



GRAAMA PANCHAYATH AROGYA AMRUTHA ABHIYAANA

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 Graama Panchayath Arogya Amrutha Abhiyaana

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

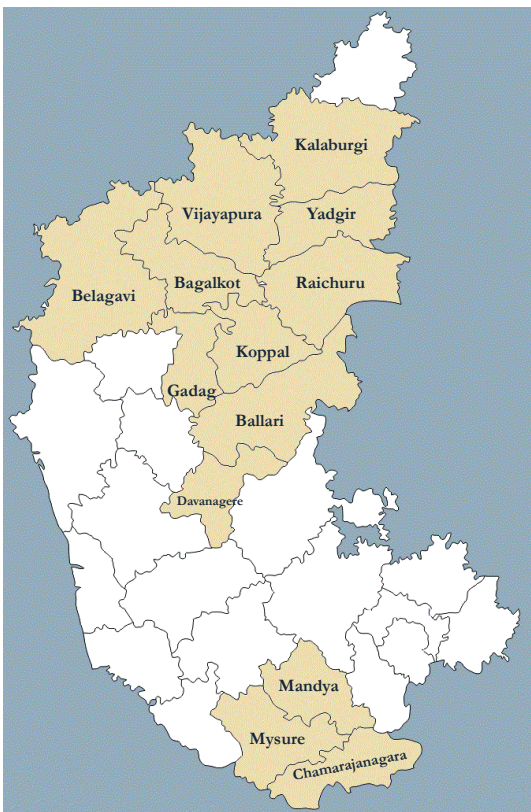
Coverage

GPAAA 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 GPAAA, 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 GPAAA

The GPAAA 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.

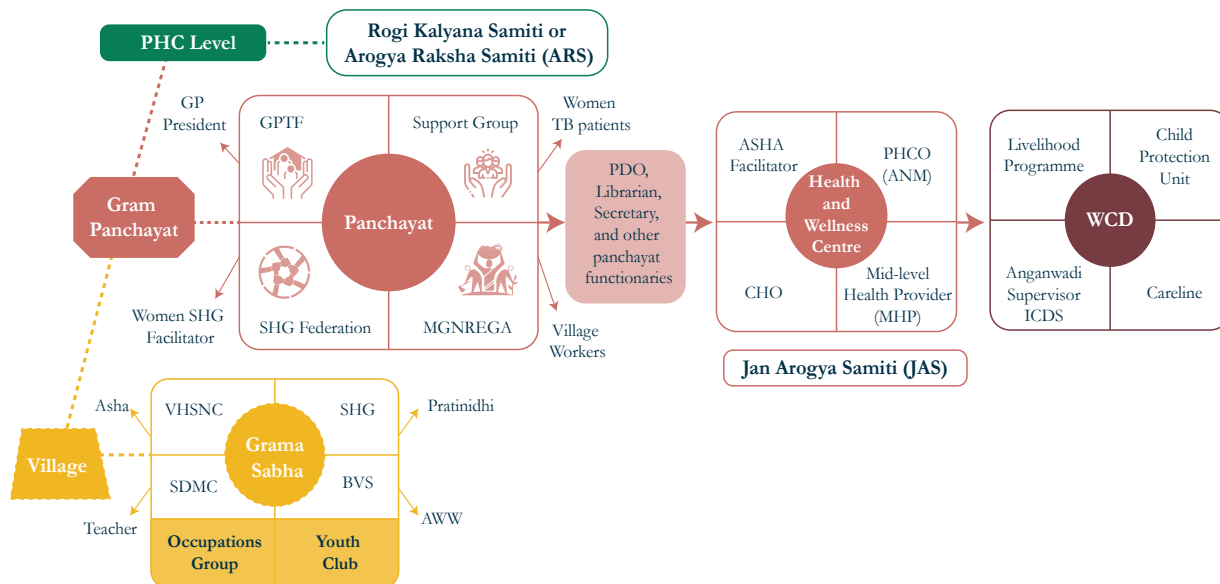
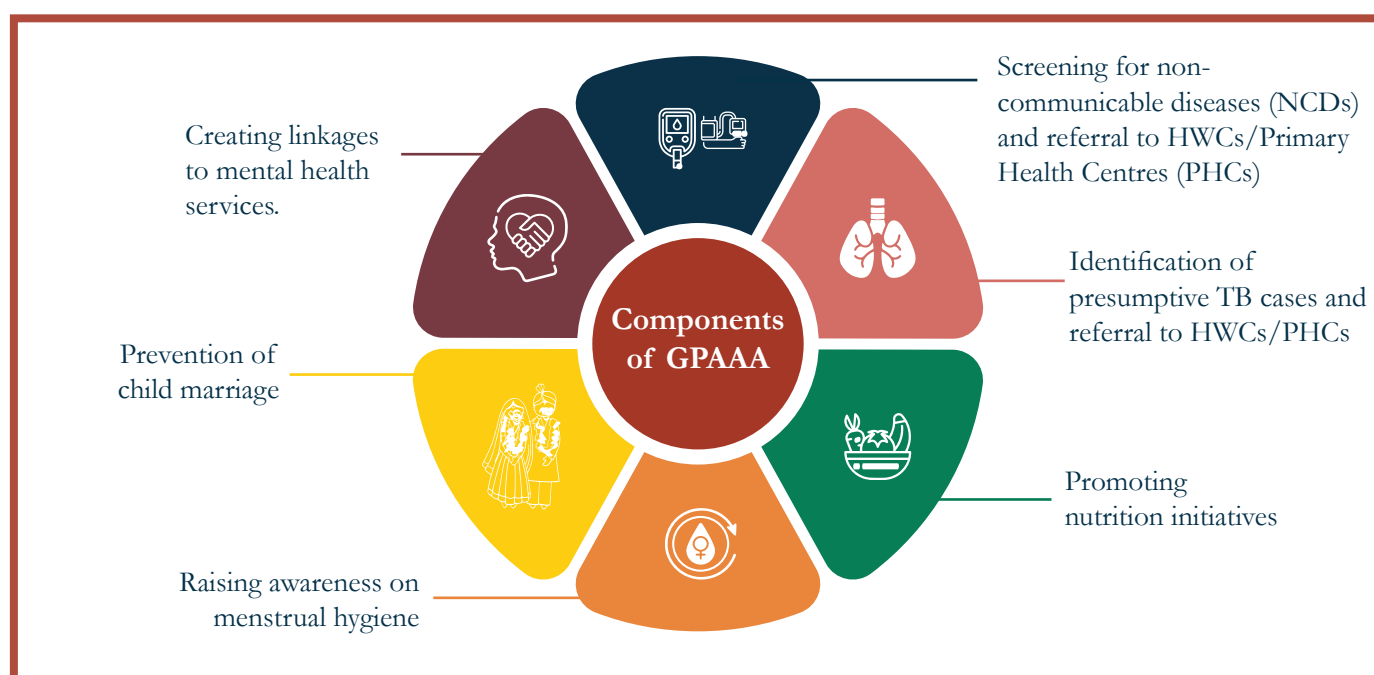


Figure 2: Implementing Convergence

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

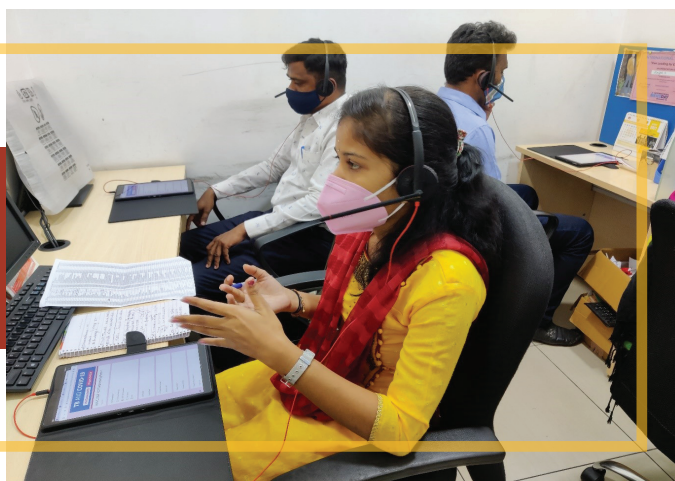


Distribution of Health Management Kits to panchayats

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. A health management kit has been developed that consists 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

The Sahita Careline, a free-of-cost outbound telecounselling service was established, during the COVID-19 pandemic in August 2021, with the support of the Government of Karnataka. Gram Panchayat 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 GPAAA 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 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 GPAAA, to constitute a resource pool at taluka, districts and state level.



Sustainability of the GPAAA

The GPAAA initiative is spearheaded by the Gram panchayat with the vision of strengthening decentralised responses is by the nature of its design a sustainable program. It is owned, driven and led by the panchayat. Its approach of working closely with both the community structures like the formal and informal groups encourages community participation and ownership of the entire initiative. Moreover, the GPAAA's convergence approach integrates this effort with the Health and Wellness Centres and its functionaries from the Health Department as well as the programs and the schemes of the Department of Women and Child Development at the GP level.

This ensures that preventive and promotive health is given due prominence and that social determinants of health are collectively addressed by all sectors anchored by the Gram Panchayat, making this a visionary and sustainable initiative. A decentralised and convergent approach anchored by a people's representative body like the gram panchayat at the lowest level helps bring the needs of the people to the forefront, address real barriers and challenges faced by the most backward communities and address all issues pertaining to their well-being holistically without making any distinctions based on departments or sectors. By its foundational principles, the GPAAA is a sustainable and replicable model, across all states in India that has panchayat or bodies that are equivalent to panchayats.



The Gram Panchayat Health Management Kit

The screening devices placed in the kit and their cost are presented in the table below:

Product	Brand	Quantity	Rate	Amount	Tax Rate	Tax	Amount
Digital Weighing Scale with Batteries	Mievida - FIR F9	1	550.00	550.00	18%	99.00	649.00
Blood Lancet Round - Pack of 100s	Amkay	2	45.27	90.54	12%	10.86	101.40
Alcohol Swabs - Pack of 100s	Control D	2	45.27	90.54	12%	10.86	101.40
Finger Tip Pulse Oxymeter with Batteries	Microtek - Black	2	535.00	1,070.00	5%	53.50	1,123.50
Digital BP Apparatus with Batteries	Dr. Morepen - BP-02	1	960.00	960.00	12%	115.20	1,075.20
Glucometer with Batteries, Lancet Unit and standard free strips	Dr. Morepen - Gluco One BG-03	1	150.00	150.00	12%	18.00	168.00
Glucostrips	Dr. Morepen - Gluco One BG-03	100	12.50	1,250.00	12%	150.00	1,400.00
Hemoglobino meter with batteries, lancet units and standard free strips	Acon - Mission	1	2,321.00	2,321.00	18%	417.78	2,738.78
Hemoglobino strips	Acon - Mission	50	19.00	950.00	12%	114.00	1,064.00
Shakirs MUAC Measuring tape - Adult		3	15.00	45.00	12%	5.40	50.40
Infrared Thermometer	Gilma	2	620.00	1,240.00	5%	62.00	1,302.00
Hand Sanitizer 5 Ltr Can (Non Gel)	Microteknik	1	330.00	330.00	5%	16.50	346.50
Basik Measuring Tape 16mm X 3 meter - PVC Body & Steel Blade	Freemans	1	41.50	41.50	18%	7.47	48.97
Food Grade LDPE Zip Lock pouches of 50 Micron - Size 5" X 7" - 225 gms (Pack of 100)		1	1.50	1.50	18%	0.27	1.77
Corrugated Box - GP		1	76.00	38.00	12%	4.56	42.56
Panchayat Kit Bag		1	530.00	530.00	18%	95.40	625.40
Labour		1	40	40.00		-	40.00
Transportation		1	165	165.00		-	165.00
Cost per Kit							11,043.89
Increase in cost by 20%							2,208.78
							13,252.67

Resources developed for GP-led health initiatives

Videos on Good practices from the GPAAA Initiatives
Power of the Panchayats: Bringing Health Services to the Workplace for MGNREGA workers
Power of the Panchayat: Screening for NCDs at Tibetan Settlement Camps
Power of the Panchayats: Providing healthcare to isolated tribal populations
Vaccinating the Vulnerable: Promoting COVID vaccination awareness and uptake in rural Karnataka
Power of the Panchayats: Working with health systems and the frontline to reach the vulnerable
Graama Panchayath Aarogya Amrutha Abhiyaana: Mobilizing Panchayats to Address Public Health Issues-English
Power Of The Panchayats: Reaching The Unreached To Ensure Health For All
SOPs and instructional videos on using the devices in the GP Health Management Kit
Measuring a person's height using a measuring tape
Measuring Body Temperature using an infrared thermometer
Measuring haemoglobin levels using Haemoglobinometer
Measuring Blood Glucose Using Glucometer
Measuring Blood Pressure using a Digital BP Apparatus
Calculating body fat using a BMI chart
Determining if a child is malnourished using MUAC tape
Measuring Oxygen Saturation using pulse Oximeter
Recording a person's body weight using a digital weighing scale
SOPs and instructional document on using the devices in the GP Health Management Kit

Scan the QR code to access the above Resources:



Program Impact



31

districts in Karnataka



5,957

Gram Panchayats



52,306

GPTF members trained

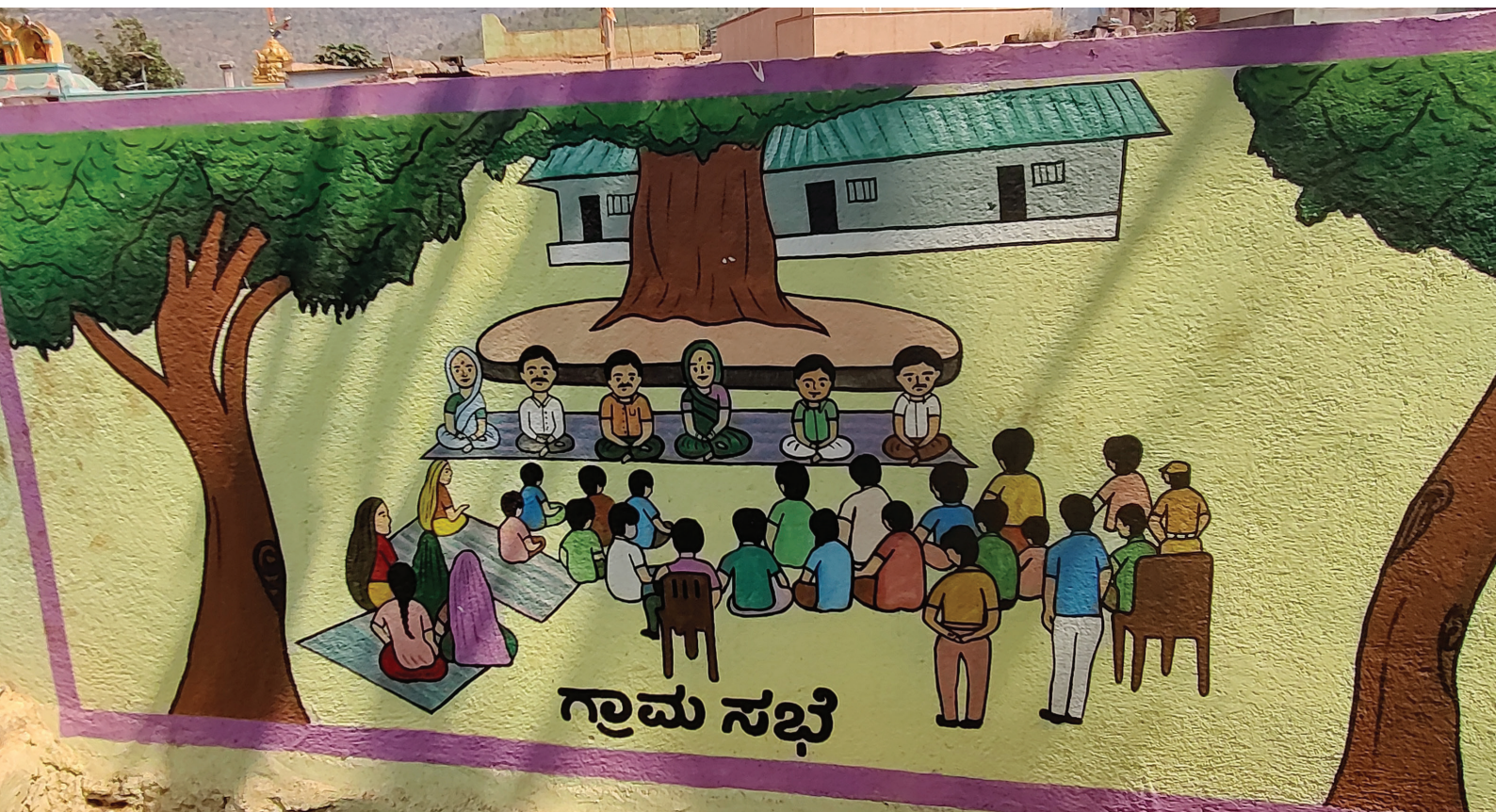


37.7 million

population covered

COVID-19 VACCINATION	NCD TESTING	ANAEMIA SCREENING	TB SCREENING	MENTAL HEALTH COUNSELLING
<p>44,364 vaccination camps</p> <p>15,21,584 people vaccinated</p>	<p>28,217 NCD camps organized</p> <p>13,74,904 people screened for NCD</p> <p>1,34,051 people referred for further care</p>	<p>1,40,243 women aged 15-49 years screened for anaemia (Hb)</p> <p>12,261 women aged 15-49 years referred for low Hb <11 g/dL</p>	<p>28,73,714 people screened for TB</p> <p>25,170 people referred for TB testing</p>	<p>98,191 people screened with mental health checklist</p> <p>3,596 people counselled</p> <p>422 people referred for further mental health support</p>
<p>6,000 Health management kits distributed</p>		<p>145 IEC materials developed</p>		

*The numbers are accurate for 31 districts as of February 28, 2023. GPAAA began in 14 districts in September 2021, with the Government of Karnataka scaling up to the remaining 17 districts from September 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