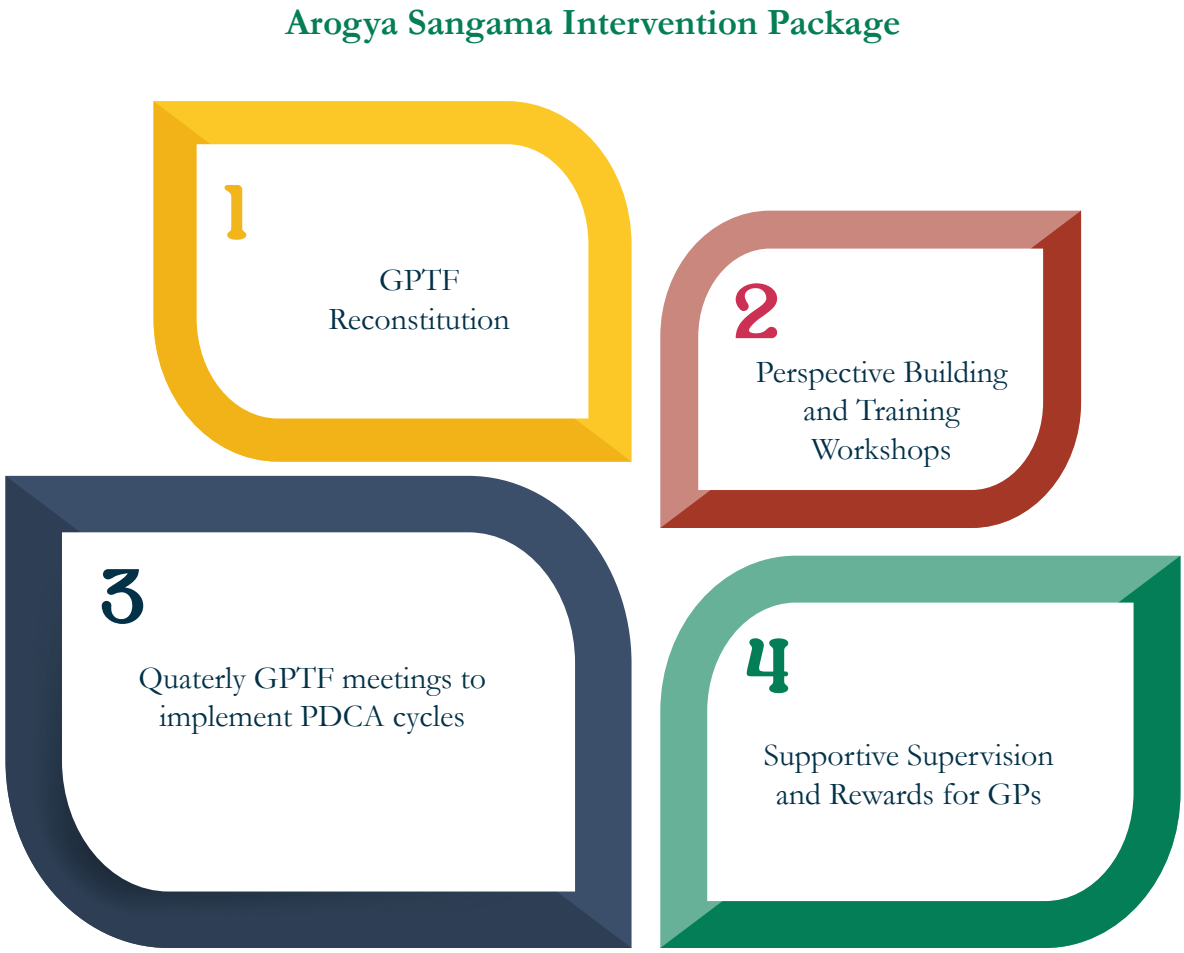


Figure 2 Arogya Sangama Interventions

2.4 Impact Model for Arogya Sangama

The progress and effectiveness of Arogya Sangama will be tracked based on the "Impact Model" described in **Figure 3.** This framework outlines how the Arogya Sangama project is expected to drive positive changes, detailing the anticipated effects and outcomes for the target communities in the intervention GPs of Kollegal/Hanur and Devadurge Talukas. It maps out the chain of activities leading from Arogya Sangama to its desired outcomes. The State/District/Taluka teams will use this to assess the potential benefits and measure the effectiveness of Arogya Sangama project. The KHPT/JHU team will develop a set of indicators for concurrent monitoring and support the DoRDPR in assessing the program's impact based on parameters after one year of the project implementation.

(Input)	(Process)	(Output)	(Outcomes)
◆ Release of guidelines to the districts/ talukas/GPs ◆ Orientation of the districts/talukas/GPs on the guidelines ◆ Re-constitution of GPTFs with clear mandates ◆ Selection of Arogya Sangama Facilitators ◆ Funding for Arogaya Sangama to Taluka and Gram Panchayats ◆ Community awareness about GPTF members, mandate and its roles	◆ Capacity Building of Arogya Sangama Facilitators ◆ Perspective building and training workshops for GPTF members ◆ Quarterly Arogya Sangama meetings and PDCA cycles ◆ On the job/action learning for the GPTF problem solving process ◆ Completion of Arogya Sangama Tracking Tool to identify priorities for collective action	◆ Fully functional GPTFs with regular meetings ◆ Identification of priorities for joint action ◆ Action plans to address priority problems ◆ Implementation of quarterly Arogya Sangama action plan ◆ Community awareness and outreach programs for priority action areas ◆ Robust supervision and review by Arogya Sangama facilitators/Taluka Panchayat ◆ Release of funds for action plan implementation ◆ Rewards for well performing GPs	◆ Improved coverage of WASH ◆ Behaviour change of people (toilet use, solid waste segregation etc.) ◆ Improved coverage of maternal and child health services ◆ Improved community awareness about social security benefits/ entitlements offered by the government ◆ Reduced OOPE during pregnancy and childbirth ◆ Reduced girl child school drop outs ◆ Increased coverage of financial protection schemes ◆ Improved coverage of NCD preventive services ◆ Improved quality of services at HWCs

Figure 3 Arogya Sangama Impact Model

Section 3 | Composition and Re-constitution Process of GPTFs

3.1 Need for reconstituting GPTFs

Many GPTFs established during the COVID-19 pandemic have become non-functional in several GPs due to turnover of members, irregular meetings, unclear expectations, undefined terms of reference for services required beyond disease outbreaks, and lack of role assignments over the past two to three years. Additionally, a key challenge has been the lack of ownership and active participation from GPs and community members.

To ensure the smooth implementation of Arogya Sangama, it is essential to reconstitute GPTFs with active and motivated members who can drive transformative health and social change at individual, family, community, and societal levels. To accomplish the program goals and objectives, the new GPTFs composition should be designed to function as a task-oriented bodies, distinct from other standing committees of the GP, which primarily focus on decision-making and monitoring rather than being oriented towards problem-solving and resolution.

During the scale-up phase, after the reconstitution process is completed, GPTFs will be officially notified as a health task force of the Gram Panchayat under Karnataka Panchayat Raj Act (KPRA).

3.2 Composition of GPTFs in Arogya Sangama

Based on inputs from GP representatives, community members, healthcare providers, and program officers from RDPR and Health department in Chamarajanagar and Raichur districts, the GPTF composition will need to be expanded from the previous **15-20** members to **30-35** members (mix of ex-officio representatives and nominated members) to support GPs in achieving the vision of the Arogya Sangama project. **Box 1** details the expanded composition of the GPTFs for reconstitution.

Box 1-Composition of the GPTFs drawn from different departments and community is as follows

Core members (20-22)-Minimum 50% should be women

GP
- Gram Panchayat President-Chairman
- Panchayat Development Officer (PDO)-Member Secretary
- GP members-Selected based on the specified criteria on a rotational basis, ensuring that one-fifth of the total members are covered each year, and so all to be covered within 5 years.

Health
- Community Health Officers from all Sub-Centres (SC)-Health and Wellness Centers (HWCs) functional in the GP area
- ASHA Facilitators all working within the PHC of the GP

National Rural Livelihood Mission
- Cluster Resource Persons (CRP)

Integrated Child Development Services (ICDS)
- Anganwadi workers (AWW)- From all Anganwadi Centre (AWC) operational in the GP area (Two AWWs to begin, followed by other AWWs on a rotation basis)

Revenue Department
- Village Accountant

School Education and Literacy Department
- Headmaster of the main school in the GP

Community members
- SC/ST beneficiaries for MCH/ NCDs-2 members
- Mahila and Bal Vikas Samiti President-1 member
- Volunteer from Youth Sangha-one who is more than 21 years of age-1 member

Invited members (22)

Health Department & ICDS
- PHC Medical Officer
- Health Inspectors from the PHC
- Primary Health Care Officers (ANMs): 2 from two SC-HWCs functional in the GP area and others will be included on a rotation basis every six months
- ASHAs-All ASHAs working in the GP area (based on the information/ follow-up actions if required for the concerned villages)
- ICDS Circle Supervisor

Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) representative
- MNREGA Meti

Water and Sanitation
- Water Operator

Department of Empowerment for Differently Abled and Senior Citizens
- Village Rehabilitation Worker, Kayak Mitra

School Education and Literacy Department
- One school teacher-high performing with excellence in teaching and other education outcomes
- School Development and Monitoring Committee (SDMC) President

NGO representatives
- One representative from the most active and credible NGO working on health or social development

Local Police representative-Station House Officer (SHO)
- or the nominated representative of the local police station

Special invites, such as the Arogya Sangama Nodal Officer from the district or taluka, and other program officers from the departments mentioned above, should be encouraged to attend GPTF meetings during their supportive supervision visits, if permissible.

*PDOs will be responsible for collecting all the data/information from the respective line departments; the GP data entry operators (DEO) will compile the collected information into the Arogya Sangama digital tool 10 days before the quarterly Arogya Sangama meetings to ensure that data-driven discussions take place.

3.3 Criteria for selection of GPTF members

In the specified composition of the GPTF, many members are ex-officio or designated staff and will be nominated by their respective departments. However, certain members, such as GP members, SHG representatives, school teachers, NGO representatives, and community members need to be carefully identified and included in the GPTFs, (since not all can be nominated at once). The selection of these non-ex-officio representatives should follow an objective criterion and a consultative process to ensure that proactive and motivated candidates committed to driving transformative changes in health and its social determinants are identified and nominated. See **Table 2** for their selection criteria.

Table 2 Selection Criteria for non-ex-officio member

Member Type	Selection Criteria
GP members	◆ Effective and efficient utilization of funds allocated for WASH activities within their constituency. ◆ Demonstrated ability to facilitate and ensure effective tax collection from their constituency. ◆ Active participation in all Gram Panchayat meetings and Village Health, Sanitation, and Nutrition Committee (VHSNC) meetings- at least 70% attendance of the Samanya Sabhe ◆ Recognition of high performance based on documented assessments conducted under the Gandhi Gram Puraskara initiative. **Other Important Qualities** ◆ Leadership skills, including the ability to inspire and mobilize community members. ◆ Effective communication skills, both verbal and maybe written. ◆ Strong interpersonal rapport with various departments and officials to facilitate smooth coordination and collaboration.
SHG representatives	◆ President from the Gram Panchayat Level SHG Federations should be nominated for the GPTF. The President can then nominate two SHG member who have ◆ Demonstrated leadership skills, including the ability to inspire and mobilize community members, effective communication skills, both verbal and maybe written, empathy with strong interpersonal rapport with other members ◆ From a functional SHG functional for more than 5 years in the GP area ◆ Demonstrated high performance in areas related to health, solid-waste management, women entrepreneurship, livelihoods, addressing issues like child marriage, domestic violence or alcohol use.

Community members	◆ **These could involve-** ◆ SC/ST Women beneficiaries of MCH and NCD services who are knowledgeable about community health and development issues, are influential and have willingness to contribute and enable change for social development ◆ Head of Youth Sangha who should be more than 21 years of age ◆ One elderly male/female
NGO representative	◆ From a long serving (minimum 5-10 years) NGO with strong community relationship and contributing to the area of social determinants of health, women empowerment, or SC/ST welfare and support and has been endorsed by the CEO Zilla Panchayat/Deputy Secretary of the Zilla Panchayat.

3.4 Re-constitution process

The re-constitution of GPTFs will be a responsibility of the PDO and will be undertaken under in close supervision of the GP President, Taluka Panchayat's Executive Officer and Assistant Director. The following steps can guide the Gram Panchayats in successfully re-constituting the GPTFs.

Box 2-Planning for GPTF re-constitution

Key Points for GP President and PDOs

- **Select Thoughtfully:** Take time to identify representatives who are committed to community development, avoiding those who may prioritize personal agendas.
- **Leverage Networks:** Use established connections with SHG federations, NGOs, SC/ST Sanghas, youth groups, ASHA/AWW networks, and informal platforms like WhatsApp groups to identify proactive and motivated SHG members/NGO representatives, and community members.
- **Engage Local Leaders:** Collaborate with volunteers and grassroots leaders with strong community ties. They can introduce you to their groups and suggest other relevant connections.
- **Raise Awareness:** Actively inform and encourage capable community members to participate in GPTFs for the collective development of the community/village.

Steps for Gram Panchayats to Reconstitute GPTFs

1. Conduct an Awareness Session:

- The GP-President and PDO will brief all GP members during the monthly Samanya Sabheabout the Arogya Sangama project/GPTF, its rationale, intervention package, and the reconstitution process.
- This step will ensure all GP representatives are aware and prepared for a smooth reconstitution process.

2. Identify GP Members:

- Select approximately four GP members in the beginning to be included in the reconstituted GPTF.
- Ensure these members meet the specified selection criteria.
- Note that these members will serve for six months and will then be rotated with another group of remaining members.

3. Prepare a list of Ex-Officio members and coordinate with respective Taluka Officials for their nomination

- The PDO will compile a list of ex-officio members and frontline workers from the GP area based on the composition outlined in the guidelines.
- The PDO will liaise and share the proposed list of members from each department with their Taluka officials from respective departments, such as Department of Health and Family Welfare (HFW), ICDS, Education, and Police, to nominate departmental representatives for the GPTF and
- Ensure that these nominated representatives are committed to actively participating in all GPTF-related activities.

4. Shortlist and nominate an NGO Representative:

- The GP President and PDO will identify at least two NGOs with a minimum of five years of experience, strong credibility, and a proven track record of implementing successful programs in the GP area.
- A representative from one of these NGOs, willing to participate in GPTF meetings and assist with community mobilization, will be nominated to the GPTF.
- Approvals for NGO selection will be obtained from the Deputy Secretary of Zilla Panchayat

5. Select SHG Representatives:

- PDO will nominate President of the Gram Panchayat-level SHGs, who, in turn, will nominate two SHG members
- PDO will confirm the commitment of the Presidents and two additional representatives from each SHG suggested by the SHG President to actively participate in GPTF activities.

6. Select community members:

- PDOs will engage with the local community through the April session of the Gram Sabha to introduce the Arogya Sangama project and GPTFs. During this session, the PDO will invite community members to suggest names of the volunteers interested in joining the GPTF members. Such volunteers should be identified who demonstrate interest in collaboration, working on health and development issues, with strong leadership qualities, ability to inspire, motivation to make progressive changes for their community, effective communication and strong interpersonal skills.
- Elderly individuals and MCH/NCD service users who are knowledgeable about community health and development issues, influential within the community, and willing to contribute to social development may be nominated based on recommendations from ASHAs/PHCOs.
- AWW will provide the details of the Mahila and Bal Vikas Samiti President to the PDO for nomination in the GPTF.

7. Approval of GPTF composition and its notification in the Samanya Sabha/Gram Sabha

- The names of shortlisted GPTF members will be prepared and presented in the Samanya Sabhe for discussion.
- A resolution on the GPTF's constitution will be passed by consensus and presented in the upcoming Gram Sabha meeting for final approval.

8. Inform and raise community awareness about GPTF

- Low awareness about the existence and functions of GPTFs has emerged as a key challenge during field interactions. To address this, PDOs and GP representatives must ensure that the community is well-informed about the Panchayat Raj Department's Arogya Sangama initiative, the GPTFs' key functions, and how they can support and actively participate in the implementation of GPTF-led activities at the grassroots level. Therefore, the re-constitution process cannot be considered complete without effectively disseminating information about GPTFs to the community. GPs can use the following mechanisms to raise community awareness:
- Display details of the GPTF in prominent public locations such as PHCs, AWCs, Panchayat

Bhawans, libraries, schools, community halls, bus stands, and bus stops.

- Post GPTF member names on public notice boards of the GP.
- Use public announcements (Dangura) to disseminate information widely.
- Conduct Kalajathas (Street performances) as awareness drives, with funding sourced from Arogya Sangama funds.
- Utilize waste management vehicles for messaging and awareness.
- Engage SHG members in spreading awareness and mobilizing the community.
- Install electronic displays in GP offices for continuous information sharing on decisions and key actions undertaken by the GPTF.

Section 4 | Roles and Responsibilities of the GPTFs

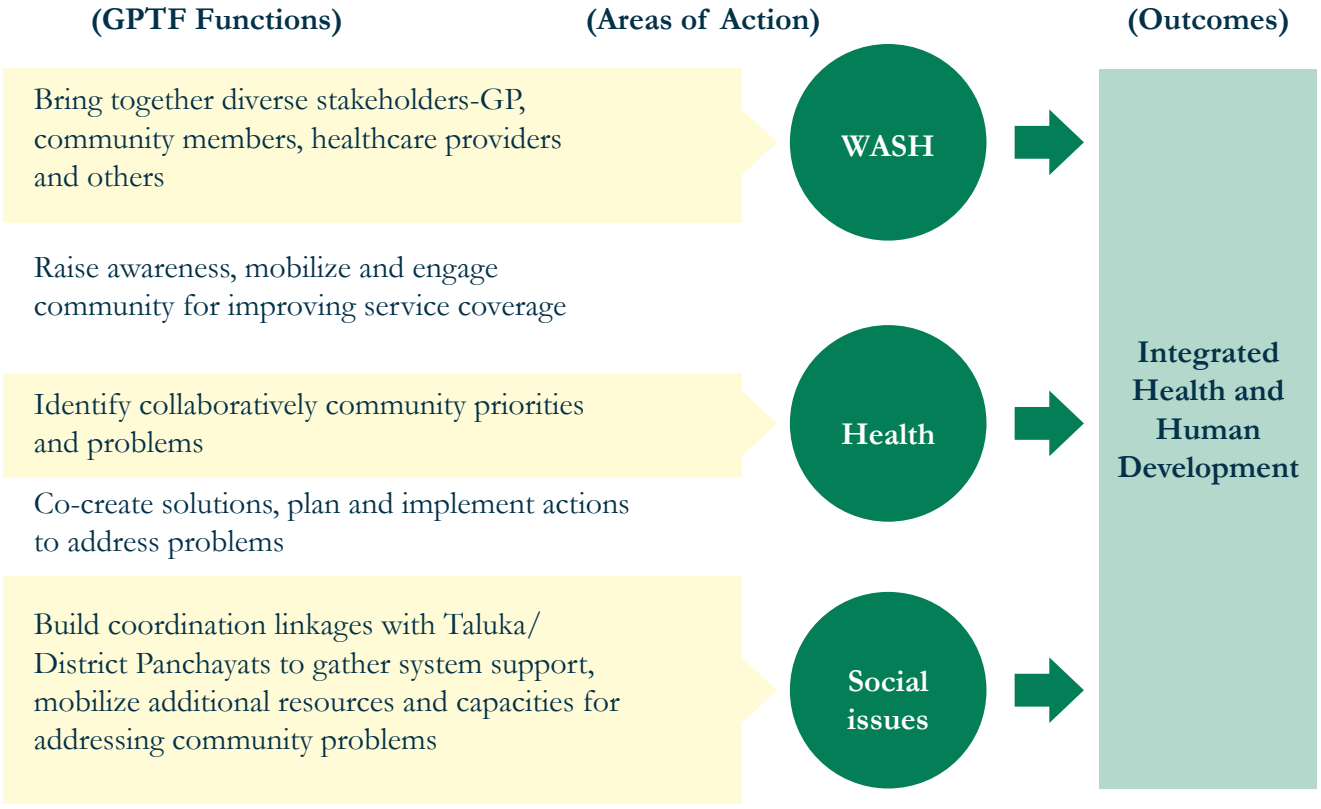


Figure 4 GPTF Roles and areas of action

GPTFs are expected to focus on three key areas of action: WASH, health, and access to government-provided benefits and entitlements, as well as social issues such as child marriage and substance use. These areas have been identified as priorities for collective action in Arogya Sangama. For each area, GPTFs will collaborate with relevant stakeholders, actively engage and mobilize the community, identify priority issues, co-create solutions, develop and implement action plans, and strengthen system linkages to mobilize additional resources and support. The specific roles and responsibilities of GPTFs for the pilot phase of Arogya Sangama are outlined below.

4.1 Roles and responsibilities

GPTF members will

- Collaborate with local volunteers, NGOs, SHGs, grassroots leaders, and community groups to strengthen connections and drive social, environmental, and behavioral changes for community development.
- Raise awareness on government schemes and address health, and WASH concerns, as well as priority social issues like child marriage, domestic violence, and substance use through collective action.

- Identify challenges faced by marginalized communities in accessing WASH, health, nutrition, food, and social security services, guide them, and implement solutions to ensure access to these benefits.
- Address local issues like garbage and solid waste management by raising awareness, conducting sanitation drives, engaging SHGs to monitor waste segregation, ensuring regular collection, implementing incentives and penalties, and building community accountability.
- Support GPs in organizing community awareness programs, outreach sessions, scheme enrolment camps, health events, screening camps, and mobilizing community participation.
- Assist frontline workers-ASHA, PHCO, CHOs, and AWW-in disease surveillance, outbreak management, promoting safe drinking water, encouraging healthy behaviors through home visits, providing home-based care, and building trust to improve access to services like immunization, family planning, and NCD screenings.
- Support and review community structures like VHSNCs, Jan Arogya Samitis (JAS), Kavalu Samiti Sabha, SDMCs, and SHG meetings, ensuring that action items, resources, and decisions are addressed in quarterly GPTF meetings.
- Assist headmasters/school teachers in preventing school dropouts, increasing school attendance, and enrollment of students.
- Ientify challenges in the management and smooth operation of village health facilities, AWCs, and schools, and offer support while coordinating efforts to mobilize resources and tackle these issues.
- Track the implementation and effectiveness of health and social programs, identify gaps, and ensure transparency and accountability in resource utilization and service delivery.
- Meet every quarter at the GP to identify gaps in services, establish priorities, co-create action plans, implement solutions, and drive initiatives for community development and well-being.
- Use the Arogya Sangama tracking, action planning, and reviewing tools, update information, and implement the Plan-Do-Check and Adapt (PDCA) cycles for problem-solving and implementing solutions.
- Mobilize monetary and non-monetary resources from government schemes, Corporate Social Responsibility (CSR) funds, and philanthropic organizations to improve WASH/health services, promote health, and support the implementation of GPTF action plans.

Note:

Not immediately, but over time, with training and support, GPTFs can also develop and implement plans to prepare for and mitigate the impact of natural disasters such as floods and droughts, promote sustainable practices related to water resource management-rainwater harvesting, water conversation practices, recharge structures, afforestation, etc.

Section 5 | Perspective Building Workshops and Trainings for Arogya Sangama

The formative research conducted for planning the Arogya Sangama intervention highlighted that the effective functioning of GPTFs requires building trust, addressing power imbalances, and aligning the perspectives of three key stakeholders-community members, GP members, and healthcare providers-for collaborative action. It also emphasized the need for transformative training programs to help GPs expand their focus beyond infrastructure to include health and social development, empower communities to take ownership and accountability in driving government initiatives and support healthcare providers in delivering responsive services that align with community needs and priorities.

Additionally, the research revealed that a one-time orientation for GP and community members is inadequate to drive such community engagement platforms. Instead, ongoing support and facilitation are essential to maintaining their interest and sustain the initiative.

5.1 Essential changes required in the functioning of GPTFs

Box 3 Five Essential Changes in the Functioning of GPTFs

The success of Arogya Sangama will require five essential changes in the functioning of GPTFs. The perspective-building workshops and training programs within Arogya Sangama will target the following critical shifts in the GPTF functioning

- **From Reactive to Proactive Approach of working**

  During the COVID-19 pandemic, GPTFs operated reactively, following top-down directives with limited strategic planning. In Arogya Sangama, GPTFs will need to adopt proactive, strategic planning to address community health and development needs effectively.
- **From Loosely Integrated Structures to Unified Teams**

  Stakeholders highlighted the need for GPTFs to evolve from a fragmented structure into cohesive teams work toward shared goals with coordinated decision-making and action.
- **From Health Worker-Led to Collaborative Ownership**

  Pandemic responses were primarily health provider-driven, with limited engagement from GP members and the community. For Arogya Sangama, all stakeholders must equally contribute to joint planning, ownership, and problem-solving.
- **From Passive to Active Community Engagement**

  Communities must transition from passive recipients of services to active partners in planning and problem-solving. Building trust, addressing resistance, and fostering collective responsibility among community members, GP representatives, and healthcae providers will be essential.
- **From Blaming to Sharing Responsibility**

  Instead of attributing poor health outcomes to community indifference to the information shared by the healthcare providers or GPs; GPTFs will ensure equitable access to benefits and services, recognizing improving health and development outcomes is a shared responsibility among Panchayats, healthcare providers, and the community.

5.2 Perspective building workshops

Three perspective building workshops of one-day duration will be conducted for GPTF members in one year. These workshops will be facilitated by experts from the State Institute of Rural Development (SIRD), technical partners (KHPT) and local NGOs engaged in the districts on community engagement initiatives and identified by the DoRDPR, CEO of Zilla Panchayat office and KHPT's technical team.

These workshops will focus on orienting GPTF members on their roles and responsibilities, building perspectives on health and development and, over a one-year period following an incremental approach, to build their competencies in the following domains:

Community-centredness	◆ Place people at the centre of their services ◆ Be culturally sensitive and responsive to community needs ◆ Provide respectful and commpassionate services ◆ Incorporate a holistic approach to health and human development
Decision making	◆ Take a collaborative approach to decision making ◆ Adapt or modify decisions based on field reviews and community feedback ◆ Adopt a solutions oriented approach to problem-solving
Collaboration	◆ Works and coordinates with groups
Using information and data systems	◆ Collect information related to health and development acitivities from a range of sources ◆ Assess gaps in the status of utilization of public services ◆ Prepare data-driven action plans and strategies ◆ Monitor progress and adapt strategies

Figure 5 Competency domains for GPTFs

The Training and Capacity Building levels as part of Arogya Sangama are outlined in **Annexure 4.**

5.3 On-the-job training and action learning for GPTFs

In addition to the three perspective-building workshops, more intensive on-the-job training and action learning has been planned through the GPTF meeting to be held every quarter.

In these meetings, GPTF members will be mentored in groups by KHPT trained facilitators. Two facilitators, called Arogya Sangama facilitators (ASF), will be required for each GPTF. (**Box 4** summarizes key details related to AS facilitators).

This training would be focused on learning by doing. Initially, in a newly constituted GPTF, facilitators will demonstrate meeting procedures: reviewing status of public services and key priorities using the GPTF tracking tool, identifying gaps, preparing action plans, documenting meeting minutes, assigned responsibilities, and financial requirements. They also demonstrate how to apply participatory techniques to ensure the active involvement of all members. From the subsequent quarterly meetings, the facilitators will take on a more observational role, allowing the PDO and GPTF members to lead all activities. The facilitator-guided discussions will motivate them to work collaboratively. See **Figure 6** for the process details.

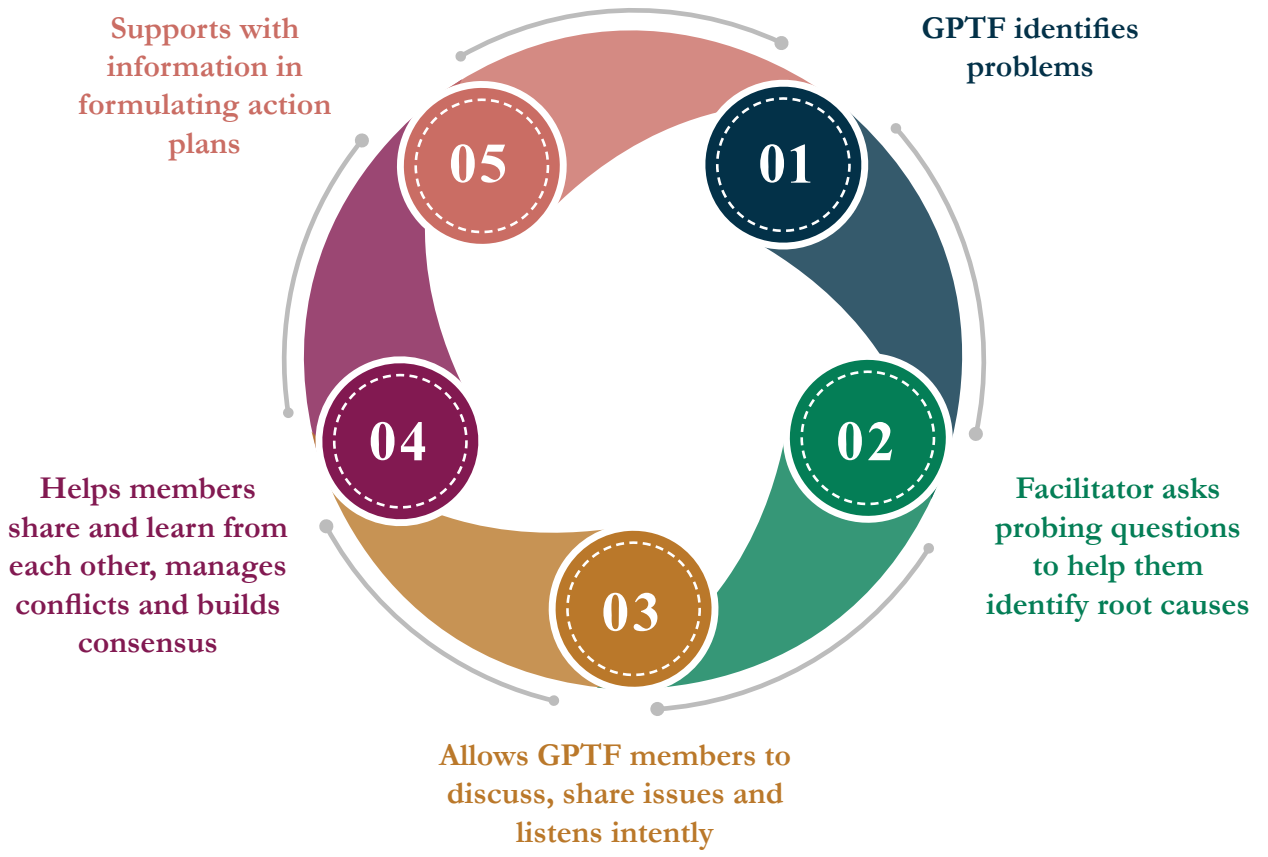


Figure 6 the detail process overview

Box 4 Arogya Sangama (AS) Facilitators

Taluka Panchayat will nominate two AS Facilitators to support each Gram Panchayat Task Force (GPTF), who will play a crucial role in ensuring the effective functioning of the GPTF. They will be pivotal in developing collaboration and ensuring the GPTF achieves its functions of participatory working, joint problem-solving, and implementation. AS facilitators should be selected based on the following criteria:

- Graduates not more than 65 years of age from the same district
- Possess at-least five years of experience in community engagement, panchayat/health related training programs, and demonstrate strong communication and rapport-building skills.
- Be well-acquainted with the workings of Gram Panchayats, other grassroots institutions and with the health and development challenges faced by the community in the concerned district.
- Can include personnel such as retired school teachers, SIRD facilitators, active representatives from Gram Panchayat Level Federation (GPLF), Master Community resource persons, retired Block Health Education Officers (BHEO), Lady Health Visitors (LHVs), and community facilitators from civil society organizations.
- AS Facilitators will report to the Executive Officer (EO) of the Taluka Panchayat and will be compensated for their time on an honorarium basis for the number of meetings facilitated and will also be provided with travel support for their implementation and field monitoring functions.
- AS Facilitators will coordinate and work closely with the PDO of the GP on a day-to-day basis.

Key functions of AS Facilitators are

Facilitation and Coordination

- Facilitate GPTF meetings.
- Provide monthly briefings and updates related to GPTFs functioning to the Assistant Director (AD)/EO from the Taluka Panchayat office
- Coordinate with Taluka and Zilla Panchayats, as well as district and Taluka-level offices of Health, Education, and ICDS departments, as needed, to enable GPTFs fulfill their quarterly action plans.

Implementation Oversight

- Oversee the implementation of GPTF action plans.
- Ensure data quality checks in the GPTF tracking tool
- Ensure effective coordination among GPTF members in the field.
- Address and troubleshoot any challenges arising during the implementation of initiatives

Training and supervision

- Conduct perspective-building workshops
- Host information-sharing and learning sessions during the quarterly GPTF meetings to inform members about new schemes and programs and to build their motivation to sustain activities
- Documenting insights from other GPTFs doing good work, identifying and sharing good and replicable practices.

Section 6 | Meetings for Arogya Sangama

These meetings would be held at the level of the Gram Panchayat with the primary objective of convening all GPTF members on a common platform at regular intervals.

6.1 Meeting Details

Frequency
Arogya Sangama meetings for GPTFs will be held once every quarter, with provisions for calling additional emergency meetings as needed. The Gram Panchayat President/PDO can convene an emergency meeting as per the need. Any GPTF member can also request an emergency meeting, ensuring that all members are duly informed. These meetings should be conducted prior to Samanya Sabhe sessions.

Venue
Gram Panchayat Office

Duration
Recommended duration of the meeting is 3 hours

Date
A fixed day should be designated for the meeting

Quorum
A minimum quorum of 50% is required for each meeting

Responsibility of calling GPTF meetings
The PDO, GP President and Panchayat Secretary should take lead in organizing these meetings. Additionally, a WhatsApp group of all GPTF members should be created to facilitate the sharing of important information related to the meetings.

6.2 Key activities to be undertaken in the GPTF meetings

6.2.1 Welcome and Introduction

- GP President/PDO will begin the meeting with a brief welcome to participants and acknowledge their contributions to the ongoing efforts.
- He/She will recap key points and decisions from the last meeting, ensuring everyone is aligned with past discussions.
- GPTF members are provided with detailed updates on any newly launched or revised health and social security schemes.

6.2.2 Collaborative problem-solving using Track-PDCA tool (Plan, Do, Check & Adapt). Arogya Sangama Quarterly meetings will serve as a platform for implementing the Track-PDCA cycles as given in the figure below: -

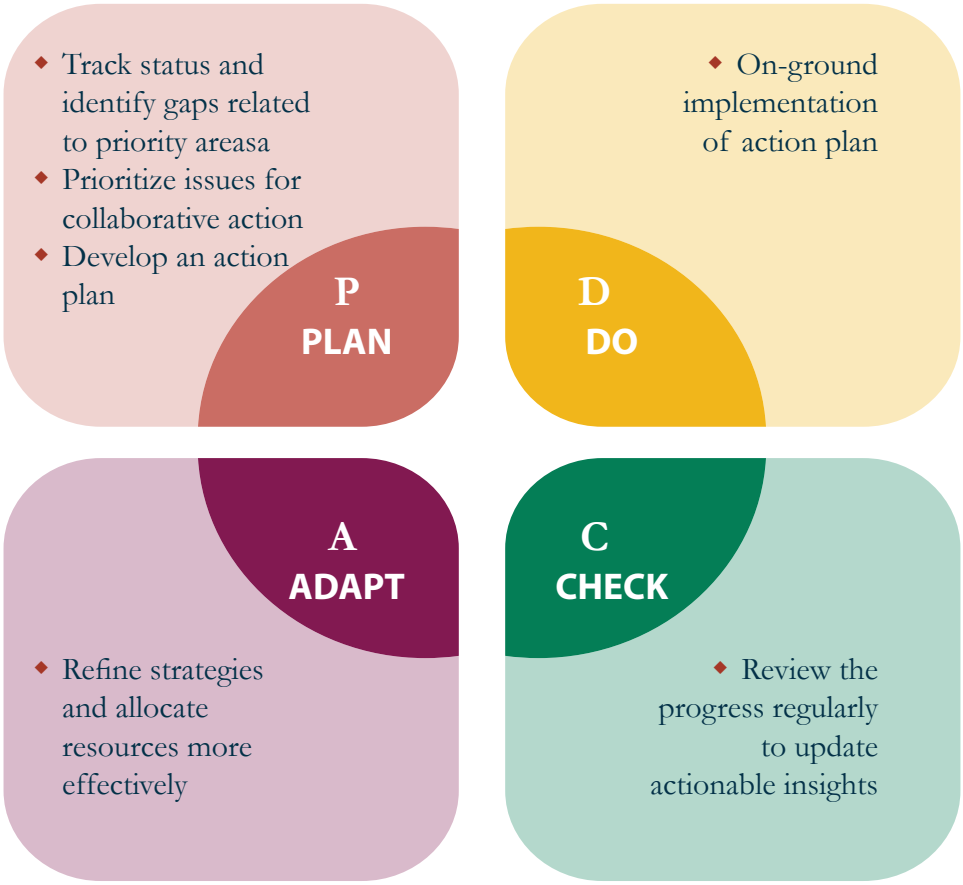


Figure 7 Plan-Do-Adapt-Check

Identifying priorities for collective action using Arogya Sangama Tracking Tool

Annexure 2 contains the Arogya Sangama tracking tool with key indicators that can help GPTF members track status and identify gaps related to the public services for WASH, health, community's social security benefits and entitlements and other social issues. This tool will be used to prioritize issues they want to work with for collaborative action.

Persons responsible for implementing the tool and support priority setting by GPTFs- Panchayat Development Officer (PDO), Second Division Assistant (SDA) and AS Facilitators.

Sources of data- This data should be obtained from GP records/Primary Health Centers/Health and Wellness Centers records/Anganwadi Centers. The Nodal representative from each department is responsible for providing this information.

This tool comprises two sections.

Part 1- Basic Parameters of the Gram Panchayat

Basic information should be gathered for the Gram Panchayat, including the village-wise population disaggregated by gender and age, details of marginalized households, details about the Gram Panchayat president and members, access to government healthcare facilities, and the financial status of the Gram Panchayat.

Frequency of filling this section- The data for this tool should be gathered once initially and updated each year.

Part 2- Priority Areas for GPTF for work on

- Initially, the GPTF will choose focus areas from this list of Six priority areas identified through formative research and validated during

participatory workshops across Chamarajanagar and Raichur districts. These priority areas are: -

- Water, Sanitation, and Hygiene (WASH)
- School Enrolment- Child Marriage
- Alcohol/Substance Use
- Maternal and Child Health (MCH)
- Non-Communicable Diseases (NCD)
- Health and Wellness Centre-related services
- Other priorities

At a later stage, GPTF may also select other priority areas they consider more urgent or relevant. Each priority area has been divided into specific indicators. The indicators in the Arogya Sangama tool kit largely overlap with the Mission Antyodaya annual survey data. This data is a critical resource for enabling evidence-based planning in the Gram Panchayat Development Plan (GPDP) process. The rich data generated from Mission Antyodaya survey remains unutilized for problem-solving and decision-making. By leveraging this data for the Arogya Sangama tracking tool, GPTFs can address this gap and transform data into actionable insights for effective problem-solving and informed decision-making.

Frequency of filling in this section- Tracking exercise to be carried out in each meeting. Indicator-wise data for each priority area must be submitted 10 days prior to the date of the meeting.

Process of data updation- PDO with his/her Second Division Assistant (SDA) will be responsible for coordinating with the stakeholders from health (CHO), ICDS (AWWs) or Education (Headmaster) to obtain data on indicators pertaining to their departments. Data for most other indicators related to WASH and coverage of schemes and entitlements offered by the government would be available with the GP. Having obtained the data for all components of the tool, PDO and SDA will update and complete the Arogya Sangama Tracking tool and keep it ready at least one week in advance of the upcoming Arogya Sangama quarterly meeting. AS Facilitators will review the information and perform quality checks to ensure data is correct and free from errors.

Scoring the indicators and analyzing trends- A traffic light scoring system will be generated based on the input values, with a color code assigned to each indicator: red for poor performance, yellow for average performance, and green for good performance.

6.2.3 Arogya Sangama Action Planning

Key members of the action planning team- Concerned GPTF members led by the GP President, PDO, Second Division Assistant (SDA) and AS Facilitators.

The Arogya Sangama Action Planning tool should be filled that comprises: a priority mapping and a planning matrix. Priority mapping should be used by GPTF to identify and prioritize issues for collective action

- Prioritize Indicators with low scores (marked as red and yellow) for action.
- Identify the underlying reasons for the low performance of these indicators.

For each priority problem area, GPTFs should collectively fill the planning matrix. This tool provides an action plan template that can be used to address the major gaps that the GPTF identified.

Frequency of filling the tool- This tool should be filled collectively during the quarterly GPTF meetings.

Seeking agreement on the Action Plan- GPTF Action Plan should be documented as meeting minutes, signed by all GPTF members, and presented in the upcoming Samanya Sabhe.

The implementation of the Arogya Sangama Action Plan should commence immediately following the quarterly meetings. The responsibility for execution will lie with the designated GPTF member for each identified action area.

For example- this may include the GP President or GP member, along with their team of sanitation workers, ensuring drain cleaning; the ASHA Facilitator overseeing her team to complete the required home visits for mothers and newborns; or CHOs ensuring the achievement of NCD screening targets; Headmaster, along with his/her team of school teachers to increase the girl child attendance etc.

6.2.4 GPTF Checks & Adapts

GPTF members should fill the Check & Adapt tool in each meeting. They must regularly review the progress to update actionable insights. They should compare performance to identify consistent improvement or recurring gaps and utilize notes from the tool to refine strategies and allocate resources more effectively.

Digital Platform for GPTF Monitoring and Reporting: A digital platform will be developed to record all real-time monitoring actions for GPTF indicators. The internal digital transformation team at KHPT will develop a web-based mobile application for usage in the TAB/Mobiles. The digital application will be built in such a way that the architecture can be shared and hosted on the specified destination server. The digital initiative will include a reporting system that will allow workers at all levels and GPTF members, to monitor their performance and identify inadequacies. An integrated dashboard will be constructed with an appealing visualization for each of the indicators, making it self-explanatory and much easier to understand at all levels.

6.3 Follow-up action for previous meeting

- Review and discuss the progress of action items identified in the previous meeting.
- Evaluate the implementation status of tasks assigned to specific members or departments.
- Address any delays or challenges encountered and explore solutions to resolve them.
- Experience sharing by the community members who have benefitted from the services of the GPTF.
- Key action points, progress updates, and decisions identified in committees such as VHSNCs, JAS, SDMCs, Women and Child Care and Protection Committee (WCCPC), and or other village-level committees will be presented to GPTFs for their information or necessary support.

6.4 Next steps

- Identify and prioritize new action items based on current discussions and emerging needs.
- Allocate responsibilities to specific members or departments, ensuring clarity in roles.
- Set timelines and milestones for each task to maintain momentum and accountability.
- Discuss strategies to overcome potential challenges in implementing the agreed-upon actions.
- Plan for additional resources or support required for successful execution.

6.5 Documentation of discussion

- Maintain clear and concise minutes of the meeting, including signed attendance details and quorum status.
- Share the documented minutes with all GPTF members via the WhatsApp group.

6.6 Closure of meeting

- Summarize the key points discussed during the meeting, emphasizing agreed-upon actions and responsibilities.
- Ask members to provide final input, address unresolved questions, or clarify doubts.
- Confirm the date, time, and venue for the next meeting to ensure consistent engagement.
- Express gratitude to all members for their active participation and contributions.

Section 7 | Arogya Sangama Program Management

To successfully implement the vision, goals, and objectives of the Arogya Sangama project, the Zilla and Taluka Panchayat teams must adopt effective program management strategies. Even in the early phase, when the project focuses on improving health, health-related issues, WASH (Water, Sanitation, and Hygiene), social outcomes (such as substance use and child marriage), and other developmental priorities, seamless coordination will be necessary among stakeholders and integration with existing Panchayati Raj structures responsible for public services. Multisectoral Collaboration is key to ensuring effective functioning of GPTFs.

The GPTFs, comprising stakeholders from key departments such as Rural Development, Panchayat Raj, Health, Education, and ICDS, operate under the purview of the Zilla Panchayat. To ensure efficient functioning, nodal officers from these departments must collaborate and enable GPTFs to carry out their designated roles effectively. Project Steering Committees (PSC) will be formed at the state and district levels to ensure smooth implementation of Arogya Sangama.

7.1 Arogya Sangama State Steering Committee

The Arogya Sangama Steering Committee formed at the state level will include the following members:

- Additional Chief Secretary/ Development Commissioner, Government of Karnataka (Chairperson)
- Principal Secretary, Panchayat Raj (Member)
- Commissioner, Panchayat Raj (Member Secretary)
- Director, Development Panchayat Raj (State Nodal Officer for Arogya Sangama)
- Principal Secretary, Department of Health and Family Welfare
- Principal Secretary, Women and Child Development
- Principal Secretary, School Education and Literacy
- CEO of Zilla Panchayat, Chamarajanagar and Raichur districts
- Technical partners working at the state level from KHPT/Johns Hopkins India Representative (only for the pilot phase)

The Commissioner of Panchayat Raj will provide overall leadership at the state level and will oversee project-related policy updates, approvals, and financing mechanisms. He/She will be the Member Secretary for the Arogya Sangama Steering Committee, which will meet once every six months to review the progress of the Arogya Sangama and troubleshoot challenges, if any. CEO-Zilla Panchayats will present progress updates for Arogya Sangama and seek inputs/feedback for program adaptation and improvement in this forum.

7.2 Arogya Sangama District Steering Committee

Chief Executive Officer Zilla Panchayat will lead the Arogya Sangama Steering Committee (ASSC) at the district level. This committee will meet once every quarter to monitor program progress, review the implementation of GPTF action plan, assess changes in public services delivered through the GPs in the areas relating to WASH, Health, Education, Social Security Schemes, Child Marriage, etc. This committee will ensure multi-sectoral collaboration necessary for this project, review program strategy, determine inputs not working well and propose program adaptations if required.

- Chief Executive Officer-Zilla Panchayat (Chairperson)
- Deputy Secretary 1-Zilla Panchayat (Member Secretary and the District Nodal Officer for Arogya Sangama)
- Executive Officer-Taluka Panchayat (Taluka Nodal Officer for Arogya Sangama)
- Assistant Director, Panchayat Raj-Taluka Panchayat
- District Health Officer
- District Surveillance Officer-Nodal for Health and Wellness Centers
- District RCH Officer
- Deputy Director, Women and Child Development
- Deputy Director, Public Instructions
- State team member from the Socially Responsible Local Governance Team
- District Coordinators, KHPT, and a state representative of KHPT

The EO-Taluka Panchayat will present progress updates for Arogya Sangama and seek inputs/ feedback for program adaptation and improvement in this forum.

7.3 Nodal Officers for Program Management

State- Leadership

Director Development-Panchayat Raj

- Overall responsibility for AS intervention at the state level
- Seek all project related approvals from Commissioner/ACS/PRS-DoRDPR
- Issue guidelines/orders/necessary communication to the districts
- Coordinate with all aligned departments- Health, WCD, Education on behalf of DoRDPR
- Project funding/resource requirements, preparing annual budget and release of funds to the districts
- Ensure completion of all project activities with support from the team of Consultants from SRLG.

District-Level Oversight

Deputy Secretary -Zilla Panchayat

- Overall responsibility for Arogya Sangama interventions for the district
- Seek all project related approvals from CEO-Zilla Panchayat
- Issue guidelines/orders/necessary communication to the Talukas
- Coordinate with all allied deparments of Health, WCD on behalf of Zilla Panchayat
- Prepare implementation plans and ensure completion of all project activities
- Project funding/resource requirements, prepare annual budget and release of funds to theTalukas
- Coordinate district steering committee meetings and update CEO ZPs on program progress

Taluka-Level Execution

Executive Officer- Taluka Panchayat

- Effective supervision and periodic review mechanisms
- Oversee implementation of AS interventions across all GPs within their jurisdiction
- Select Arogya Sangama Facilitators for each GP as per the guidelines
- Ensure AD Panchayat Raj conduct one supervisory visit to GP in a month to monitor progress and provide guidance.
- Ensure that necessary approvals and resources are made available from GP, TP, and ZP levels for the effective execution of GPTF action plans
- Review AS action plans for intervention GPs and update DS-Zilla Panchayat from time to time

7.4 State level Program Management for Arogya Sangama

The technical consultants supporting the Socially Responsible Local Governance (SRLG) initiatives in the Panchayat Raj Commissionerate will be responsible for day-to-day program management and monitoring of the Arogya Sangama Project. They will work under the supervision of Director of Development and in close collaboration with the technical partners from the Johns Hopkins University and Karnataka Health Promotion Trust and undertake the following functions.

- Ensure orientation of district and taluka Panchayat Raj representatives in program guidelines and framework for implementation
- Support the districts in developing district-specific action plan for implementation of the program activities
- Participate in all training programs, monitoring activities, and review meetings for Arogya Sangama
- Serving as resource persons for Arogya Sangama-related training sessions.
- Undertaking field visits for supportive supervision, monitoring, review and feedback
- Identifying program bottlenecks and suggesting program adaptations and strategies for addressing field-level challenges

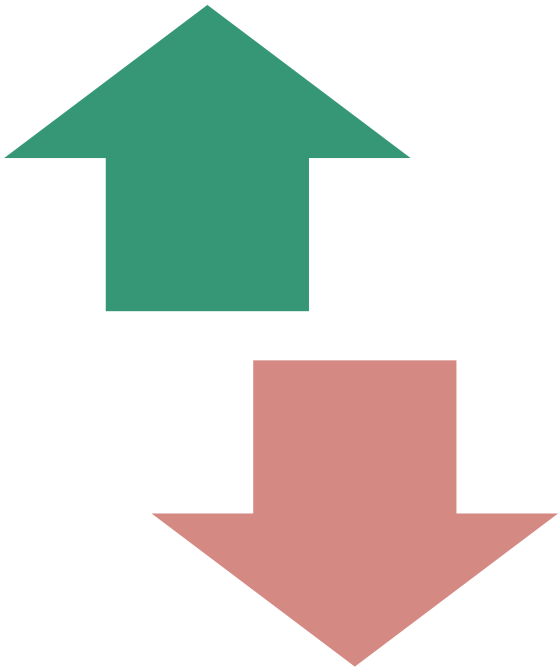
7.5 GPTF Coordination Linkages

Coordination Linkages are necessary to strengthen coordination and ensure effective implementation of the Arogya Sangama project. Not all problems related to WASH, health and social concerns can be addressed solely by the GPTF alone. It is possible that some of the challenges related to these areas of action may be systemic and will require upstream action and coordination with higher authorities. Certain issues will require support from other village-level entities like Village Health Sanitation and Nutrition Committees, such as conducting cleanliness drives, sanitation campaigns, etc. GPTFs will, therefore, need to establish and maintain bi-directional coordination with:

- **GP-Level Structures:** Standing committees and sub-committees.
- **Village-Level Committees:** Including JAS, VHSNCs, and SDMC
- Coordination linkages can be established by adhering to the following mechanisms.
- Action Points Integration: Key action points, progress updates, and decisions identified in committees such as VHSNCs, JAS, School Development and Monitoring Committees (SDMCs), Women and Child Care and Protection Committee (WCPC), and, or other village-level committees should be presented to GPTFs by the PDOs for finalizing the action, information sharing, or necessary support.

- Quarterly Action Plans: Quarterly action plans developed by GPTFs and their implementation status will be presented to the Standing committee for health, education and social welfare, drinking water sanitation.

This integration will promote holistic development, ensure accountability, and optimize resource utilization across sectors. Effective multisectoral collaboration among departments, robust supervision by nodal officers, and consistent engagement with community-level committees are critical in achieving the desired outcomes of the Arogya Sangama project. By aligning with existing Panchayat Raj systems and fostering multisectoral coordination, the project can significantly enhance health, WASH, education, and other developmental outcomes at the grassroots level. See **Figure 8** for reference.



Upstream or Top-level coordination of GPTFs is required with

- Zilla Panchayat Standing Committee
- Taluka Panchayat Development committee
- Standing committees for health, education and social welfare, drinking water sanitation

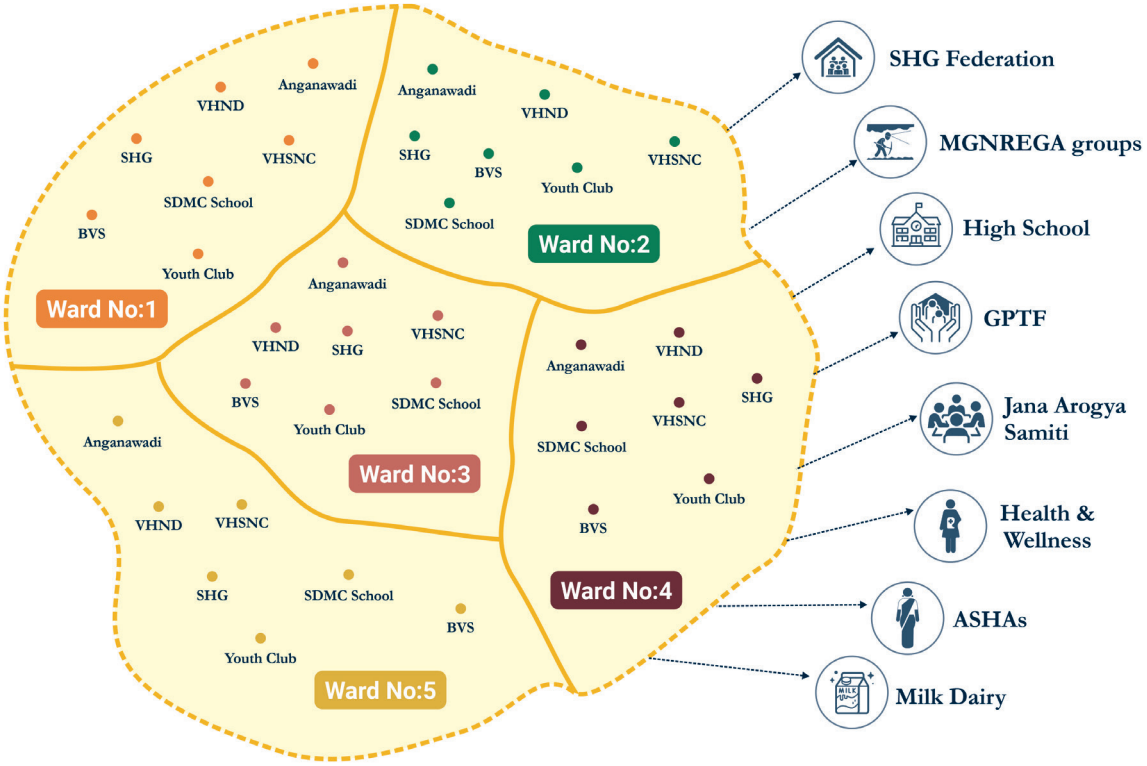
Downstream or Ground-level coordination of GPTFs is required with

- JAS
- VHSNC
- School Development and Monitoring Committees
- Others- Koosina Mane, Mahila and Bal Vikas Samiti

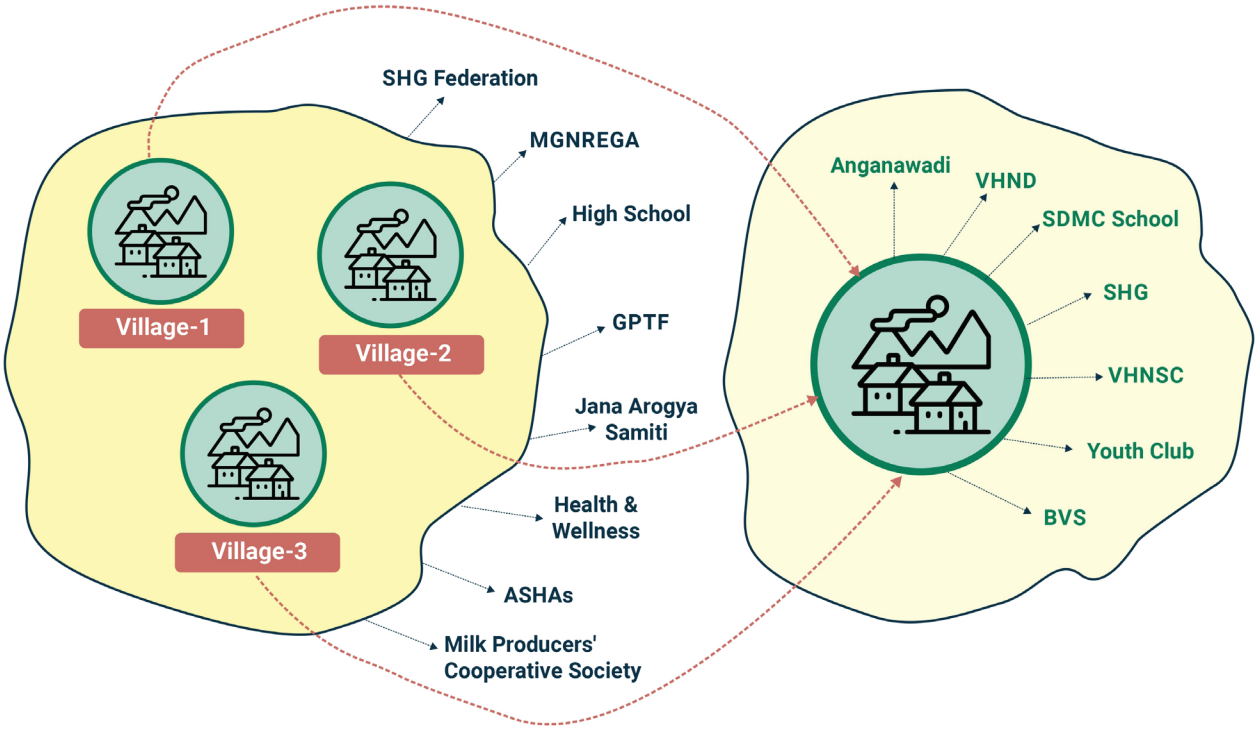
Figure 8 Coordination linkages of GPTFs with other committees

This structured approach to coordination will ensure a seamless institutionalization of the Arogya Sangama project. By integrating action items from village-level committees, collaborating among stakeholders, and maintaining rigorous oversight, the project will build a strong foundation for improved health, health-related and social outcomes at the Gram Panchayat level.

The following figure shows the different platforms located at a village level and GP level.



Single Village Gram Panchayat



Multi Village Grama Panchayat

Section 8 | Financing for Arogya Sangama

The total cost of implementing the Arogya Sangama Intervention package for each GP is Rs. **2,50,000** per year. These funds would be disbursed both at the Taluka level and at the Gram Panchayat Level.

An amount of Rs. 1,75,000 will be disbursed to the Taluka Panchayat level to meet the following costs:

- DCapacity Building of Arogya Sangama Facilitators, which will be a 3-day workshop to be organized once a year
- Perspective Building and Training Workshop for GPTF members which is a 1-day workshop to be held three times in a year
- Rewards for best-performing Panchayats.
- Honorarium and travel support to Arogya Sangama Facilitators for monitoring GPTF meetings and implementation of action plans.

An amount of Rs. 75,000 will be disbursed to the Gram Panchayat level, to meet the following costs:

- Cost of raising community awareness about GPTF
- Meetings for Arogya Sangama which is 1 day meeting of GPTF members held four times in a year (once per quarter)
- Cost for Implementation of Action plan by GPTF

The detailed budget is presented in **Annexure 3.**

Section 9 | Rewards for the best-performing GPTFs

Recognizing the efforts of well-performing Gram Panchayats and individuals helps maintain momentum toward achieving goals. Rewards highlight the impact of their work and encourage greater participation. The following initiatives would be employed to acknowledge the best-performing GPs.

- **Incentives:** Tangible rewards in the form of an annual cash prize of **Rs 10,000** or resources to support the GP's development initiatives further.
- **Certificates of Recognition:**
  - Award certificates from the DoRDPR to the GP for their exceptional contribution to community development.
  - Individual certificates to key contributors, recognizing their efforts based on specific metrics, such as the number of GPTF meetings conducted or problems resolved.
- **Sustained Achievement Awards:** Recurring incentives or funds would be introduced to encourage continued excellence and long-term impact.
- **Public Felicitation:** Top-performing GPs and individuals would be honoured during significant events, such as Karnataka Rajyotsava and Gandhi Gram Puraskara, to inspire others.
- **Individual Recognition:** Work of individuals or departments that have actively contributed to the success of the GPTF initiatives would be acknowledged, ensuring their efforts are publicly appreciated.

Section 10 | Technical support and role of partners

The JHU team will offer overall technical support for the Arogya Sangama implementation program only during the pilot phase. KHPT will oversee on-ground execution, including both implementation and the management of assessment activities.

JHU and KHPT will undertake the following tasks:

- KHPT will build capacities of the Arogya Sangama facilitators, ensuring they are well-equipped to facilitate GPTF meetings.
- KHPT, with support from JHU, will design comprehensive training modules for perspective-building workshops tailored towards building trust, addressing power imbalances, and aligning the perspectives of community members, GP members, and healthcare providers.
- KHPT will create and maintain interactive dashboards to monitor the progress of the intervention.
- JHU and KHPT will undertake field visits for process documentation during the implementation phase of the project, highlight concerns and provide feedback to DoRDPR to troubleshoot issues if any.
- After completion of one year of intervention, KHPT will conduct data collection activities and implement facility and household survey to map endline status of service utilization coverage, quality and equity. JHU will undertake all the necessary analysis and result synthesis along with KHPT team and share the results with DoRDPR
- Core team members of JHU and KHPT will actively participate in all project review meetings led by the DoRDPR and provide regular updates on the intervention's progress.

Annexures

Annexure 1: Details the participants of both the participatory workshops and the ideation exercises

Participatory Workshops

- Raichur (5th-7th Nov 2024)- 113 participants
  GP level participants-**96**, Taluka Panchayat level participants-**17**
- Chamarajanagar (10th-12th Dec 2024)- **119** participants
  GP level participants **103**-, Taluka Panchayat level participants-**16**

Ideation workshop 1-6th Dec 2024

- Experts from KHPT- **11**
- Experts from JHU India- **2**

Ideation workshop 2- 15th Oct 2024

- Experts from JHU India- **2**
- Experts from KHPT- **5**

Review Meeting of the Arogya Sangama project- 9th Sept 2024

- **Chaired by**
  Smt. Uma Mahadevan, IAS, Development Commissioner, Additional Chief Secretary, Department of RDPR, Government of Karnataka.
- **Experts from Department of RDPR**
  Dr. Arundhathi Chandrasekhar, IAS, Commissioner, Department of RDPR, Government of Karnataka
  Dr. Vasundhara Devi, Consultant-RDPR-Gram Swaraj Abhiyan
  Smt. Nagaveni, Deputy Director-KPRC, Smt. Shwetha, KPRC)
- **Experts from JHU**
  Prof. Svea Closser, Shalini Singh, Emily Miller, Deeksha Khurana
- **Experts from KHPT**
  Sri. Mohan H.L, CEO, Dr Swaroop N, Arin Kar, Dr Ambuja Kowlgi, Poornima BS, Vidyacharan Malve

Annexure 2: Arogya Sangama Toolkit for Gram Panchayats

Part 1- Arogya Sangama Tracking tool

	Details	Village 1				Village 2			
1. Basic Parameters of the Gram Panchayat (To be updated every year)									
District:									
Block:									
Name of the Gram Panchayat									
Name of Village									
Data Source- GP records									
Total Population of the village									
Male									
Female									
SC									
ST									
General									
Data Source - GP/ASHA/CHO/PHCO									
Total number of households in the village									
SC									
ST									
General									
GP President-Gender									
GP President-Education									
Data Source- GP records/ NREGA portal									
Number of NREGA HHs									
Primitive Tribes (Yes/No)									
If yes, population of primitive tribes									
Length of Kuchha roads as a proportion of total road length in village									

	Details	Village 1				Village 2			
Distance of village from									
HWC									
PHC									
CHC/TH									
Tertiary care center)									
HWC in the village (Yes/No)									
Total health cess collected in the financial year									
Availability of Jan Aushadhi Kendra within the revenue boundary of the village (Yes/ No)									
Data Source- GP records/ JJM									
1. WASH (To be provided by GP quarterly)	Type of Data								
1a Drainage									
1a.1 Number of households with pucca drainage uncovered	Number								
1b Access to clean and safe drinking water									
1b.1 Number of households in the village having piped water connection	Number								
1b.2 Presence of any system of chloritization of piped water supply in the village	Yes/No								
1b.3 Water sample testing using Field Test Kit completed for the month in the village	Yes/No								
1b.4Number of functional rainwater harvesting structures within the revenue boundary of the village	Yes/No								
1c Sanitation facilities									
1c.1 Number of households in the village having household latrines	Number								

	Details	Village 1				Village 2			
1c.3Number of functional community latrines in the village	Number								
1c.4Number of functional community latrines in the village for the disabled	Number								
1c.5 Functional latrines in the GP office for males and females	Yes/No								
Data Source- GP records/ Solid Liquid Waste Mgmt (SLWM) portal									
1d Garbage collection									
1d.1 Number of days Solid waste was collected in the village(daily)	Number								
1d.2Number of households segregating wet and dry waste during garbage collection	Number								
2. School Enrolment and Child Marriage (To be provided by School Headmaster)									
2.1School Status									
2.1.a No. of schools with Primary and secondary sections within the revenue boundary of the village	Number								
2.1.b No. of schools with Primary sections having electricity/drinking water/ separate girls' toilet	Number								
2.1.c No. of school's secondary sections having electricity/ drinking water/separate girls' toilet	Number								
2.1.d No. of schools with teachers available for teaching in the last month	Number								
2.1.e Number of boys (6-17 years) in the village currently enrolled in school	Number								
2.1.f Number of girls (6-17 years) in the village currently enrolled in school	Number								

	Details	Village 1				Village 2			
Data Source- CDPO/AWW									
2.2 Girl Child Marriage									
2.2.a Number of cases of early childhood marriages reported	Number								
2.2.b Number of child marriages prevented	Number								
3. Data Source- ASHA/AWW									
3.1 Care during pregnancy and delivery									
3.1.a. Number of pregnant women in the village	Number								
3.1.b. Number of pregnant women less than 18 years in the village	Number								
3.1.c Number of pregnant women who have completed the registration of their pregnancy within the first 3 months	Number								
3.1.d Number of pregnant women who have completed ANC due for the month	Number								
3.1.e Number of women in the village who delivered babies in the last month	Number								
3.1.f Number of still births in the last month	Number								
3.1.g Number of low-birth-weight babies in the last month	Number								
3.1.h Number of neonatal deaths in the last month	Number								
3.1.i Number of eligible pregnant mothers receiving benefits under Pradhan Mantri Matru Vandana Yojana in the last month	Number								
3.1 j Number of eligible beneficiaries who received their entitlements under Janani Suraksha Yojana (JSY)	Number								

	Details	Village 1				Village 2			
3.1.k Number of mothers who received free and cashless services during deliveries and C-sections for services like referral transport, medicine, diagnostics, diet and hospital admissions as part of Janani Shishu Surakhsha Karyakram (JSSK)	Number								
3.1.l Number of pregnant mothers who received Take Home Ration from the AWC	Number								
Data Source- ASHA/AWW									
3.2 Post natal care									
3.2.a Number of mothers who received the post-natal visits from ASHAs	Number								
3.3 Child Immunization									
3.3 a Number of children 0-3 years of age in the village	Number								
3.3 b Number of children 3-6 years of age in the village	Number								
3.3 c Number of children 0-6 years given all age-appropriate immunization as per the due list	Number								
0-3 years	Number								
3-6 years	Number								
Data Source- ASHA/AWW									
3.4 Infant and child nutrition									
3.4.a Number of children aged 6-9 months whose complementary feeding has not started yet	Number								
3.4.b Number of children 3-6 years enrolled in the AWC	Number								
3.4.c Number of children <3 years enrolled in the Koosina Mane	Number								

	Details	Village 1				Village 2			
3.4.d Number of children for whom weight measurement/ growth monitoring was done in Anganwadi center last month	Number								
0-3 years	Number								
3-6 years	Number								
Infant Deaths	Number								
Child Deaths	Number								
4. Non-Communicable Diseases									
4.1NCD Screening									
Data Source- HWC/NCD Portal									
4.1.a Screening camp held in the village	Yes/No								
4.1.b Males above 30 years of age screened by HWC staff	Number								
Diabetes	Number								
Hypertension	Number								
4.1.b Females above 30 years of age screened by HWC staff									
Diabetes	Number								
Hypertension	Number								
Data Source- HWC/NCD Portal									
4.2 NCD diagnosis									
4.2.a Males above 30 years of age diagnosed for									
Diabetes	Number								
Hypertension	Number								
4.2.b Females above 30 years of age diagnosed									
Diabetes	Number								
Hypertension	Number								

	Details	Village 1				Village 2			
Data Source- HWC/NCD Portal									
4.3 NCD Treatment									
4.3 a Males above 30 years who were diagnosed and are on treatment									
Diabetes	Number								
Hypertension	Number								
4.3 b Females above 30 years who were diagnosed and are on treatment									
Diabetes	Number								
Hypertension	Number								
Data Source- HWC/NCD Portal									
4.4 Free Medicines									
4.4 Males above 30 years on treatment for Diabetes and Hypertension who have received at least one of free medicines from government health facilities	Number								
4.4 b Females above 30 years on treatment for Diabetes and Hypertension who have received at least one of free medicines from government health facilities	Number								
5 Functioning of HWC									
Data Source- HWC/NCD Portal									
5.1 Functioning of SC-HWC									
5.1.a Centre is having running water/electricity	Yes/No								
5.1.b Adequate Staff-At least 1 CHO, 1 PHCO and Five ASHAs	Yes/No								
5.1.c Opening hours-9-4 PM	Yes/No								
5.1 d Availability of medicines as per EDL	Yes/No								
5.1. e Availability of diagnostics as per guidelines	Yes/No								

	Details	Village 1				Village 2			
Data Source- HWC/NCD Portal									
5.2 Functioning of PHC-HWC									
5.2.a Centre is having running water/electricity	Yes/No								
5.2.b Adequate Staff-At least One Medical Officer, Staff Nurse, Lab Technician, Pharmacist, LHV/PHCO	Yes/No								
5.2.c Opening hours-9-5:30 PM	Yes/No								
5.2 d Availability of medicines as per EDL	Yes/No								
5.2. e Availability of diagnostics as per guidelines	Yes/No								
6 Tuberculosis									
Data Source-Nikshay portal									
6.1.a Number of presumptive TB persons examined	Number								
6.1.b Number of TB cases notified (DS & DR)	Number								
6.1.c Number of TB- notified patients adhered to regimen	Number								
6.1 d Number of TB beneficiaries paid at least one installment under Nikshay Poshan Yojna (NPY)	Number								
7 Other Priority Areas									
Data Source- GP Records /AWW/ASHA									
7.1 Health Entitlements & Financial Security									
7.1.a Number of beneficiaries issued Ayushman Card under PMJAY-CM Arogya Karnataka	Number								
7.1.b Whether Kavalu Samithi is functional	Yes/No								
7.1.c Whether VHSNC is constituted	Yes/No								

	Details	Village 1				Village 2			
7.1.d Date of previous VHSNC meeting	Date								
7.1.e Key discussion during previous VHSNC meeting									
7.1.f Date of previous SDMC meeting	Date								
7.1.g Key discussion during previous SDMC meeting									
7.1.h Date of previous Bal Vikas Samiti meeting	Date								
7.1.i Key discussion during previous Bal Vikas Samiti meeting									
7.1.j Date of previous Koosina Mane Samiti meeting	Date								
7.1.k Key discussion during previous Koosina Mane Samiti meeting									

Part 2- Arogya Sangama Action Planning tool

2.1 Priorities Map

Priority Indicator	Score (1/2)	Reason-1	Reason-2	Reason-3

2.2 Planning Matrix

S. No	Priority Problem Area	Action required to resolve the problem	Who will lead it (individual/ institution)	Who will support it (individual/ institution)	Resources required to complete the action (funding or others)	Completion date (be realistic)	Who will supervise and ensure completion of action

Part 3- GPTFs Checks & Adapts

Steps	Key Question	Action
1. Track your Progress	What was achieved this month?	Review all the indicators of the GPTF tracking tool for the present month
2. Compare Performance	How does this month compare to last month?	Identify increases, decreases, or stagnation in the indicators of the GPTF tracking tool
3. Continue Efforts	Is there improvement?	List out all the indicators of the GPTF tracking tool where were improvements
4. Document What Worked	What specifically contributed to success?	Document successful actions which resulted in improvements
5. Address Lack of Improvement	What didn't work?	Identify gaps or barriers that resulted in decline/ stagnation of progress
3.2 Review & Adapt Your Strategy		
6. Adapt Strategy	What adjustments are needed for the action plan?	Analyze trends
7. Reallocation of resources	How to allocate resources more efficiently as per the modified strategy	Revise timelines or resource allocation (funds & human resources).

Annexure 3: Illustrative Budget for Arogya Sangama

TALUKA PANCHAYAT LEVEL				
S No.	**Details**	**No. of units**	**Cost per unit**	**Total cost**
1	**Capacity Building of AS Facilitators- 3 days workshop**			
1.1	Tea, snacks and water during the workshop	40 participants	200	24000
1.2	Printing & stationery costs for the workshop	40 participants	100	4000
1.3	Travel cost of resource persons	2 resource persons	4000	24000
1.4	Lodging cost of resource persons for three days	2 resource persons	1000	6000
	Subtotal for 1 workshop			**58000**
2	**Perspective Building and Training Workshop- 1 day workshop**			
2.1	Travel and honorarium to AS facilitators	2 AS facilitators	1000	2000
2.2	Travel cost of external resource person	1 resource person	4000	4000
2.3	Lodging cost of external resource person for one day	1 resource person	1000	1000
2.4	Honorarium to the resource persons	3 resource persons	2000	6000
2.5	Printing & stationery costs for the workshop	40 participants	100	4000
2.6	Tea, snacks and water during the workshop	40 participants	100	4000
	Sub-total for 1 perspective building workshop			21000
	Total cost for 3 perspective building workshops			**63000**
3	**Rewards to best performing Panchayats**			**10000**
4	**Honorarium & Travel Support to Arogya Sangama Facilitators**			

4.1	Honorarium & Travel support to two AS Facilitators to facilitate quarterly Arogya Sangama meetings	1 day/qtr	1000	8000
4.2	Honorarium & Travel support to two AS Facilitators for monitoring the Arogya Sangama action plan implementation by GPTFs	3 days/month	500	36000
	Sub-total Honorarium & Travel Support to Arogya Sangama Facilitators			**44000**
	Total amount to be released at tp level			**175000**
GRAM PANCHAYAT LEVEL				
1	**Cost of raising community awareness about GPTFs**			**6000**
2	**GPTF meetings for Arogya Sangama - 1 day meeting**			
2.1	Printing & Stationery costs for the meeting	40 participants	100	4000
2.2	Tea, snacks and water during the meeting	40 participants	100	4000
	Sub-total for 1 GPTF meeting			8000
	Total cost for 4 GPTF meetings (1 per Qtr)			32000
3	**Implementation of Action plan by Panchayats**			**37000**
	Total amount to be released at gp level			75000
	Total amount per gp per year			250000

Annexure 4: Levels of Training as part of Arogya Sangama

Levels of Training	Training Type	Type of Participants	Number of Participants	Venue	Duration of training	Frequency of Training	Resource persons
Level 1	Capacity Building of Arogya Sangama Facilitators	Arogya Facilitators	30 participants (2 facilitators for 15 GPs)	Taluka Panchayat Office	3 day workshop	Once a year	KHPT Experts, External resource persons identified by KHPT
Level 2	Perspective Building and Training Workshops	GPTF members	30 participants from each GP	Taluka Panchayat Office	1 day workshop	Three times in a year	Arogya Sangama Facilitators, KHPT experts, resource persons identified by KHPT
Level 3	GPTF Meetings- On the job training and action learning for GPTFs	GPTF members	30 participants from each GP	Gram Panchayat Office	1 day meeting	Once every quarter	Facilitated by Arogya Sangama Facilitators

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ಕಾರ್ಯಾಲಯ
ಮಧುವನ ಹಳ್ಳಿ,
ಹಾಲುಗಾಲನಪುರ ಜಿಲ್ಲೆ.

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