



Capacity Building of Gram Panchayat Task Force (GPTF) through the Grama Arogya

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Department of Rural Development and Panchayath Raj (RDPR), Government of Karnataka

Department of Women and Child Development (WCD), Government of Karnataka

National Health Mission (NHM)

United States Agencies for International Development (USAID)

Grama Arogya

Karnataka Health Promotion Trust (KHPT)

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Abbreviation

| | |
|--------------|-------------------------------------------------------------------------|
| ANSSIRD & PR | Abdul Nazir Saab State Institute of Rural Development and Panchayat Raj |
| BEO | Block Education Officer |
| CEO | Chief Executive officers |
| COVID | Coronavirus Disease |
| DHFW | Department of Health and Family Welfare |
| EO | Executive Officers |
| FLW | Frontline Workers |
| GOK | Government of Karnataka |
| GP | Gram Panchayat |
| GPTF | Gram Panchayat Task Force |
| HFW | Health and Family Welfare |
| KHPT | Karnataka Health Promotion Trust |
| MD | Mission Director |
| NCD | Non-Communicable Diseases |
| NGO | Non-Government Organisation |
| NHM | National Health Mission |
| RDPR | Rural Development and Panchayat Raj |
| RP | Resource Person |
| TB | Tuberculosis |
| THO | Taluka Health officer |
| TOT | Training of Trainers |
| USAID | United States Agency for International Development |
| WCD | Women & Child Development |

1. Introduction

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-19 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 that is accountable and responsive to the needs of people



2. The Grama Arogya: A convergence and decentralization initiative

The Grama Arogya formerly known as Graama Panchayath Arogya Amrutha Abhiyaana (GPAAA), a first-of-its-kind convergence initiative in the country launched by the Government of Karnataka, hopes to usher in new synergy among the GPs, communities, and the health facilities in rural areas of the state. KHPT has been working with the Departments of Rural Development and Panchayat Raj (RDPR), Health and Family Welfare (HFW), and Women & Child Development (WCD) of the Government of Karnataka, since August 2021, to involve GPs more proactively in addressing issues of public health to ensure access for last mile communities. The programme, 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); address mental health issues through the Sahita Careline tele- counseling health service, and prevent the incidence of child marriages. The initial phase of Grama Arogya was successful in reviving the health mandate of the GPs and also in demonstrating that through convergence at the lowest levels. Based on the successes and impact of the Grama Arogya, the RDPR, GOK has expanded the programme in all 5953 GPs in Karnataka and allocated 10.5 crores for its implementation.

3. Why the Gram Panchayat?

GPs are the nodal platforms for implementing Grama Arogya through convergence and decentralized approaches. In order to perform their health-related roles, GPTF members should be aware of the status of health of people and critical aspects of health in the GP area, including the number of deaths of infants, children, and women - specifically deaths of girls children, and maternal deaths - nutritional status, age at marriage and first pregnancy, and prevalence of diarrhea, malaria, respiratory infections, tuberculosis, leprosy, etc. To address the social determinants as discussed, it is important for the GP to maintain a map of all the marginalized communities, including those at high risk of developing health issues. This could include mapping malnourished children, high-risk pregnancies, persons with TB, areas with environmental risk of vectors that can spread malaria, dengue, etc., and families with frequent incidents of domestic violence. The GP can discuss these issues in the Gram Sabhas and GP meetings to identify specific problems that such individuals, families, and groups may be facing. For example, information about pregnant women's health and nutrition needs can be shared in the Gram Sabha for the prevention of anaemia in women during pregnancy. The GP can also ensure that the ASHA keeps a record of pregnant women with anaemia and provides necessary health support.

The GP can make sure that the benefits of all social welfare schemes reach those in need in time. For vulnerable groups, including the elderly, single women, widows without any family support, or persons with disabilities, the GP should maintain a list and see to it that they are registered for benefits under a relevant scheme and are also receiving the benefits.

To address the environmental determinants affecting health, the GP would need to map out drinking water sources, the frequency of cleaning these, water quality testing, etc. Members would also need to ensure that all communities have equitable access to water. Similarly, in terms of sanitation, GPs would need to see if there are any stagnant pools of water that are potential breeding sites for vectors, and which communities living close to such places need special attention. It would also need to see if there are any industrial activities in the GP area or nearby that are affecting the health and welfare of the community. It may be useful for the GP to hold meetings with the officials of departments including HFW, WCD, Social Welfare, Education, and Livelihoods in order to get a better understanding of the various schemes and programmes available, as well as to explore areas of regular coordination and convergence

Given the increasing role of GPs and the responsibilities of the GPTF members, capacity building becomes essential for effective functioning. There was a need to sensitize them on public health issues and enable them to strategically plan their activities for community health. In Karnataka, there are more than 95,000 GPTF members from 5953 Gram Panchayaths in 31 districts, and the prospect of building the capacities of each of them could have been daunting. However, through collaboration with and with the guidance of the RDPR Department, capacity-building training were organized in a systematic manner that has proven to be flexible and scalable.

4. Training of GPTF members

The overall vision was to ensure the basic training for all GPTF members, including the key functionaries at the GP level, on all aspects of programme implementation by the GP. The subsequent sections explain about the capacity-building approach adopted under the program including the coverage.



5. Development of Training Tool Kit

KHPT developed a training tool kit in consultation with the Departments of RDPR, DHFW, and DWCD to ensure a comprehensive and uniform rollout of training of GPTF members. This toolkit is aimed at helping Gram Panchayats and other local governance structures streamline their efforts, with the support of associated committees and structures, community structures and leaders, as well as frontline workers, towards 'health for all'. The components of the kit explain convergence and the role of Gram Panchayats and allied structures; provide guidance on the planning of health campaigns, and include a training module explaining basic health and development issues that can be addressed by the Gram Panchayat. The kit also details Karnataka's experience of developing and implementing Grama Arogya, which embodies the principles of convergence and decentralization. The GP training tool kit was released by Ms Priyanka Francis, Commissioner, RDPR during the two-day state-level TOT held on January 19 and 20, 2023. During the release, the Commissioner emphasized the importance of the capacity-building process for strengthening the implementation of Grama Arogya by the GP through GPTF members

The key components included in the training tool kit are

- ❖ **A note on Securing and Sustaining “Health for All” at the Grassroots:** The Inevitability of Decentralization and Convergence - This note clarifies the need for convergence and how this will lead to ensuring health for all and why GPs are most appropriate to lead this initiative.
- ❖ **Training Handbook-(Grama Arogya):** This handbook describes the key program objectives, various components covered under the program, roles of GPs in community health management, and an explanation of important health-related issues that GPs need to focus on.
- ❖ **Micro Planning:** This module explains how GPs can systematically plan their activities to best utilize their available human and financial resources for maximum reach.
- ❖ **Data Collection and Monitoring:** This part of the module explains various indicators that are being monitored on a periodic basis regarding the intervention activities carried out.
- ❖ **The Karnataka Experience:** This note shares information about the experience of piloting Grama Arogya in Karnataka
- ❖ **Training schedule of the one-day training programme:** This is a detailed training schedule and includes session plans



6. Identification of resource persons for State Level Training of Trainers (TOT)

In order to train the GPTF members, the cascade model of delivering training was adopted. State, district, and panchayat level TOTs were held at the office sites of the GPs. The Departments funded the costs of the resource personnel and participants. Support and cooperation from government departments aided the Grama Arogya team in efficiently planning and conducting training at all levels.

The state-level TOT was organized for district teams, followed by district-level training, and finally, training of GPs. For the state-level TOT, the following members from each of the 31 districts were identified as participants.

- ❖ District Health and Family Welfare Officer, HFW
- ❖ Deputy Director, WCD
- ❖ Deputy Secretary, Zilla Panchayat, RDPR
- ❖ District Coordinator, KHPT

State-level TOT program

After identification of key resource persons from the districts, they were invited to attend a two-day workshop organized at the state level on January 19 and 20, 2023, which was attended by more than 4 persons from each district.

The objective of this state-level training was to build an effective team of master trainers and develop a

district-level action plan. The GP tool kit was used to orient the participants and at the end of the workshop, there was a separate session on working on the action plan to organize a district-level TOT for each district. Through this state-level trainers training, 130 master trainers from 31 districts were trained, who in turn were expected to initiate training of their respective district teams.

District-level TOT program

The purpose of the district TOT was to identify resource persons (RPs) from district and taluk levels and form block-wise groups of RPs to develop action plans to train the GPTF members from each GP in the district. Master trainers who were trained at the state level identified the RPs from each block, including non-department officials such as NGO representatives. Once the district identified the probable RPs, they called them to attend a two-day district-level TOT programme. The key persons identified to attend the district-level training are as follows:

- ❖ Block Health Education Officer from HFW, Health Education Officer from Health department
- ❖ Selected Community Health Officers from DHFW
- ❖ Selected Senior Health Workers from DHFW
- ❖ Anganawadi Supervisor from WCD
- ❖ Taluk planning officer from RDPR
- ❖ Decentralized Training Co-ordinator from Abdul Nazir Saab State Institute of Rural Development and Panchayath Raj (ANSSIRD&PR), RDPR
- ❖ Taluk Coordinator from KHPT

The total number of participants of this district ToT were based on the number of taluks and Gram Panchayaths.

The GP tool kit was used to orient the participants, and at the end of the workshop, there was a session on working on an action plan to organize GP-level training for each GP. Resource teams consisting of 3 members, one each from the Depts of HFW, WCD, and RDPR, were formed and a certain number of GPs were entrusted to them. A route plan, which was a guide for the resource teams to cover GPs, was also developed for each resource team. On average, each resource team planned to train 25-20 GPs within a fortnight.

GP -level training of GPTF members

After the district level training and formation of GP resource teams GP-level trainings were conducted. To support this, a circular was also issued to GPs from the RDPR Department regarding the organization of the one-day training/Special GP meeting.

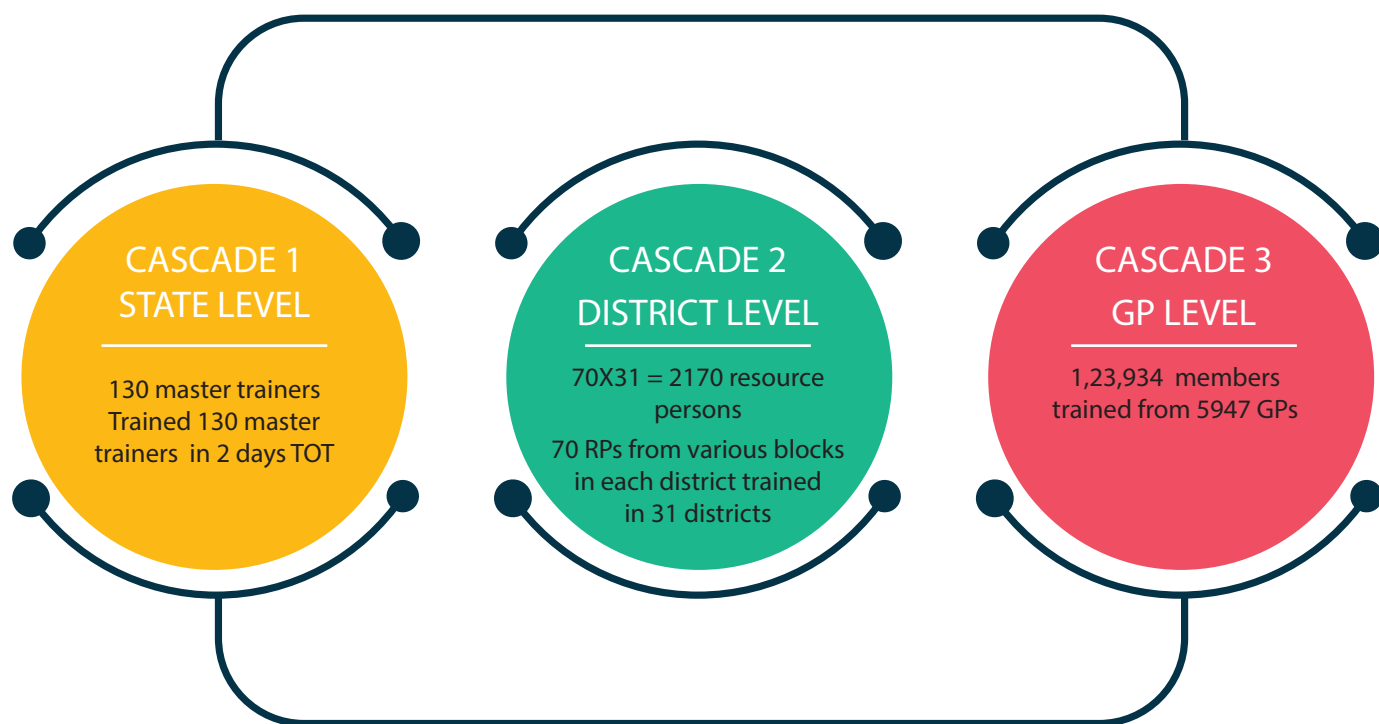




The detailed schedule of the one-day training/ special GP-level meeting is given below

| Time | Subject | Facilitator/s |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 09.30 – 10.00 AM | Introduction of participants, brief on Grama Arogya program, Purpose of One day training, | RP from KHPT |
| 10.00 – 02.00 PM | Major health concerns of communities Tuberculosis – Symptoms, services available, TB Mukta Panchayat Initiative, Role of GPTF | RP from Health Department |
| | Diabetics and Hypertension – Symptoms, Available services, management of disease, Role of GPTF | RP from Health Department |
| | Malnutrition & Anemia - Symptoms and management, Building Anemia free Panchayats, role of GPTF | RP from Health Department |
| | Menstrual Hygiene, Child marriage – Awareness and Available services | RP from WCD |
| | Demonstration of Health management kit | RP from Health department |
| 02.00 - 02.30 PM | Lunch | |
| 02.30 – 03.30 PM | Preparation of Micro plan for screening of TB, NCD, Anaemia and other components, action plan and fixing responsibilities for GPTF members | All RPs |
| 03.30 – 04.00 PM | Question and answers and wrap up | All RPs |

7. Schematic illustration of cascade training completed



One day training for 30 members including GPTF, FLW and leaders training in one day training in all GPs

Total Number of Persons trained
180890

**The above figures are summation of 31 districts of Karnataka from January 2023 to April 2023*

8. GP training-related letters and circulars issued

The GP training was conducted through convergence of all three departments, namely Departments of RDPR, HFW and WCD, involving advocacy and co-ordination efforts. Joint circulars issued to concerned authorities explained their role in organizing the implementing the trainings for the GPTF members. The list of circulars issued are:

DECEMBER 27, 2022

From RDPR
Commissionerate to
District CEOs

Direction to all 31 districts
to organize cascade
model training on
Anaemia free, Menstrual
Hygiene, Grama Arogya
components, & launch
of programme in all 17
districts through the
training

JANUARY 06, 2023

From RDPR
Commissionerate to MD
NHM, Health and Director,
WCD

RDPR Commissionerate
letter to Health and WCD
departments for the
deputation of resource
persons

JANUARY 14, 2023

From RDPR
Commissionerate to
District CEOs

Direction on
demonstration of Health
Management Kit during
the training

In accordance with the circulars that the state RDPR department sent to the districts, district CEOs gave instructions to all GPs via Taluka Panchayat Executive Officers (Eos). They also made sure that the instructions in the circulars were followed by reviewing the EOs at regular meetings. The Grama Arogya district coordinators and Taluka Coordinators were crucial to the actions' follow-up

9. Timeline for completion of trainings

OCT 20, 2022

Coordination meeting with RDPR, KHPT, and Health to plan the cascade training for GPTFs to conduct one-day training for Gram Panchayat elected representatives, and administrative staffs of GPs on Anaemia prevention, Menstrual Hygiene, Grama Arogya components.



DEC 27, 2022

RDPR Commissionerate issued direction to all 31 districts to organise cascade model training on Anemia-free GPs, Menstrual Hygiene, and Grama Arogya components.



JAN 06, 2023

RDPR letter to WCD and Health department to depute resource persons for State level TOT to facilitate all 6 components of Grama Arogya.



JAN 19-20, 2023

State-level TOT completed and detailed plan for 10 District TOT finalized.



JAN 30, 2023

Dissemination of Grama Arogya toolkit and Training flip charts to GPs for conduction of training at District TOTs and GPTF training in GPs.



MAR 15, 2023

District level TOTs completed and GP-level training rolled out in GPs of all the 31 districts.



APR 30, 2023

All 5953 GPs completed the training and health camps are being held on various platforms as per the micro plan.



10. Key Learnings

The following are some of the key learnings :

- ❖ **Micro Plan Development:** The team has successfully created a detailed micro plan for the next six months, which likely outlines specific objectives, activities, and timelines to achieve the goals of the Grama Arogya program
 - ❖ **Increased Accountability:** The implementation of the program has led to greater accountability among GPTF (Grama Panchayat Task Force) members, ensuring that they take ownership of their responsibilities and contribute actively to the program's success
 - ❖ **Understanding of Key Roles:** There is now a better understanding of the roles and responsibilities of key players at different levels of the program's implementation, including district, taluk, and Grama Panchayat (GP) levels
 - ❖ **Implementing Officers for Resource Distribution:** By deputing Executive Officers (EO), Taluk Health Officers (THO), and Block Education Officers (BEO) as implementing officers, the logistics, and distribution of resources for training have been streamlined. This likely improved the efficiency of the training process
 - ❖ **Utilization of Life-Size Flip charts:** The use of life-size flip charts for each session was found to be practical, especially in areas where there may be limitations with technology infrastructure such as projectors or frequent power outages
 - ❖ **Overcoming Challenges:** Despite facing challenges like unanticipated strikes by Community Health Officers (CHOs) and a lack of participation among GP members and officials, the team was able to address these issues through constant follow-up and periodic reviews by the Rural Development and Panchayat Raj (RDPR) department
- 
- The image shows a group of women in pink uniforms standing behind a table covered with a gold cloth. They are presenting a blue bag with white stripes to a man in a black and white striped shirt. In the background, there is a banner with the USAID logo and other text.
- ❖ Overall, the progress made in the implementation of the Grama Arogya program demonstrates effective planning, resource management, and adaptability in addressing challenges to achieve the training objectives within the set timeframe. Continuing to monitor and address challenges will be essential in ensuring the success of the program in the future.

11. Conclusion

The training was instrumental in bringing together three key government stakeholders RDPR, HFW, and WCD together, and they actively participated in facilitating the training at the state, district, and panchayat levels. This convergence at multiple levels, which allowed the optimal utilization of resources and expertise, may be counted as a success that enabled GPs to plan their activities more effectively. Although training a large number of panchayats in a short period of time appeared to be a challenge, meticulous planning and preparation to form a resource pool at the state, district, and taluka level to facilitate the trainings for GPs through a cascade approach proved essential. Timely circulars and instructions from RDPR department to all stakeholders and GPs aided in organizing training and deploying resources appropriately.

The participants provided feedback on the training; most found the training material easy to understand because simple and illustrative flip charts were used. The time allotted for each session and the relevance of the topics covered during the training were appreciated. Participants remarked that while they had previously participated in numerous training sessions, this one was unique as it had brought together representatives from all three departments, which would help them in coordinating activities regionally.



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