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निर्माण भवन, नई दिल्ली - 110011

Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

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Additional Secretary & Mission Director (NHM)

DO No. -R-14012/1/2021-NHM-II

Dated 11th August 2021

Dear Colleague,

As you are aware, the Ministry of Rural Development has pioneered activities to enable holistic development of around 2,100 Gram Panchayats under the Saansad Adarsh Gram Yojana (SAGY). Some of the successful initiatives of the States under SAGY have been documented on the programme portal (<http://saanjhi.gov.in>). Currently, each Hon'ble Member of Parliament will be on developing 5 Gram Panchayats (GPs) under SAGY during 2019-24.

In this regard, it is to inform that some important activities under NHM have been identified, so that the SAGY Gram Panchayats could be saturated with such schemes, thus enabling universal coverage. In this regard, States are requested to ensure that the following activities are taken up on a priority basis in the SAGY Gram Panchayats :

- Upgradation of health infrastructure including AB-HWCs including Tele-consultation in identified GPs under SAGY leveraging funds available through NHM and Local Bodies / 15th Finance Commission.
- Provision of adequate training and capacity building of health care staff to provide comprehensive primary health care services through expanded range of 12 service packages at AB-HWCs.
- Conducting IEC activities in SAGY GPs to promote awareness about risk factors, (alcohol and tobacco use, poor physical activity and unhealthy diet), improve early care seeking, and increase use of public health care facilities.
- Ensuring that programmes such as Population based screening for Non Communicable Diseases for those over thirty years, and screening for children 0-18 years (Rashtriya Bal Swasthya Karyakram) are undertaken as per the schedule.
- Enabling districts to fill all sanctioned posts in all peripheral health facilities including the presence of a trained ASHA in every village.
- Ensuring availability of free drugs and free diagnostics at AB-HWCs.
- Redeploying ALS/BLS ambulances to ensure their availability and adherence to the principle of thirty minutes as average response time, in SAGY GPs.
- Undertaking Special immunization drives including Mission Indradhanush (MI) and Intensified Mission Indradhanush (IMI) sessions to improve immunization rates in SAGY GPs.
- Ensure proper implementation of DBT schemes such as Janani Suraksha Yojana (JSY) and Nikshay Poshan Yojana (NPY).

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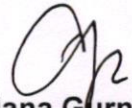
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The gap analysis reports of SAGY Gram Panchayats are available on Mission Antyodaya Portal (<https://missionantyodaya.nic.in>) which has now been linked to Saanjhi Portal. You may utilize the data available for converging with health care sector and help improve planning and implementation of healthcare schemes in the 2,100 SAGY Gram Panchayats. We also urge you to report success stories/best practices in SAGY-GP for key interventions, including AB-HWC, through coordination with state counterparts in Department of Rural Development. The roles and responsibilities of functionaries associated with the schemes (Annexure) under NHM are enclosed.

I look forward to have inputs on this from you.

with warm regards

Yours sincerely,


(Vandana Gurnani)

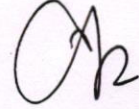
ACS/PS/Secretary (Health)- all States/UTs

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- Secretary, MoRD
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- JS Policy, MoHFW
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(Vandana Gurnani)

Roles of functionaries at various levels for saturation of health schemes in SAGY GPs

The National Health Policy 2017 focuses on strengthening Panchayati Raj Institutions to play an enhanced role at the different levels for health governance including the social determinants of health. It also emphasizes on the need to make 'Community Based Monitoring and Planning' mandatory, placing people at the Centre of the health system and development process for effective monitoring of quality of services.

The National Health Mission aims to improve the primary and secondary health care, provided through public health institutions including Sub Health Centres (SHCs) and Primary Health Centres (PHCs), Urban Primary Health Centres (UPHCs), Community Health Centres and Sub-district/District Hospitals. Comprehensive Primary Health Care is provided to the community by a primary health care team whose members include the Accredited Social Health Activists (ASHAs), Multi-purpose workers (male and female) and Community Health Officers at Sub-centres and Medical Officers and Staff Nurses at PHCs.

The Gram Panchayat (GP) as the local government at the village level, plays a vital role in representing the voices of people in decisions regarding health. Simultaneously, it is important that the GPs are working in collaboration with the health functionaries, including front line workers to ensure access to quality health care for people in the GP area. It would be beneficial that SAGY GPs are entrusted with the tasks as given below:

1. Ensuring that the necessary health care services, particularly the entitlement based services such as JSY, JSSK, Nikshay Poshan Yojana (NPY) are available to the community. With the upgradation of Sub-Centres and Primary Health Centres as Ayushman Bharat - Health and Wellness Centres (AB-HWCs), it is envisaged to provide Comprehensive Primary Health Care (CPHC), by expanding the services from existing Reproductive and Child Health (RCH) and Communicable Diseases services to include services related to Non-Communicable Diseases (NCDs), Mental Health, Ear Nose Throat (ENT), Ophthalmology, Oral health, Geriatric and palliative health care and Trauma care as well as health promotion and wellness activities like Yoga. The 15th Finance Commission (FC-XV) has recently provided grants to Rural local bodies providing additional resources and enhancing the role of elected representatives to ensure universal coverage of Primary Health Care.
2. Ensuring access to quality health services universally and maintaining social equity. SAGY Gram Panchayat must be able to respond to grievances of the community, including those from vulnerable or marginalized groups and high risk groups such as malnourished children, high risk pregnancies, etc. and work towards making the health services available to these groups.
3. Making efforts towards preparation of health plans at the SAGY Gram Panchayat level, hold meetings with health functionaries of the GP area to get an

understanding of the health schemes and programmes being implemented and also, explore opportunities for coordination and convergence with other sectors like ICDS, Education, drinking water & sanitation etc. and involve key stakeholders including community members while developing SAGY Gram Panchayat Development Plans (GPDPs), thus addressing the social and environmental determinants of health.

4. Awareness generation and community mobilization for improved healthcare seeking of services at health facilities and in community, address demand & supply gaps, address quality issues, participate in IEC/SBCC campaigns to promote healthy lifestyles and positive health behaviors, promote improvement in practices on sustained basis by developing school children as agents of behaviour change, resolve conflicts & social stigmas.
5. Leverage support from local NGOs, Self Help Groups, CBOs/CSOs, CSR organizations etc.
6. Participation in events such as Health Calendar Days at AB-HWCs, Village Health and Nutrition Days (VHNDs), Mission Indradhanush rounds, LCDC, Swachh Bharat Mission, etc.
7. Leverage funds from other resources under three tier panchayat system, and other programmes like BRGF, Border Area Funds, Tribal Sub-plan for VHSNC / RKS, 15th FC grants, etc.

Following are the existing structures and mechanisms at various levels for enabling priority to the SAGY GPs in implementing various schemes and programmes under NHM:

A. At the Village level:

- i. ASHA is chosen by the Gram Sabha. She is the bridge between the community and the public health facility in the panchayat.
- ii. The *Village Health, Sanitation and Nutrition Committee (VHSNC)* is multi-stakeholder committee established in every village. It is chaired by the Panchayat member of the village and has 50% of women members. The ASHA is the member secretary. The committee is also a Sub-committee of the GP Standing Committee on Health. The Committee receives an untied grant of Rs.10,000 per annum and is authorised to mobilise additional resources locally. It provides a platform for improving health awareness and access of community for health services, address specific local needs and serve as a mechanism for community based planning and monitoring. It is largely focused on health influencing issues in the village like water, sanitation, disease profile, enabling and monitoring nutritional supplementation program.

*SAGY GPs may be prioritized by ensuring that ASHAs are in place and improving VHSNC functioning by strengthening the participation and capacity of elected representatives.

B. At the Health facility level:

- i. *Jan Arogya Samiti (JAS) at Sub-Health Centre- Health & Wellness Centre:* The Sub-Health Centres which have been converted into Ayushman Bharat - Health and Wellness Centres (AB-HWC) shall have Jan Arogya Samitis (JAS) chaired by the Gram Panchayat Chairman. This is also a multi-stakeholder committee comprising of panchayat members, youth, women self-help group members, patient representatives and AB-HWC functionaries. The Community Health Officer of the AB-HWC is the member secretary. JAS receives an untied grant of Rs.50,000 and has the oversight responsibility on the overall performance of the AB-HWC.
- ii. *Jan Arogya Samiti (JAS) at Primary Health Centre - Health & Wellness Centre: (PHC-HWC):* The Panchayat member of the village in which the PHC-HWC exists or the sarpanch of the headquarters Gram Panchayat heads the JAS of the PHC-HWC. The Medical Officer is the Member Secretary of the PHC-HWC Jan Arogya Samiti.
- iii. *Rogi Kalyan Samiti (RKS):* or its equivalent headed by the Panchayat Sarpanch is at Primary Health Centre (yet to be operationalised as Health and Wellness Centres- Primary Health Centre), Community Health Centre, Block PHC or Taluk Hospital, Sub-District and District Hospital. The Medical Officer leading the health facility is the Member Secretary of the RKS. RKS plays a critical role in monitoring quality of care, addressing patient grievances, and improved functioning of health facilities. RKS is given a grant as Untied Funds for patient welfare: PHC – Rs 1.75 lakh per year, CHC and SDH – Rs 5 Lakh per year and DH – Rs 10 Lakh per year. DM is the chairperson of Governing Body of RKS at district level with representation from chairperson, District Panchayat/Zilla Parishad while at the block level, chairperson of the Governing Body of RKS is SDM/BDO, Panchayat Samiti/ Block Panchayat.

*SAGY GPs may be prioritized by ensuring participation of PRI members in the monthly meetings of JAS at SC/PHC level and RKS at other health facility levels.

C. At Gram Panchayat level:

The *Health Sub-Committee at the Gram Panchayat* consolidates and approves the Gram Panchayat Health Plan as part of the Gram Panchayat Development Plan. It would be beneficial that this sub-committee is also involved in providing focus while formulating the village development plan of the SAGY GP.

*VHSNC and health functionaries need to actively participate in Gram Sabha and share status of health activities and initiatives in the GP area and also take stock of people's grievances with regard to health facilities so as to resolve these grievances.

D. At Block level:

The block panchayat or the Panchayat Samiti is the local government body at the block / taluka level, acting as a link between the Gram Panchayat and the district administration. Regular coordination with Block Medical Officer (BMO) would be necessary to ensure that sub-district level activities are conducted while in sync with the block level health plans under NHM. A member of the *Block Health Standing Committee* will coordinate GP level planning process. Involvement of SHGs and local NGOs for data gathering, plan consolidation is to be encouraged. The Health Standing Committee of the Zilla Parishad is to review and approve all the Block plans.

E. At District level:

The District Health Mission chaired by the Chairman of District Panchayat/Zilla Parishad is the overarching body to plan and monitor the Health activities in the district. The District Medical/Health Officer is the Member Secretary for the same. To support the District Health Mission, every district has an integrated District Health Society (DHS) chaired by District Medical/Health Officer and all the existing societies as vertical support structures for different national and state health programmes are merged in the DHS. PRIs play an important role towards preparation and execution of district and block health action plans prepared annually under NHM.

The Zilla Parishad/ The Health Standing Committee in the Zilla Parishad is directly responsible for budget of health sector and planning for people's needs.

The District Health Plan which emerges from the block level plans should ensure proper planning, implementation, and monitoring of the approved plans.

F. At State level:

The State Health Society (SHS) has representation from other departments, thus acting as a platform to converge on schemes like SAGY where deliberations are required involving health functionaries pertaining to broader issues related to international commitments, (SDGs), national policies and targets, (NHP,2017 and related social sector policies) as well as a more nuanced understanding of the local context, resources available, and a commitment to achieving selected indicators that can be validated at the GP level. Other thrust areas would include-

- Sustainable Development Goals and indicators related to Health,
- Understanding priorities and strategies of the National Health Policy 2017,
- Analysing wellness needs and disease burden holistically considering the social and environmental determinants affecting the health of its people,
- Analysis of effectiveness of National Health Program implementation in the areas,

- Strengthening health care infrastructure including staff amenities as per IPHS including teleconsultation,
- Facilitating hiring of human resource vacancies, and ensure staff retention through monetary and non monetary incentives,
- Ensure the provision of expanded Clinical services, essential diagnostics and drugs with appropriate planning and monitoring,
- Actively participate in and maintain facility certification for quality,
- Monitor a set of process and outcome indicators, including optimal use of resources,
- Enable Referral and PMJAY linkages for continuum of care, leverage other resources to ensure road connectivity and patient transport etc.