Swasth Panchayat Yojana: An Introduction

Swastha Panchayat Yojana has been initiated by the Department of Health and Family Welfare, Chhattisgarh with the assistance of State Health Resource Centre. The programme aims to place health on the Panchayat agenda and to increase the participation of the Panchayats in acting on the health issues.

Developing a set of indicators to measure the health status of the Panchayat was the first step to implement the Swastha Panchayat Yojana.

This survey reports the findings on 10 panchayat level indicators that the show the situation of health in the Panchayat and also point out the underlying causes. The indicators are on aspects of: health status of the panchayat, access to health care services, health related community behavior, nutrition, education, water and sanitation and gender. These indicators include aspects which are critical as per the Millennium Development Goals (MDG) and thus allow monitoring of MDG goals for each Panchayat in the state.

> ## Objectives of Swasth Panchayat Yojana
> - To enable the communities, especially the Panchayat members to know and assess the status of health services at the Panchayat at and hamlet Levels
> - To rank Panchayats in order of their composite performance and identify specific weak areas in terms of defined indicators
> - To facilitate stakeholder dialogue at panchayat as well as higher levels for greater convergence
> - To encourage and assist every Panchayat to draw up and implement a participatory plan so as to improve its ranking as well as to address its health needs.

The data collection exercise for the Swastha Panchayat Yojana has been a large exercise covering most of the rural households of the state. Data on 10 indicators has been collected and fed into a computerised database. Based on the indicators, a Health and Human Development Index (HDI) of all the Panchayats has been computed and ranking the Panchayats for the awards and financial support has already been done for two rounds. The Swasth Panchayat Yojana has always been visualized as a tool for facilitating informed local health planning at Panchayat level.

If you want to understand the process through which this information was generated and analysed, please refer to the note on Methodology given at the end of this report.

Methodology

1. Definitions of Selected Indicators

Sl	Aspect	Indicator	
		Denominator	Nominator
1	Institutional delivery	Total no. of delivery during last year	Total no. of women who had institutional delivery
2	Complementary food to children of 6-12 months	No. of children of age 6-12 months in the hamlet	No. of children in this age group who were getting regular complementary feeding
3	Use of mosquito net by pregnant women	Total no. of pregnant women in the hamlet	No. of pregnant women using mosquito nets
4	Stagnant Water	No. of hand pumps in the hamlet	No. of hand pumps without stagnant water around them
5	Safe Drinking Water	Total no. of families in the hamlet	No. of families using safe drinking water
6	Use of Toilet	Total no. of families in the hamlet	No. of families which are using domestic/community toilet
7	School education attainment of girls	Total no. of girls in 14-18 age group in the hamlet	No. of girls in this age group who have passed 8th standard
8	Access to Rozgar Guarantee Yojana	No. of families in the hamlet	No. of families who got more than 20 days of work during last one year under Rozgar Guarantee
9	Malnutrition	Total no. of children weighed in age 0-3 years	No. of these children in any grade of malnutrition
10	Infant death	No. of deliveries in the last year	No. of deaths of any child below one year

2. Data Collection:
Nearly 3000 Mitanin Trainers across the state were trained to gather the hamlet level information on the above indicators. The data collection was done through a combination of hamlet level meetings and door to door surveys. A large number of ward panchs were involved in the data collection. The collected hamlet level data was filled in a Panchayat Score Card. The Panchayat score card was validated by the Sarpanch in each Panchayat. The Sarpanch was provided with a copy of the Score Card so that they can identify the weak hamlets and specific weak aspects in the Panchayat.

3. Data Analysis:
The data collection forms from around 60,000 rural hamlets of the state were fed into a computerized database at Raipur. The hamlet level data

was consolidated into Panchayat level indicators. The percentage value of each indicator was computed. A composite Health and Human Development Index was calculated for each of the Panchayats in the state.

4. **Calculating Panchayat level HDI:** For each panchayat, a score is calculated for each of the 32 indicators. For each indicator, the maximum and minimum value in the block is identified. The indicator score is calculated using the HDI formula:

    Indicator Score = <u>Actual Value – Minimum Value</u>
    Maximum Value – Minimum Value

    Thus the score that any panchayat gets is related to how rest of the panchayats in the block have performed on that indicator. E.g., if Panchayat Mohanpur has got 65% ANC coverage and the lowest ANC coverage for any panchayat in the block is 15% and the highest percentage achieved by any panchayat in the block is 90%, then the score of Mohanpur panchayat on ANC indicator is

    = **<u>Actual Value – Minimum Value</u>**
    Maximum Value – Minimum Value

    = <u>65% - 15%</u> = <u>40%</u> = 0.53
      90% - 15%   75%

    Similarly, the scores for other indicators are calculated for the particular panchayat. Then all the 32 scores are added to get the composite HDI score of the panchayat.

5. **Ranking and Categorisation of Panchayats:** Based on the composite HDI score, panchayats in each block are ranked. Thus, for each panchayat, one can see where it stands in comparison to other Panchayats in the block. Based on the ranking, the two top ranking Panchayats in each block are given cash awards.

    All the Panchayats in the state have also been categorized into four categories. The categorization is based on statistical measures of mean and standard deviation. They have been colour coded for easy communication.

Category	Color Code	Criteria (based on HDI score being)
Good	Green	More than +1 SD
Average	Yellow	Mean to 1 SD
Weak	Orange	-1 SD to Mean
Very Weak	Red	Less than -1SD

Bringing Health into Panchayat agenda: Role of Mitanin Programme

Promoting involvement of Panchayats in the field of health is one of the five stated objectives that Mitanin Programme was initiated with. Therefore, interaction with Gram Panchayats has been a feature of the Mitanin Programme since its inception. Specifically the points have been:

- Mitanins were selected by hamlet level communities through a consultative process. The selection of all Mitanins was ratified in Gram Sabhas.
- The 4th Round of Mitanin Training on Malaria included one day of Panchayat based planning on Preventing Malaria with active participation of Panchayat representatives, Mitanins and other community members.
- The 7th Round of Mitanin Training was specifically on Swasth Panchayat Yojana. This training was done jointly with Mitanins, Sarpanchs and Panchs. This training was aimed at sensitizing the Sarpanchs on issues of health. This was done by introducing the concept of 'Swasth Panchayat' i.e. a healthy panchayat. The training focused on a dialogue with Sarpanchs on what constitutes a 'healthy panchayat'.
- The first Swasth Panchayat survey was carried out in 2006 with active participation of Panchs and Sarpanchs along with Mitanins. It collected data on 26 health and related indicators at Panchayat level. Based on the indicators, panchayat HDI scores were computed. The two top ranking panchayats in each block were given cash awards. The bottom ranking two panchayats were given cash support so that they can work towards improving their performance in the comi8ng year.
- A Panchayat Health Diary was introduced through Mitanin Programme and the State Health Resource Centre in year 2006. The Diary was given to each Sarpanch and it points out the specific actions that a Sarpanch can do in order to make his/her Panchayat 'healthy'.
- Sarpanch Health Sammelans were organized in most of the districts in the state in 2006 with active support from District Collectors and Zila Panchayats. These Sammelans were attended by thousands of Sarpanchs and helped in sensitizing them on issues of health.
- The second Swasth Panchayat Survey was carried out in 2007-08. The results were shared with the Sarpanchs and district officials. The best ranking Panchayats were awarded.
- The concept of Village Health & sanitation Committees (VHSC) was introduced by the National Rural Health Mission in 2007-08. In Chhattisgarh, VHSC is a sub-committee of the Standing Committee of the Panchayat on Health, Education & Social Welfare. The Panch heading the Panchayat's Standing committee also chairs the VHSC. The Panchayat Secretary is also the VHSC's secretary and one of the bank signatories along with the Mitanin who plays the Convener's role. Most of the Panchs are members of the VHSC. Thus VHSC initiative in Chhattisgarh is based on close collaboration between PRIs, Mitanins and local service prodiers ike ANMs and Anganwadi workers. Mitanin

Programme has played the facilitating role in formation and activation of VHSCs.

- Gram Swasth Niyojan Abhiyan, a social mobilization campaign around VHSCs and Village Health Planning was launched in 2008-09. As part of this campaign, more than 10,000 Panchayat/village based events were organized. One key component of this campaign was to introduce and initiate Village Health Planning by organizing special Gram Sabhas across the state.
- The 11th Round of Mitanin Training on Village Health Planning in 2008-09 has also been done jointly with Mitanins, Sarpanchs and Panchayat Sachivs.
- For a comprehensive training of Sarpanchs on Health, a module was jointly prepared by SHRC and SIRD in 2009. This training has now started in many blocks of the state with joint effort of SIRD, Panchayat Department and Mitanin Resource Persons.
- The third Swasth Panchayat Survey has been carried out recently in 2009. Currently, it is in the process of being fed into computers.
- Currently, Village Health Planning is one of the key activities being promoted through Mitanin Programme in collaboration with PRIs. Under this initiative, more than 3000 villages have prepared Local Health Plans with active involvement of Gram Panchayats.