



# PROJECT SWASTHYA SWARAJ

Community Stakeholdership for Effective Health Service Delivery  
at the Grassroots



Proposed States:  
Karnataka and Uttar Pradesh



# Rationale

The 73rd Constitutional Amendment empowers local community through panchayats with functional responsibility for 29 subjects, including health. This positions Panchayats and its allied people's committees as critical stakeholders in addressing social determinants of health, such as nutrition, pollution, and lifestyle choices, which directly influence public health outcomes.

The rise in non-communicable diseases (NCDs), malnutrition underscores the need for Panchayat-led governance in delivering comprehensive primary care. Initiatives like Ayushman Bharat-Health and Wellness Centres (AB-HWCs) and the National Health Mission (NHM) promote community engagement through structures like Village Health Sanitation and Nutrition Committees (VHSNCs) and Jan Arogya Samitis (JAS). These efforts are further strengthened by support from the 15th Finance Commission and NHM, which foster Panchayat-driven health planning, service delivery, and monitoring for healthier behaviours and outcomes.



# Context

While structural provisions are in place, there is significant untapped potential in community platforms like VHSNCs and JAS. Enhancing their capacity, engagement, and functionality can unlock their full impact. The NHM Common Review Mission consistently identifies these opportunities for improvement, paving the way for more effective service delivery and active community participation.

## Key challenges include

1. Limited capacity among community structures created under NHM, panchayat representatives and healthcare workers.
2. Structured plan and coordination between health and other sectors like Education, Women and Child Development (WCD).
3. Under-leveraged financial resources of stakeholder institutions for implementing health interventions.

Strengthening community structures under the panchayats, fostering interdepartmental collaboration, and building local capacities are critical for realizing a community-led model of Comprehensive Primary Health Care.



# Project Aim

To develop and demonstrate a scalable and replicable model of Community Stakeholdership for Effective Health Service Delivery at the Grassroots in Karnataka and Uttar Pradesh, focusing on community-driven governance, intersectoral coordination, and outcome-based health interventions.

## Objectives



### Strengthen Community Structures

Activate and enhance the functionality of VHSNCs and JAS, emphasizing record-keeping, resource mobilization, and local solutions.



### Participatory Health Planning

Develop village health plans addressing local health priorities, integrating them into Gram Panchayat Development Plans (GPDP).



### Community-Led Awareness

Foster awareness of healthcare services and entitlements through campaigns, health melas, and digital tools.



### Enhance Panchayat Leadership

Build the capacity of Panchayat representatives, VHSNC/JAS members, and health workers to improve governance and ensure community engagement.



### Improve Health Outcomes

Focus on RMNCHA+ services, NCD screening, immunization, and reduction in anemia and malnutrition through intersectoral coordination.



### Establish Monitoring Systems

Create digital dashboards and community ranking tools for transparent governance and data-driven decision-making.



### Create Demonstration Models

Establish resource centers showcasing community-led health initiatives and best practices powered by technology and knowledge resources

# Implementation Strategy



6 months

Action Research Framework

## Pre-Intervention Phase

- **Situation Analysis:** Conduct baseline surveys to map health priorities, Panchayat engagement, and functionality of VHSNCs and JAS.
- **Competency Mapping:** Assess capacity-building needs of Panchayat representatives, healthcare workers, and community structures.
- **Comprehensive Action Plan:** Develop a strategic plan to address identified gaps in community health governance and service delivery.

24 months

## Capacity Building

- Train Panchayat representatives, VHSNC/JAS members, SHGs, and frontline workers using participatory methods like role-plays and peer learning.
- Focus on governance, leadership, and community mobilization, drawing on frameworks from NHSRC, NIRDPR, and state-specific best practices.
- Re-train representatives post-Panchayat elections to maintain continuity.

## Village Health Planning

- Facilitate participatory sessions to create village health plans addressing local priorities like NCD screening and RMNCHA+ services.
- Integrate these plans into GPDP with health calendars for systematic implementation and monitoring.

## Community Campaigns

- Organize health melas and awareness drives with IEC/BCC tools to promote healthcare services and entitlements under AB-HWCs and NHM.
- Focus on behavior change communication and community-led initiatives.

## Strengthening Peer Support Groups

- Establish disease-specific peer groups to support treatment adherence, behavior change, and community mobilization.

## Panchayat-Level Dashboards

- Develop digital dashboards to monitor health outcomes and program performance, enabling data-driven decision-making.
- Develop digital tools to track health outcomes, aligning metrics with SDGs.
- Train stakeholders in data collection, reporting, and monitoring.

## Intervention Phase

### Post-Intervention Phase

- **Evaluation:** Assess project impact on health outcomes, service accessibility, and community engagement.
- **Impact Measurement:** Analyze functionality of VHSNCs/JAS, resource mobilization, and convergence in health services.
- **Sustainability Framework:** Develop guidelines and frameworks for scaling and sustaining Panchayat-led CPHC.

### Expected Program Outputs

1. Capacity development of Panchayat representatives, VHSNC/JAS members, and healthcare workers.
2. Functional VHSNCs and JAS with improved record-keeping and reporting mechanisms.
3. Participatory village health plans integrated into GPDP.
4. Increased community awareness of health services and entitlements.
5. Improved RMNCHA+ outcomes, NCD screenings, and immunization coverage.
6. Enhanced community engagement through peer support groups and health campaigns.
7. Annual health promotion activities like Jan Arogya Divas and Block Health Melas.
8. Digital tools and dashboards for monitoring health indicators and governance performance.

### Expected Research and Intellectual Outputs

1. Developed frameworks, training modules, and tools for community engagement and governance.
2. Tools for community ranking and patient satisfaction surveys using IVRS Technology
3. SOPs and guidelines for grievance redressal and monitoring mechanisms.
4. Convergence action plans for intersectoral collaboration.
5. Indices like Trust Index and Community Participation Index for tracking engagement levels.

### Expected Program Outcomes

1. Strengthened convergence between health and panchayat personnel.
2. Functional and accountable VHSNCs and JAS with enhanced resource mobilization.
3. Improved RMNCHA+ outcomes and reductions in anemia and malnutrition.
4. Increased NCD screenings and health facility footfall.
5. Local policy actions addressing social determinants of health
6. Sustainable capacity-building systems integrated into Panchayat training programs.
7. Aligned health monitoring with SDG indicators for measurable, long-term improvements.
8. Established resource centers for showcasing Community-led CPHC models at block and district levels.

Project Implementation Agency : Grassroots Research And Advocacy Movement (GRAAM)  
[www.graam.org.in](http://www.graam.org.in)

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<https://www.gatesfoundation.org/>

Contact : [graam@graam.org.in](mailto:graam@graam.org.in) , +91 96069 50305

 **Mysuru**

CA-2 KIADB Industrial  
Housing Area, Hebbal  
Ring Road, Mysore,  
Karnataka, India 570016

 **Bengaluru**

Gokhale Institute of Public Affairs Building,  
# 2/86/1-A, 2nd Floor, 5th Main, Bull Temple  
Road, NR Colony, Bengaluru,  
Karnataka, India 560019



**GRAAM**

Grassroots Research And Advocacy Movement

Grassroots Research and Advocacy Movement (GRAAM) is a development research and public policy engagement initiative (think-and-act tank) in India. GRAAM's extensive expertise spans over policy research, program evaluation, community engagement, policy engagement, impact consultation and academic engagements. GRAAM works in collaboration with all the four key stakeholders of development i.e. Government, Citizenry, Civil Society Organizations and Corporate. Complementing strengths of each sector is essential to achieve the development goals. GRAAM aims to ensure the 'voices' of the communities at the grassroots are significantly accounted for in the process of development.