

Swasth Panchayat Yojana in Chhattisgarh

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 26 panchayat level indicators that 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 included some of the aspects which are critical as per the Millennium Development Goals (MDG) and thus allowed monitoring of MDG goals for each Panchayat in the state. This can now be updated for SDGs. The Swasth Panchayat Yojana has always been visualized as a tool for facilitating informed local health planning at Panchayat level.

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 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 is a large exercise covering most of the rural habitations of the state. Data on 26 indicators has been collected and fed into a computerised database. Based on the indicators, a Health and Human Development Index (HHDI) of all the Panchayats has been computed and ranking the Panchayats.

Swasth Panchayat Rankings and Awards:

Gram Panchayats in each block are ranked according to the HHDI score achieved. The top three Panchayats are given Rs.12000, Rs.8000 and Rs.5000 cash awards. The purpose of the award is to encourage the Panchayats to work on health issues. That is why the awards are distributed in public functions by senior elected representatives and officers.

Methodology

1. Swasth Panchayat Indicators

a) Access to Local Health Services:

- Whether monthly immunization session conducted by ANM
- Whether BP measurement done in ANC by ANM
- Whether drugs provided free of cost by ANM
- Whether anti-malarial drugs available with CHWs
- Whether referral transport available
- Proportion of institutional deliveries

b) Health related behaviours:

- Proportion of families using mosquito bed-nets
- Proportion of households using toilets
- Proportion of children started complementary feeding at 6 months
- Proportion of infants exclusively breastfed till 6 months

c) Health Status:

Mortality:

- No. of Infant deaths
- No. of deaths due to communicable diseases

Morbidity:

- No. of Cases of Diarrhea
- No. of Cases of Fever/malaria

Malnutrition:

- No. of malnourished children in 0-3 year age group

Violence:

- No. of cases of domestic violence against women
- d) Access to food security, water, sanitation, education**
- No. of functional hand-pumps in village
 - No. of schools without functional toilet
 - No. of girls (6-18 years) out of school
 - Whether teachers in Government schools attended regularly
 - Whether subsidized food-grain entitlements given by Public Distribution System (PDS)
 - Whether MNREGA wages paid in time
 - Proportion of children accessing ICDS
 - Whether ICDS provided both pulses & vegetables all days for 3-6 yr olds
 - Did ICDS provide weekly Rations for under-3 yr olds each week
 - Did Mid-day school meal provide both pulses & vegetables all days for 3-6 yr olds

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:

$$\text{Indicator Score} = \frac{\text{Actual Value} - \text{Minimum Value}}{\text{Maximum Value} - \text{Minimum Value}}$$

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

$$= \frac{\text{Actual Value} - \text{Minimum Value}}{\text{Maximum Value} - \text{Minimum Value}}$$

$$= \frac{65\% - 15\%}{90\% - 15\%} = \frac{40\%}{75\%} = 0.53$$

Similarly, the scores for other indicators are calculated for the particular panchayat. Then all the 26 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	Colour 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

From Indicators to Action:

Institutionalising Swasth Panchayat Indicators into Village Health Monitoring by PRIs and VHSNCs

The above indicators have been converted into a Monitoring register which is used by the VHSNCs and Panch to collectively monitor the situation of each aspect monthly. This allows comparison across months and in one glance the progress can be assessed by PRIs.

Village Health Action Plans decide issues and collective action

- Identifying a gap with help of Gram monitoring register and death register
- Identifying the habitation where the gap is
- Identifying the cause of the gap
- Deciding the collective action needed by the village to get the gap addressed
- Deciding the responsible persons to lead the collective action and the timeframe for attempting the action

Action Plan is understood in terms of what the community can do to get the gap addressed

Facilitation:

The above two processes of local monitoring and collective planning are facilitated using the support structure of Mitandin Programme and a Swasth Panchayat Coordinator in each block. SHRC provides training and support for the facilitation structure from Panchayat to state level. Clusters of 10-15 VHSNCs have been formed for discussion across Gram Panchayats. They help in providing support, cross learning amongst community committees and aggregating issues.

Block Level Annual Jan Sanwad (Public Dialogue):

It is the collective platform for articulating issues and dialogue with elected representatives and block/district officials of multiple departments.

- Listing of village wise issues like status of health care services, ICDS and PDS services, water, sanitation, education etc
- Compilation of issues at block level
- Prepare a memorandum and present at the time of public dialogue
- Memorandum prepared for government officers

- District and block level officers (Collector, CMHO, BMO, CEO) and Elected representative (MLA, Sansad) are answer and accept the memorandum
- Each block has a Public dialogue event annually
- Seen as very useful for community organization and voice as well as for resolving issues and giving visibility

Training:

Mitanin Community Health Workers, Members of Gram Panchayats and VHSNCs are trained periodically for local planning around health.

- 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 2006-07 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 coming year.
- A Panchayat Health Diary was introduced through Mitanin Programme and the State Health Resource Centre in year 2006-07. 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 2006-07 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 results of Swasth Panchayat Survey 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 providers like 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 Mitantin 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.