



Gaon Kalyan Samiti

A Communication Campaign:
Awareness to Empowerment



Sustha Gaon, Sustha Panchayat, Sustha Orissa



Published by
NRHM, Orissa

With support from
Technical and Management Support Team (TMST)

Editorial Support
Shri. Mathivathanan, IAS, MD, NRHM
Shri. Susanta Nayak, State Facilitator, Community Participation
Shri. Devjit Mittra, Communication Specialist, TMST

Acknowledgements
NRHM, Orissa acknowledges all the Government Departments, Directorates, Technical and Management Support Team (OHSP), Development Partners, Collectors of all the 30 Districts, CSOs, Media, District Functionaries, People of Orissa and Other Stakeholders

Gaon Kalyan Samiti

A Communication Campaign:
Awareness to Empowerment



Sustha Gaon, Sustha Panchayat, Sustha Orissa



Contents

<i>Message from Health Minister</i>	<i>iii</i>
<i>Preface</i>	<i>v</i>
<i>Foreword</i>	<i>vi</i>
<i>Executive Summary</i>	<i>vii</i>
Concept and Creative Treatment	ix
Chapter 1	
Introduction and Background	1
Chapter 2	
Village/ Block Level	7
Chapter 3	
District Level	31
Chapter 4	
State Level	49
Conclusion	63
<i>List of Abbreviations</i>	<i>64</i>
Annexures	65

Message from Health Minister



Sri Prasanna Acharya
Minister
Health and Family Welfare
& Pension and Public Grievances

Mahatma Gandhi told “India lives in its villages”. In keeping with our goal of providing effective health care services to rural and urban population across the state of Orissa with special emphasis on the tribal and backward areas, the concept of “ Gaon Kalyan Samiti” was formulated and popularized through a campaign approach. As a result, Samitis were formed, accounts opened, funds placed and activities initiated. This provides an opportunity to the people to participate in the planning and implementation of interventions for the local health and sanitation issues.

The ‘Swastha Kantha’ is an indication of GKS’s strong existence in our villages and an extremely well planned and impactful communication campaign that popularized it at the village level. Time has come now for villages to take command on health issues in partnership with Government and create a ‘sustha gaon, sustha panchayat and build a sustha orissa’.

The challenges that lie ahead of us, make it imperative that we continue to think creatively, work collectively and do everything in our capacity to bring more participation from community. We must continue to make such efforts to strengthen Orissa’s development charter and make it a healthier state.

I thank all our partners for their relentless support to the Department of Health and Family Welfare in making this campaign successful. I am glad that the campaign process is documented and released which would be helpful in taking up further such activities.

(Sri Prasanna Acharya)



Preface

Smt. Anu Garg, I.A.S
Commissioner cum Secretary
Department of Health and Family Welfare
Govt. of Orissa

The effort of NRHM to bring out the empowerment campaign on village health and sanitation committee which is known as Gaon Kalyan Samiti (GKS) at the state level is an important exercise to involve all stakeholders with this common objective of strengthening community and ensuring participation in their own developmental issues.

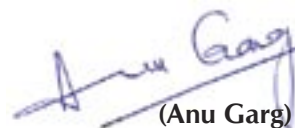
I am happy that this campaign has reached nearly 47000 plus villages across Orissa in a span of one month.

Health issues cannot be addressed alone. Government and citizens with social concern need to come together. This campaign recognized the importance of this partnership and created an environment of collective ownership. The mega campaign would not have been possible without the support and cooperation of partners such as the individual volunteers, Community Based Organisations, members of the media, development partners, all the government departments and district officials who worked tirelessly to ensure that each of the processes that had been worked out were translated into action.

Seeing the results and outcomes of the various activities and after going through this highly engaging document that presents facts and processes in such an innovative manner, I would like to place on record my deep sense of appreciation to NRHM and TMST for steadfastly supporting GKS.

The Department of Health and Family Welfare needs this kind of commitment, creativity and coming together of individuals and teams to herald a new dawn. I would request NRHM to lead the way by injecting new vigour in other programmes, draw lessons from the success of this GKS campaign and emerge as a trendsetter that can pave the way for other departments to follow.

A lot more needs to be done but I am glad that we have shown tremendous credibility by working collaboratively in the best interests of the state.


(Anu Garg)



Foreword

Sri G. Mathivathanan, I.A.S
Mission Director,
NRHM, Orissa

The implementation framework of NRHM provides a scope for decentralized planning & monitoring process up to the grassroots level. To facilitate this, Gaon Kalyan Samitis (GKS) are formed at the revenue village level. GKS is envisaged as the community level platform to facilitate health and sanitation related activities in particular and development in general. Publicity campaign on GKS is a broad based multimedia, multi-sectoral, mass mobilization activity in the state to mobilize people and to ensure community involvement to form and operationalize GKS.

The campaign became a success with formation of over 40000 GKS. It has set the platform and has given the momentum for strengthening the community process implementation. Along with creating awareness on GKS and ensuring stakeholders' participation in the process, it has reached the mass translating concept in to action. Based on the output of the campaign GKSs have marched ahead in preparing the village health plan with appropriate activities to address the local health issues.

Having around 47500 GKSs in the revenue villages of the state is a great opportunity and resource to promote community owned health processes. At the same time, it's a great challenge to operationalize, build their capacity to prepare need based village health plans and enable them to take appropriate actions to address the local health needs. Capacity building programme of GKS is in progress along with the process of providing facilitative support to the GKS for the preparation of village health plan and to undertake local level activity. With this effort we intend to promote more number of effective and vibrant GKS in the field level which in turn will result in increased demand and effective utilization of health services and community owned health processes in the long run. This is expected to facilitate conversion to more number of "Sustha Panchayat" (Healthy Panchayat) in the field and thereby making Orissa as "Sustha Orissa".



(G. Mathivathanan)



Executive Summary

The Village Health and Sanitation Committee (VHSC) is one of the nine institutional mechanisms under National Rural Health Mission (NRHM)¹, a body facilitating all village level development programmes. The VHSC has been renamed as the Gaon Kalyan Samiti (GKS) to broaden its scope to include all welfare and development programmes of the village.

GKS got a fillip when Orissa launched a focused, high impact Communication Campaign that ran in all 30 districts of the state for one month, succeeding in meeting all its targets related to awareness, formation of GKSs and opening of bank accounts by its members.

“To encourage village members to form GKS” was the pivot around which the Communication Campaign was mounted. While in some areas people had not even so much as heard about GKS, in others there were certain myths and misconceptions, making them hesitant of stepping forward to either seek more information or to enroll as members. The Campaign therefore used innovative and strategic implementation strategies to create high level impact in just 30 days.

The Project was implemented by NRHM with Information Education and Communication (IEC) support from State Institute of Health & Family Welfare (SIH&FW). Technical support and assistance for multi-sectoral coordination was provided by Technical and Management Support Team (TMST) supported by Department for International Development (DFID), UNICEF and UNFPA brought in their experiences of communication. Other partners included Ministries of Rural Development, Panchayati Raj, Youth Affairs and Sports, Women and Child Development, Information and PR and Revenue, DFP, Song and Drama Division, Doordarshan and All India Radio.

Launched on 26th January 2009 by Ministers present in the respective districts, the campaign was designed as a broad-based multimedia, multi-sectoral mass mobilisation exercise aimed at making a shift from being just an awareness campaign to actually empowering the community by sensitising GKS members and facilitators on its importance; strengthening multi-sectoral involvement; providing handholding support to members while opening accounts and providing orientation on utilising the fund.

¹ NRHM, a flagship programme launched in 2005 with the objective of providing valuable healthcare services to rural households all over the country. It specially focuses on the 18 States of Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu and Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttarkhand and Uttar Pradesh.



Achievements

The most significant achievement was that the campaign generated increased awareness amongst the community on the formation of GKS as can be seen from the results that were achieved.

It also had a pronounced effect on the morale of the people, bankers' approach towards the community and media's view of government run programmes – the effects of which would last much after the actual campaign was over.

Campaign Results at a glance

The impact of the GKS campaign can be seen from the results that were achieved. In the pre-campaign stage (as on 26th January, 2009) 31,763 GKS were formed; 16,107 bank accounts were opened and 9,646 funds were released to GKS. Post campaign (as on 6th June, 2009) 42,773 GKS were formed; 36,211 bank accounts opened and 33,834 funds were released to GKS. This translated into a substantial increase on all counts, namely, 11,010 GKS being formed, 20,104 bank accounts being opened and 24,188 funds being released to GKS.

Key Highlights

- Bankers got motivated to cooperate with GKS members and made attempts to open the bank accounts in a camp mode during the campaign involving the lead bankers.
- It had maximum reach, covering all sections of people including women, children, disabled, migrants and others, irrespective of caste and religion.
- With the help of a supportive media the campaign also created impact in hard to reach and media dark areas.
- Partnerships with Government departments, NGOs, CBOs and donors got strengthened
- Top-level leadership that fixed responsibility insisted on a transparent and accountable style of functioning and had measurable indicators of performance and delivery.
- Guidelines for all processes ensured everyone knew what needed to be done and ensured greater responsibility.

To showcase the impact and the process of this highly creative communication strategy, NRHM with support from TMST decided to bring out this report that captures the two-month journey of planning and implementing of the campaign. Not wanting a jargon heavy report filled with cold numbers, the idea was to retain a strong human element and have a narrative that is conversational, direct and easy to follow, taking the reader on a simulated journey of sorts.



CONCEPT AND CREATIVE TREATMENT

The Gaon Kalyan Samiti (GKS) under the National Rural Health Mission got a fillip when Orissa launched a focused, high impact Communication Campaign that ran in all 30 districts of the state for one month, succeeding in meeting all its targets related to awareness, formation of GKS and opening of bank accounts by its members.

Its success has caught the attention of other government departments who wish to replicate similar models for some of their own programmes. NRHM itself will seriously examine the possibility of mounting short duration campaigns with focused objectives addressing specific gaps, eyeing a clear set of deliverables for activities and programmatic inputs that need wider dissemination and involvement from the community.

Story telling format

Combining fact and fiction this 92-page document, looks at the unfolding of the campaign through the eyes of 35-year old Siddhartha, an NRI born in Orissa and brought up in Australia by Indian parents who immigrated in the 1960's. An activist-journalist, he worked on interesting assignments in war-torn countries in Africa, Afghanistan and Sri Lanka. The Indian government's efforts to make villages embark on a journey of progress and development combined with some interesting accounts of his Indian journalist friends made him take a decision of visiting his place of birth.

He stays with a family in Bedasasana and by a quirk of fate is witness to the arrival of the Swasthya Ratha that comes to the village as part of the GKS Communication Campaign. This becomes the starting point of his experiential narrative. The developmental journalist in him rises to the occasion and he puts pen to paper before setting off on a 'fact collecting mission'. He sees a twin benefit: a good story and an excellent way of getting to know the soil of his forefathers intimately and from here begins his four-month journey traversing villages, blocks and districts meeting officials, ward members, village health workers, young people and NGOs.

Through his eyes, we get a bird's eye view of the entire campaign and insights into many aspects of NRHM in Orissa. He sets course starting from village Bedasasana in Angul Block of Angul district and moves through villages and blocks in the districts of Mayurbhanj and Rayagada. He concludes his sojourn with a visit to the State headquarters in Bhubaneswar where he meets state government officials with some of the implementing partners to get an overview of preparatory activities and the success/challenges of the other districts and future ahead.



Combining fact with fiction

The creative treatment of this document combines a bit of fiction with a lot of facts. We had the choice of presenting facts through data, charts, case studies and field visit reports but we chose a more reader-friendly approach so that we could tell the story of GKS in a more engaging and gripping manner. Since the entire campaign was about people, their concerns, future, aspirations and lives, we wanted to breathe some life into the numbers and hence was born the character of Siddhartha who although fictionalised, has concerns, questions and responses which could well be yours or ours or that of any observer who happens to be placed in that setting, at that point in time. All the responses therefore, the description of events, the quotes and testimonials are based on facts, as they happened.

Since it was not possible to give an account of each of the villages that the Swasthya Ratha covered, we have chosen three districts: Angul, Mayurbhanj and Rayagada highlighting different aspects of the campaign in different hard to reach pockets. Within each of these districts we have broken up the narrative into three sections. While the village level is in the form of a personalised account based on Siddhartha's participation, observations and interactions that ensue as he sees the Ratha enter the village; the block level information is presented through a question-answer dialogue that he has with the Block Programme Organiser (BPO). This gives an overview of how the activities were organised, planned, implemented and received officially.

The District level insights are provided in a freewheeling format that is more like a dialogue which Siddhartha has with his own self. By then he has toured the entire district and has interacted with a lot of people and is quite informed about how the campaign was organised and implemented. The State Chapter represents his final leg of journey. Here, he presents to the reader the broader picture – the planning at the top level and how it percolated down to the village, block and district; role of partners; challenges they faced and strategies that they used.

Choice of districts

We chose three different districts with their own unique characteristics and sets of problems. Angul for instance is an industrialised and heavy mining zone which has many hard to reach areas because much of its land zones are covered by forests. The inaccessibility has led to low awareness among people on health issues and on government schemes and programmes too.

Mayurbhanj on the other hand has tribes such as Kolha, Santal, Bhuyan, Bhathudi and Ghond on one side and on the other hand a recent spurt of higher educational institutes and technical colleges that are changing the profile of the entire district.

Rayagada which is a south western tribal district shares its border with Andhra Pradesh. It is poverty stricken, housing primitive tribes such as the Kondhas and Souras. This region has many inaccessible areas where service availability is dismal and illiteracy further compounds the problems of people who remain cut off from the mainstream.

Poverty also has kept women from going in for institutional deliveries leading to poor maternal health indicators. The documentation of the GKS campaign that allows you to visualise events as they happened and absorb the unique elements of what was a hugely successful initiative.



INTRODUCTION AND BACKGROUND

“India can develop only if its villages develop. Development, progress and upliftment will be possible only when the larger majority is impacted by indicators of growth. Till then the rural-urban divide will only be an unrelenting chasm of inequities.”

Bunker Roy²

“India lives in its villages” famous words by Mahatma Gandhi and a fact endorsed by each of our Prime Ministers post independence. The National Rural Health Mission (NRHM) was born out of the need to have an accessible, affordable, acceptable and accountable health care through a functional public health system which ensures that health related information and services reach the rural poor. One of the many initiatives that are part of the implementation framework of NRHM is to provide scope for the decentralised planning and monitoring process at the grassroots level through the Gaon Kalyan Samiti (GKS).

Formed at the revenue village level, GKS is envisaged as a community level platform designed to facilitate public health related activities. The Village Health and Sanitation Committee (VHSC) is one of the nine institutional mechanisms under NRHM, a body facilitating all village level development programmes. The VHSC has been renamed as the Gaon Kalyan Samiti (GKS) to broaden its scope to include all welfare and development programmes of the village.

In Orissa, GKS was launched as a simple and effective management structure at the lowest level comprising of representatives from the village. Getting the GKS registered under the Society Registration Act which was compulsory, led to a slower formation of Samitis. NRHM, Orissa realised that this was proving to be a major impediment and hence revised the guidelines, simplified the language and presentation and redistributed it across the state with a timeline.

1.1 Objectives

- Involve the community in planning and implementing health and other activities.
- Create awareness on maternal and child health services, family planning, adolescent health, environmental sanitation and hygiene.
- Initiate action for managing health related issues and problems.
- Plan and prioritise activities and implement them through available funds.

² Bunker Roy, Indian social activist and educator





1.2 Formation and Composition of GKS

The GKS has been constituted at the revenue village level with its members trained to carry out different activities. Members include anganwadi workers (AWW), ASHA, President or Secretary's of up to three Women Self Help Group (WSHG), President of the Watershed Development Committee and representative of any NGO, youth or community-based organisation. Care is taken to enlist at least one member from every hamlet in the revenue village.

Through the formation of GKS it was hoped that the village would be able to have its own village health plan and promote health activities besides improving its environmental and sanitation standards, identifying and seeking support for emergency health care services, ensuring safe drinking water, conducting social audits and setting up regular meeting schedules for GKS.

1.3 Financial Management of GKS



As per the norm an untied amount of Rs.10,000 is provided every year to the GKS from the Health and Family Welfare Department. A joint bank account of the Ward Member and AWW would be opened in any scheduled bank/Grameen (village) Bank/post office, operated by the Ward member along with the AWW where they would both be joint signatories.

To create an efficient recording system, the GKS was asked to maintain a simple register titled, 'Untied Grants to GKS' which can be maintained by the AWW who would in turn be facilitated by the ASHA. This would be verified by the Panchayat representative at the close of each month.

1.4 Rationale for launching a Communication Campaign

"To encourage village members to form GKS" was the pivot around which the Communication Campaign was mounted. While in some areas people had not even so much as heard about GKS, in others there were certain myths and misconceptions, making them hesitant of stepping forward to either seek more information or to enroll as members. The Campaign therefore used innovative and strategic implementation strategies to create high level impact in just 30 days.

Lacunae identified to achieve GKS objectives

- Information on the programme was not filtering systematically to the grassroots level.
- Guidelines were not being clearly disseminated.
- Better understanding on GKS formation needed to be developed before making members.
- Bankers were displaying lack of interest in opening low revenue bank accounts.
- Villagers were reluctant and anxious on opening and handling a bank account.
- There was lack of clarity on what being a member entailed and what one's roles and responsibilities would be.
- The kind of activities that would be carried out through GKS were not clearly getting identified.

³ Under the central government's Integrated Child Development Scheme (ICDS) one anganwadi worker is allotted to a population of 1,000 and is trained on various aspects of health, nutrition and child development.

⁴ A key strategy under the National Rural Health Mission (NRHM) is to have a Community Health Worker i.e. ASHA (Accredited Social Health Activist) for every village with a population of 1000.

⁵ Gram Panchayats are local governments at the village or small town level

It was based on these findings that a Communication Campaign was launched to plug gaps and re-publicise the benefits of GKS. The strength of the campaign was in the way it was planned, designed and implemented, reaching target audiences effectively and in bringing all stakeholders at the village, block, district and state level together as high performing implementing partners.

Some key questions answered:

Who was the campaign for?

Village Leaders, Panchayati Raj Institution (PRI) members, Youth Groups, Women SHG members, Mahila Mandals⁶, Other Committees like VEC etc.

What was the duration of the campaign?

The entire campaign period was divided into one month of preparatory activities and one month of actual campaign activities.

What was the coverage area?

Outreach to all 30 districts through media and areas (villages, blocks and districts) through district and block level activities

Who were the Implementing Partners?

The Project was implemented by NRHM with Information Education and Communication (IEC) support from State Institute of Health & Family Welfare (SIH&FW). Technical support and assistance for multi-sectoral coordination was provided by Technical and Management Support Team (TMST) supported by Department for International Development (DFID), UNICEF and UNFPA who brought in their experience of communication. Other partners included Departments of Rural Development, Panchayati Raj, Youth Affairs and Sports, Women and Child Development, Information and PR and Revenue, Directorate of Field Publicity, Song and Drama Division, Doordarshan and All India Radio.

1.5. Campaign Strategy

Launched on 26th January 2009 by Ministers present in the district level Republic Day celebration of the respective districts, the campaign was designed as a broad-based multimedia, multi-sectoral mass mobilisation exercise aimed at making a shift from being just an awareness campaign to actually empowering the community by sensitising GKS members and facilitators on its importance; strengthening multi-sectoral involvement; providing handholding support to members while opening accounts and providing orientation on utilising the fund.

Need for a solid strategy

- To adopt a creative approach to utilising skills in mass media planning, development and execution, incorporating region specific components reaching specific target groups.
- To develop innovative messages in compelling formats for films, radio, documentaries, television and other mass media.

⁶ The Mahila Mandals are voluntary organisations of rural women, interested in working together with the help of other village bodies and the state supervisor and programme officer. They promote nutrition education, family welfare, food storage, immunisation of children, small saving accounts of women, provision of bathrooms, smokeless chulhas, women crafts centre and balwadis (crèches) etc.



- To build a powerful Public Relation campaign that could lead to effective positioning, brand building, enhanced non paid media coverage and media build-up throughout the duration of the campaign.
- To mobilise local support across cities, villages, towns and districts; planning high impact, village-level activities and involving local celebrities.
- To strengthen communication outreach to maximise impact among critical “unreached” and media dark locations through communication activists/volunteers/folk artists.



A smart strategy hinged on four pillars

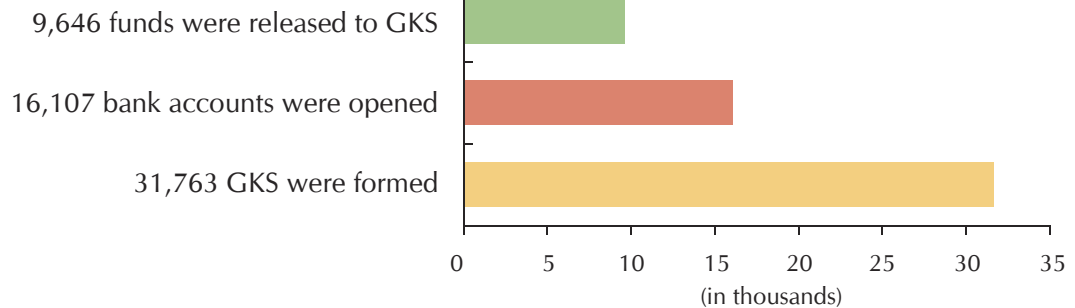
- **Branding** the entire campaign through a logo, theme song and punch line.
- **Identifying** and selecting appropriate media mix for various locations, cultures and languages by using mass media tools such as Radio and Television.
- **Partnering** government departments like Women and Child Development, Panchayati Raj and private and public sector banks.
- Making **convergence** a reality by setting up facilitation committees at different levels.

1.6 Implementation

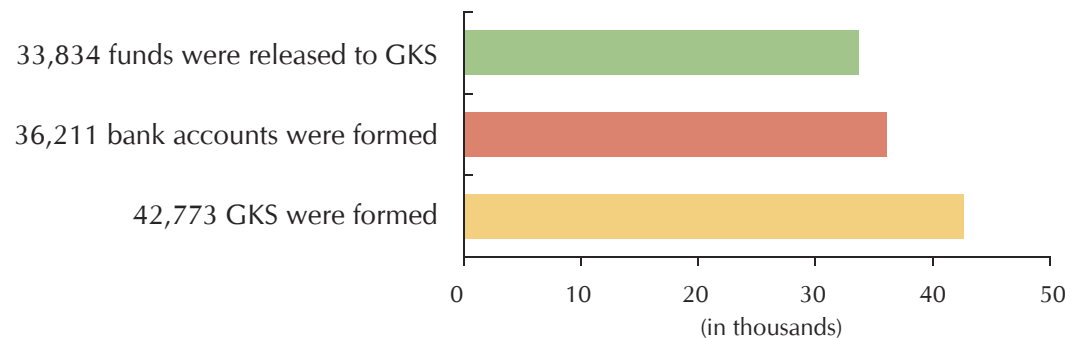
Separate committees were set up under the leadership of the Mission Director NRHM outlining specific tasks and responsibilities to produce prototypes and guidelines for State, district and block level activities. IEC material included four songs and five spots. Two new concepts of Swasthya Kantha (Health Wall) and Swasthya Ratha (Health Chariot) were conceptualised to ensure visibility, impact and reach given the fact that the campaign would run for only a month.

1.7 Results

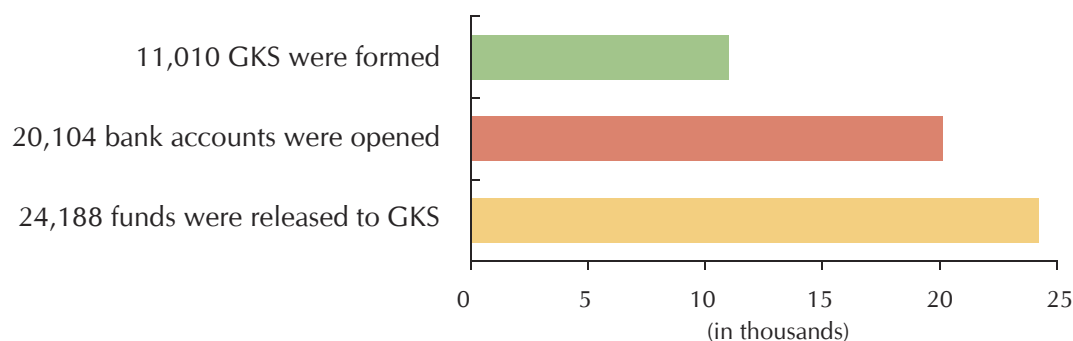
Pre Campaign Status (As on 26th January 2009)



Post Campaign Status (As on 6th June 2009)



Effectively, the Campaign achieved:



1.8 Achievements

The most significant achievement was that the campaign generated increased awareness amongst the community on the formation of GKS as can be seen from the results that were achieved.

It also had a pronounced effect on the morale of the people, bankers' approach towards the community and media's view of government run programmes – the effects of which would last much after the actual campaign was over.

Key Highlights

- Bankers got motivated to cooperate with GKS members and made attempts to open the bank accounts in a camp mode during the campaign involving the lead bankers.
- It had maximum reach, covering all sections of people including women, children, disabled, migrants and others, irrespective of caste and religion.
- With the help of a supportive media, the campaign created impact in hard to reach and media dark areas.
- Partnerships with Government departments, NGOs, CBOs and donors got strengthened.
- Top-level leadership that fixed responsibility insisted on a transparent and accountable style of functioning and had measurable indicators of performance and delivery.
- Guidelines for all processes ensured everyone knew what needed to be done and ensured greater responsibility.

1.9 Challenges

The biggest challenge was to ensure that all timelines were met. Launching a campaign on such a large scale preceded by just a month of preparation, on a limited budget was no mean task.

Converting all the steps in the pre-planning stage to actionable events at the ground level needed the collaboration and convergence of all departments and officiating heads.

1.10 Future Steps

GKS will be strengthened through capacity building to ensure effective spending of funds and members will have to be involved in the community monitoring exercise. According to Mr. S.K. Lohani, Ex-Mission Director, NRHM, "Such campaigns need to be taken up every six months on different aspects of the programme and it would be a good idea to develop better understanding among partner departments about the way GKS was conceptualised, implemented and reviewed."



Capacity building programme of GKS is in progress along with the process of providing facilitative support to the GKS for the preparation of village health plan and to undertake local level activity. With this effort we intend to promote more number of effective and vibrant GKS in the field level which in the long run will result in increased demand and effective utilization of health services and community owned health processes. This contributes to have more number of “Sustha Panchayat” (Healthy Panchayat) in the field and thereby leading Orissa towards “Sustha Orissa”, shared Shri. G. Mathivathanan, MD, NRHM, Orissa.

In the post campaign period it would be important to do a review and see how inclusion can be made stronger. Handholding support for implementation and reporting purposes too would need to be strengthened and best practices and success stories that emerge out of the campaign documented for replication in other states.

“The potential of bringing about change and making development happen cannot just be confined to presentations but to a reality that works and delivers on the ground”

- Nelson Mandela





A. Angul

2.1 Reconnecting with a past long forgotten: Village Bedasasana in Angul District

I am Siddhartha, a second generation Australian immigrant. My parents were school teachers in Bedasasana village before they migrated to Sydney in the 60's. I am a foreign correspondent with an interest in development journalism. After completing a four-year stint in Afghanistan I decided to explore India, a country I was born in but did not have the opportunity of visiting in 35 years. A few phone calls to my parents and I found a warm welcome awaiting me in Orissa, my native state.

I decided to spend a few days in the village before planning my next steps. Family friends of my parents were kind enough to have me as a house guest and suggested they would facilitate me in gathering information and setting up interviews with district officials.

2.1.1 Sights, sounds and smells of a forgotten childhood

Taking a bus from Bhubaneswar to Angul and from there to Bedasasana I was struck by the simple untouched beauty of a region that was so cut off from the mainstream. The bus halted at the outskirts of a small dusty village housing a cluster of cemented homes.

A crowd had gathered at the bus station. The Das family, my hosts, were in full attendance. I bombarded them with questions on Bedasasana. Is the school where my parents taught still there? How much has the village changed? Is the main source of livelihood still farming? I was glad to see that literacy standards had improved and many families were sending their children to the city to study and seek employment.

Angul, is the industrial capital of the state. Abundant with natural resources, it contributes maximum revenue to the state government. Being situated on National Highway 21, it is accessible from all sides of the state, unlike the other two districts that I would be travelling to later.

The plan was that the following day I could familiarise myself with the village's topography and in the evening meet the village headman and ASHA - the community health volunteer to get more information.



2.1.2 A new morning awaits me

As I stepped out with my dictaphone, note pad and digital camera, I noticed that the overall cleanliness standards of the village were dismally low. Open drains and filth abounded and I wondered how in the monsoons it would be a hot bed of infection and disease. I could see some of the villagers returning from the fields with pots in their hands. Clearly, not everyone had a toilet in their house.

I noticed that the location of the village which was bang on the main road was an advantage. Most buses stopped here and access to facilities like schools and health centres did not seem a daunting task. The village was barely five km away from the Bantala Primary Healthcare Centre and half a km away from the sub centre. Residents included 113 Harijan families and 398 families belonging to general caste. With seven hamlets whose water requirements were met by one government and one private pond, 10 government and 50 private wells, the practice of having one's own well in the house compound appeared commonplace.

2.1.3 Ahoy! Here comes the Swasthya Ratha

While I was still talking to a group of children, I noticed a flurry of activity. Young boys were excitedly flailing arms and running in the direction of a blaring sound. On listening carefully I realised it was a loudspeaker and a chirpy male voice was beckoning people to come and congregate for he had something of interest for them. At first glance it looked like a local film screening or *nautanki* (street theatre). Curious, I moved forward and realised that the person who was perhaps part of an advance party was making enquiries as to where the men folk were.

I inched closer and discovered that many adults had gone fishing in a nearby pond and someone had been sent to summon them. Meanwhile the visitor kept talking on the Public Address system engagingly, telling people that they should all come out to the open *maidan* (ground) where a special meeting would be held. He informed that the government had decided to give their village a handsome sum of Rs 10,000, details of which he and his team would soon explain.



Flagging the Ratha - Bantala PHC, Angul Block, Angul District

Now this was a huge sum and reason enough for people to spread the word around and hurry in the direction from where the man was beckoning us in a crystal clear voice. His animated style of talking was fascinating and I could see that people were getting curious to know what surprise was about to unfold. As I walked the half kilometre stretch, I found myself in the midst of a gradually swelling crowd. Women emerged from their hutments, children halted their play activity and men walked purposefully towards the place following the sound of the loudspeaker. On reaching the clearing they saw something which resembled a huge van. On a closer and harder look it looked like an improvised moveable structure that was akin to a chariot.

Excited and animated chatter could be heard as everyone postulated on what it could possibly be. Anil, a 14-year old commented, “it is Arjuna’s⁷ chariot and maybe there is going to be a theatrical rendition of the Mahabharat’s (famous Indian epic) battle scene.”

I try to get a vantage position so that I am within close hearing and viewing range. Thankfully I carried my digital camera and could take pictures. What did I see? Two men and a woman were aboard the chariot. The crowd recognised the woman as the local ASHA. I was likely to meet her later during the day and I hoped that she would throw some light on the day’s happenings. Meanwhile, the crowd numbering about 300 tried hard to get into touching distance of the chariot.

2.1.4 Inviting Bedasasana to form its own Gaon Kalyan Samiti (GKS)

An announcement on the mike tells us that this is a Swasthya Ratha - a health chariot that has been specially mounted to show them the significance of leading a healthy clean life which is possible only when their village becomes a model one and if they want to know how to do this, they should attend the meeting, which would commence in a few minutes.

I noticed that the chariot had found its parking spot after a bit of navigation. The *maidan* which was a vast expanse of land looked like an appropriate setting for it could accommodate the crowds and give everyone a fair viewing. One of the men alighted from the chariot with big flex charts and a rope. He walked around and positioned them at strategic locations.

2.1.5 Captivating flex designs hold audience attention

On closer scrutiny I found that there were six different flex designs. While one highlighted the aim of NRHM, the second used images and pictures along with captions to demonstrate the health problems faced in the village. The third flex talked of what the Gaon Kalyan Samiti (GKS) is while the fourth gave a graphical step-by-step account of how to make a Village Health Plan. The fifth flex was an illustrative account of specific activities that fell under the GKS and the last one gave a bright and positive image of what a healthy village looked like. The message that was transmitted loud and clear was that if you follow the steps in the first five flex charts you would be led to a scenario as depicted in the last flex. Everyone was watching with rapt attention. They seemed “hooked” and eager to know what they had to do to make Bedasasana a model village.



Flex design

⁷ Arjuna was the third of the five Pandava brothers who was a peerless archer and a dear friend and brother-in-law of Lord Krishna

By now it was evident that this entire activity was part of a State Government advocacy campaign. Using folk media and easily recognisable signs, motifs and mascots they had mobilised people and disseminated information on an important ongoing campaign that looked not just at health but at development on the whole. The approach looked innovative and cost effective as it managed to cut across barriers of caste, colour and creed. Also, irrespective of the literacy level of people, by virtue of using a combination of visual display, audio recording, music, live announcements and distribution of printed material, they could communicate and get their messages across.



GKS RATH - Nuapada

2.1.6 Well planned and coordinated effort

The entire activity was well coordinated. A lot of thought and planning must have preceded the implementation. I noticed that while one of the men was positioning the flex charts the other drove the Ratha slowly along the village's bumpy roads. Part of the crowd followed him and many people stepped out of their homes and joined the large group. One of the men on the chariot held audience attention by keeping a monologue going. He presented scenarios, gave examples, asked questions and talked of things that the villagers could relate to.

Inching closer to the Swasthya Ratha, I realised it was an effective medium for disseminating information and publicity on the GKS. The idea of using a large improvised gaily coloured chariot done up with bright posters, banners and local artifacts had succeeded in getting the undivided attention of a large captive audience. With a strong local flavour it had illustrations and folk art adorning its exterior with messages that would appeal to all age groups.

A woman of about 30 years of age was standing next to me. I asked her what was her name and what was it that drew her to the Ratha. She said her name was Pravati Biswal and she was a Self Help Group member and what attracted her most was, "the song that played in the Ratha and the beautiful way in which it was decorated. It looked like the handiwork of special local artistes."

The Ratha was designed with enough interior space. Not only could it comfortably carry three adults but also a host of material on the GKS campaign. It had provision for an external audio system along with batteries to run cassettes and CDs. One of the volunteers was handing out pamphlets which I noticed were brightly designed in Oriya. I also collected some and hoped that my hosts would translate these for me. There were a number of formats but what grabbed maximum eyeballs were the single sheeters which were easy to read, handle and absorb.

2.1.7 Audio spots captivate

I could hear snatches of a song that was being played. Its lyrics were, "Gaan Kalyana Samiti Abhijana Arambha karichi aama Jaatiya graminaa Swasthya mishana....." "NRHM has initiated Gaon Kalyan Samiti campaign for the welfare of the village. It is in our hands to improve village health and sanitation. People's participation and cooperation will help fulfill the dream of having a healthy village, so we should not miss the opportunity. Let us form a GKS in our village. For more information contact AWW or ASHA."



Mass Meeting in one of the village

While I was busy taking notes, I heard another song playing: *“Asa re asa saathi, Gadhira Gaan Kalyana Samiti Anibaa nua pragati...”* *“Come on friends, let us form GKS and improve the health and sanitation of our village. GKS deals with controlling death rate during delivery, family planning, adolescent health, environment protection, malaria, TB, leprosy, blindness eradication, health services, awareness and overall development of the village. For more information to form GKS, contact AWW or ASHA of your village.”*

2.1.8 Village meeting: A unique experience

Once the crowd movement settled down, the person in a slightly more serious tone (later on I realised that he was the Block Programme Organiser, NRHM) asked the crowd if they really wanted to know why the Swasthya Ratha had visited their village? Hearing a unanimous yes, he proceeded to tell them that he would hold a half-hour meeting, after which he would clarify doubts and answer their questions.

He started by telling them that the GKS was the facilitating body constituted at the village level to help carry out a range of village level development programmes on health and sanitation and that theirs was one among 47,000 and plus villages of Orissa which would benefit from this initiative. He said that a Committee would be formed under the chairmanship of a Gram Panchayat member along with a representative from the community who could be a village elder, a person from the women’s group or an SC/ST/OBC/minority community.

At the end of the talk, he asked them if they were interested in forming their own GKS. When the answer was in the affirmative he pointed to a person who he said was the nodal officer/ overall coordinator and that he would help them form their GKS. He would stay back and assist them in signing the resolution and forming the Samiti the same day while the Ratha proceeded to its next destination. Most importantly, *“the process of opening the village’s bank account would be initiated and within two days it would be operational which is when Rs 10,000 would be transferred by the government in your account,”* he said, to the loud clapping and cheering of the crowd.





Introducing Swasthya Kantha concept - Ramnanguda block, Rayagada district

2.1.9 Introducing the concept of Swasthya Kantha

(For more information refer annex)

The Swasthya Kantha was envisaged as a health wall which was an information board where all health related information, information of GKS, its members, their responsibilities and monthly activity schedule was written down. This was for common knowledge so that people could read and familiarise themselves with the process and benefits that accrued from being a member. It was also a transparent and honest way of GKS members sharing their experiences as they created Swasthya Kantha in their village as a first activity after the formation of GKS and funds transfer.

2.1.10 Concept of Swasthya Barta

(For more information refer annex)

Swasthya Barta was a health message that was introduced as a compulsory activity by GKS. These health messages were written in public places at various popular and visited spots of the village. The purpose being to create visibility and grounds for dialogue.

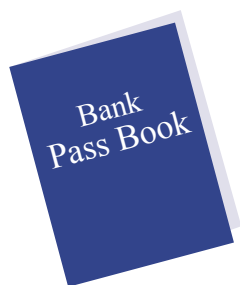
2.1.11 “Sustha Gaon, Sustha Panchayat and Sustha Orissa”

“Sustha Gaon, Sustha Panchayat and Sustha Orissa” which means healthy village, healthy Panchayat and a healthy Orissa became a popular slogan that got played continuously during the campaign across a multitude of platforms. The purpose was to reinforce a positive message that could serve as an auto suggestion, enabling people to feel that they could play a role in bringing about this ideal state where by having a healthy village they could also have a healthy state. Villagers were guided on setting criteria for improving health standards and developing their own village health plan (VHP) and then taking responsibility of implementing and achieving those targets.

2.1.12 A bank account of their own

Without any delay, bank forms were taken out from the Ratha and distributed by one of the men. He helped members fill the form, telling them to come to the PHC with two passport size photographs and voter ID, along with the filled form the next day. After this formality was done and the BPO had checked, they would go to the bank and open their account.

On this excited note, the Ratha moved out of the village on to its next destination with a large bunch of children running alongside giving it a warm send off. While walking back to the house, I got a chance to chat with a young man of about 25 years. He reared sheep for a living and when I asked him what he could make out of the Ratha’s visit to the village, he said, “All I could understand was that they were talking about some Gaon Kalyan Samiti. I think they will form one in our village too.” It seemed that all the other details had not quite filtered in but GKS with its branding, logo and constant reference had registered in his mind as being a government campaign.



This was quite an action-packed afternoon. I could see people hurrying back to complete the chores they had left and I too reverted back home and confirmed with my hosts about my evening meeting with the village headman. It would be interesting to get his views on the morning's dramatic events.

2.1.13 Being part of the solution

After pleasantries were exchanged, the village headman introduced me to the ASHA who too had been requested to join us for an informal interaction. He set the ball rolling saying, "it is good to know that the Government is giving money to us and asking us - the community to spend it the way we want. Now, we don't need to run to others for small things."

I concurred and asked him as to what were the main issues that the village had to battle? He said, "there is a crying need for overall health standards to improve. While stomach disorders and diabetes had been identified and contained, infections caused by worms, cold and fever were still prevalent amongst children." Also institutional deliveries, nutrition and immunisation were not on the charter of every village household.

ASHA mentioned that ever since NRHM was launched in 2005 and she has been appointed, to visit households in the village had found a lot of change, in not just the way people lived but also in their attitude. Instances of children and women dying of anaemia and malnutrition had gone down and the biggest change had come in the number of institutional deliveries. She admitted that having the GKS under NRHM would be a powerful vehicle that could broaden people's vision and help them take ownership for their health and wellbeing.

I knew that to get answers on how the Swasthya Ratha had been prepared and what were the ground level preparatory plans that had preceded the actual implementation, I would have to make a trip to the Block and meet the Block Programme Organiser.






2.1.14 Post campaign developments

I heard that five months later, on 2nd June the BPO and the Health Worker (Female) re-oriented members and helped them form their own Village Health Plan through a collaborative process involving villagers, ASHA workers and the local Medical Officers. The villagers first listed out the infrastructure available in their village and then the number and category of people who resided there. Next, they identified the health problems they were plagued with, the kind of diseases and outbreaks that they suffered from before chalking out a plan and the strategy needed to resolve it.

The village now had a structured Village Health Plan – one that they made as a solution to their health and sanitation problems.



Village Plan

Sl.No	Problems 	Activities 	Responsibility 	Timeline 	Budget 
1.	Health problems of the village are not written formally	To prepare health plan, to purchase stamp, pad, register and meeting expenditure	AWW	June (Within 15 days)	500
2.	Lack of information on the formation of GKS and health problems.	To create awareness through writing in walls and Swasthya Kantha	Nrusingh Charana Dwivedi	1 month	1000
3.	Incentive to AWW and ASHAs	To convene meeting, manage record and facilitate implementation of VHP	AWW ASHA	June - April	1650
4.	Emergency Health Service	To provide health service to neglected, poor, orphan and diseased person	AWW ASHA Chhabindra Biswal	11 months	1100
5.	Water Drainage	To clean the drains once in two months	Suresh Chandra Biswal (W.M) Nrusingh Charan Sahoo	2 months	500
6.	Sanitary Problems	To set up two dustbins and one tin board near the pond	Harihar Biswal (W.M.) Bilas Naik	1 month	1000
7.	Good environment	Plantation on both side of the road	Chhabindra Biswal Satyabrat Biswal	July-August	500
8.	Women and Adolescent health problems	Awareness meeting	AWW ASHA	11 months (1 st week of every month)	1100 100×11
9.	Contingency Fund / Emergency Fund	To spend money for village welfare in time of emergency	Suresh Chandra Biswal (WM) AWW	11 months	1000
10.	Cleaning school campus	To clean school campus through school children when necessary	AWW	2 months	500
11.	Malaria	Awareness campaign through rally	AWW	June	100

2.2 In search of the larger picture: Block Angul

The Das family were well connected. They knew someone who knew the BPO and an appointment was fixed. Not just that, a jeep was arranged to take me to meet him. Grateful for this local support, I realised just how much I was enjoying my stay.

On reaching the BPO's office, I was given a folder that carried a lot of information, charts and data on the work carried out in the block over the last quarter with specific details on NRHM and the Gaon Kalyan Samities that had been formed across the district. Soon the BPO walked in and after a cup of tea we were ready to go ahead with the interview. I sought permission to use a dictaphone, which he had no objection to.

For the purpose of the reader, I must inform that this interview was carried out in two stages over two separate meetings. One meeting was held on 2nd February 2009 to get details about the planning and implementation of the entire campaign and the second meeting was held on 2nd March after the campaign was over and results had been collated. This time I got the BPO to talk about the impact and the feedback from the community and if their objectives in the health department had been met.

Q: I had the opportunity to see the Swasthya Ratha's visit to our village and was intrigued as to how you organised the campaign. What was the rationale behind this exercise?

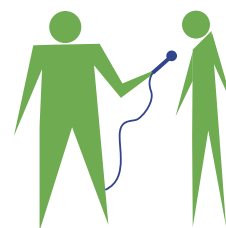
A: Our review reports highlighted lack of awareness amongst villagers on GKS formation; bankers not being enthusiastic about opening bank accounts; people's own inhibitions on opening and operating a bank account; ambiguity on the roles and responsibilities of a GKS member and people not being sure of what activities fell under the purview of GKS.

Therefore to bridge these gaps, NRHM undertook an exercise to reach those who had either been left out of the GKS campaign or who had not heard about it. The Swasthya Ratha looked like a great concept and if executed well had the potential to create high impact in record time.

Q: What was the duration of the campaign, how long did the Ratha stay in Angul block and how did you ensure its smooth run?

A: We took 15 days to carry out preparatory activities and four days for implementing them. In Angul block, the Ratha toured from 30th Jan to 2nd Feb 2009. To give you a chronological listing of tasks as they got delegated, finalised and actioned I will give you details of the preparatory activities that were carried out at the block level:

- Block PHC received communication about campaign on 15th January, 2009 with guidelines.
- On 15th and 16th January, BPO telephonically communicated to all stakeholders that a planning meeting had been scheduled.
- On 17th January BPO, MO, BEE and Rogi Kalyan Samiti (RKS) members met and chalked out a route plan.
- 18th onwards, they started informing ASHAs, LHVs and HWs to collect information on the status of GKS.
- Nodal officers for GKS were contacted.
- On 26th January, information on the campaign was communicated during the flag hoisting ceremony.





Announcement about Campaign on 26th January during Republic Day Parade-Nuapada District

- On 27th January, Medical Officer I/C sent letters to BDO, CDPO, JE RWSS, ICDS supervisors of each sector, Branch Managers of SBI, Bantala, Nilachala Gramya Bank, Khinda, Mini Bank, K.Singa, Mini Bank, Khalari inviting them for the Block level sensitisation workshop on 28th January.
- The workshop was held in the meeting hall of the PHC under chairmanship of Medical Officer I/C; aims and objectives were discussed and updated status of GKS in the block was presented; it was highlighted that of the targeted 236 GKS, most were formed in hard to reach areas; concept of Swasthya Ratha was discussed and its movement plan shared; it was also brought to the notice of everyone that people were encountering problems in opening bank accounts.
- Based on this meeting, a decision was taken to focus on hard to reach areas. Two people were identified by members to guide movement of the Ratha and create awareness. Date for the launch of the Swasthya Ratha was finalised.
- It was decided to disseminate information on Malaria, TB with GKS on the Ratha.
- On 29th January, the Ratha's movement plan was sent to DPMU and all sub centres were informed accordingly.

Q: Can you describe how the launch took place?

We had the Block level launch on 30th January at a mass meeting that was organised in the presence of stakeholders and senior government functionaries. Inaugurated by Mr. Priyadarshree Pattnaik, Chairman, Panchayat Samiti, other dignitaries included the Vice Chairman of the Block, District Programme Manager (DPM), District Health Information Officer (DHIO), District ASHA Coordinator, Panchayat Samiti Chairperson, RKS members, SHG members, existing GKS members and health workers

Q: How were bank accounts opened?

A: In the block, the Block Level Coordination Committee (BLCC) brought around 200 SBI forms from the bank which needed to be filled by the members. For those who had a problem or

needed help in filling up the form, we requested them to come to the PHC. Batches of 20 people were called and asked to bring their voter ID card, two photos and the duly filled-in form. These were then deposited in the bank, following which an account number was given to the PHC staff to be handed over to the GKS. The member was notified and asked to come and collect the account number along with the pass book. The cheques were not handed directly to the member but the money was transferred directly in their account. This was a transparent and quick way of completing the task.

Q: Was it difficult to get bankers on board for this programme?

A: It is not easy to get bankers interested since these are low revenue accounts which maintain zero balance. But we had the active participation and support of the State Bank of India which has an NRHM account. However, in banks which have SHG accounts like Nilachala Gramya Bank, a zero balance account was opened and where bankers did not agree, AWW or other members pooled Rs.300 - Rs.500 and opened the account and once the fund was transferred, they took their money back.

The Ratha carried bank forms and volunteers and the HW helped members fill the same. Members were asked to come to the Primary Health Centre with two passport size photographs and voter ID, along with the filled form. Once the BPO checked the form they went to the bank and opened the account.

Q: What was the route of the Ratha and what kind of publicity was done enroute?

A: During the campaign period the Ratha covered 50 villages. Starting on 30th January from the block PHC it moved on schedule following halt stops systematically. It was decorated as per finalised prototypes retaining a strong traditional and cultural flavour. It carried two types of leaflets and audio spots which were played on a public address system with a commentator adding his dialogues over the mike. The Ratha charted its daily journey, starting from the PHC in Bantala block.

The nodal person was given 200 single page leaflets and 50 three-fold leaflets which he was expected to distribute amongst the target audience. At the end of the day, the BPO took a detailed feedback on the places the Ratha went, duration of halt, approximate number of attendees, kind of questions that were asked and the number of leaflets that were distributed along with feedback received on them. The Ratha covered 11 villages and four gram panchayats in Angul block.

Q: Once implemented everything appears simple but I am sure a lot of planning went into it. Could you share some of that process?

A: On 24th January, a letter was issued to all BPOs informing them about the campaign by the CDMO. In his communication he said, "GKS under NRHM will pave the way for broadening the vision of the people in addressing health related issues in their respective villages through local initiatives and to create mass awareness, a specially designed Ratha called Swasthya Ratha will cover all blocks (four days per block) focusing on areas where GKS formation has not picked up. Also wall paintings will be done at every revenue village named as Swasthya Barta and a Swasthya Kantha has to be initiated in every GKS village"



The Sarpanch concluded our meeting by saying, "earlier we identified the problems in the village, now we identify and are part of the solutions."





Swasthya Barta (wall painting)

Each BPO was asked to disseminate this message on 26th January at the Republic Day Parade and told to take responsibility of monitoring the programme in their blocks and oversee the launch ceremony at the PHC/CHC/UGPHC levels. The Sub Collector and Chairman, Panchayat Samiti were accordingly informed and from 12th to 16th January, DPMU along with CDMO planned activities along with finalisation of budget for district and block level activities.

Q: How did you undertake training and capacity building of the staff and volunteers who were part of the campaign and who were your partners?

A: Interventions in 50 GKS of Bantala block and 50 GKS of Kosala block helped us build capacities of GKS members and provide three days of training before the campaign period in December 2008 and two days of training in March 2009, after the campaign period. Government Departments: Rural Development, Panchayati Raj, Youth Affairs and Sports, Women and Child development, Information and PR and Revenue, Doordarshan and All India Radio played a crucial role in reaching the target audience.

Q: Any achievement or success stories that you want to highlight?

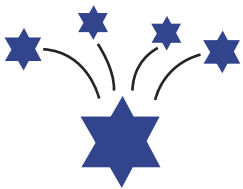
A: Some of the winning features of the campaign emerged from the following results:

- The campaign benefited people in Tikarpada area which in spite of limited telephone connectivity and there being no ASHA or HW received good response. So much so that people from adjoining areas where the Ratha could not go demanded through their ASHAs that we help them form GKS too.
- Prior to the campaign, bankers showed scant interest in opening low revenue accounts and people and ward members were skeptical about benefits of such an exercise but all this changed after the campaign.
- Cleanliness, sanitation and overall hygiene standards improved visibly.
- Greater stakeholder involvement was seen with a sub collector now dealing directly with GKS members in Pallaharda block.

Q: Any resistance, limitations or negative feedback?

A: In the pre campaign phase, neither people, nor ward members or bankers had any interest in opening bank accounts, but post campaign everyone showed interest. In some places we were told that it took time for crowds to be mobilised before arrival of the Ratha, leading to time loss and delays.

In another village (Amabira) people had a strange request – they said they would cooperate only if they were paid something, even if it was Rs 100 a day. Another problem we faced was when one of our people inadvertently went to a big village called Dhayrangtha which is not listed as a Revenue Village. He was asked by people to help them form a GKS but he was helpless and had to express his inability, since government rules did not allow that.



Q: Any obvious difference that the campaign made to the everyday existence of the villager?

A: Cleanliness and sanitation activities were taken up in most villages. The difference in the pre-campaign and post-campaign period is clearly visible. We got feedback that more people are using tube well water which is bringing down rate of disease and infection. Our ASHA, Health Worker (Female) and AWW are also very happy since their respect has gone up within the community and so has their confidence level.

Q: How do you put your checks and balances in place?

A: At the block level we have formed a Supportive Supervision Committee (SSC) that is responsible for establishing and making every GKS operational. All difficulties faced by them with regard to local issues, functioning and membership will be sorted out by the SSC which will facilitate functioning of the GKS and ensure timely submission of reports and implementation of activities undertaken as identified by the GKS.

Q: Officially what would be the biggest achievement?

A: The increase in coordination between all stakeholders at the village and block level before, during and after the campaign has been an encouraging sign. It has motivated us to think of planning similar campaigns for TB, leprosy and Parivar Kalyan as well. It has had an impact which is evident when you see SHG members sharing their experiences vis-à-vis GKS in their meetings and the Sub Collector directly interacting with GKS members in Pallaharda block.

I would like to quote the Panchayat Samiti Chairman of Bantala, "In 1992-95, I was PS Chairman and now I have again been awarded this post but this is the first time I have seen such a positive and result-oriented convergence with health. We are member of Rogi Kalyan Samiti (RKS) but with GKS it is more to do with the community".

We ended the interview on this heartening note but not before the BPO made a call to the DPM to fix an appointment for me the following day. I was keen to get a programmatic perspective and a sense of the kind of impact that the campaign made in the district.

"In 1992-95, I was PS Chairman and now I have again been awarded this post but this is the first time I have seen such a positive and result-oriented convergence with health. We are member of Rogi Kalyan Samiti (RKS) but with GKS it is more to do with the community".

B. MAYURBHANJ

So far, things have moved with precision. I have been fortunate in meeting the right people who facilitated my every meeting and request for information. The local people accepted me as one of their own which is a humbling experience. According to Block Development Officer (BDO), Angul, the campaign had the maximum success stories emanating from there. Against that backdrop I am eager to see how Mayurbhanj fared and what were its unique moments in the campaign.

Mayurbhanj, I am told is Orissa's largest district of Orissa and has some popular tourist spots like a tiger and forest reserve which I hoped to visit over the weekend.




2.3 Its all about having a plan: Krushnachandrapur village, Shamakhunta block and Mayurbhanj district

Having been on the road for a while now in different modes of transport, I could see that the real challenge for a ground campaign that moved from location to location was to cover as large tracts of area as possible, given the tight timelines that had to be followed. The concern of all officials I met revolved around maximising reach and impact.

While it would have been great to have a dedicated Ratha allotted to each block for a certain number of days depending on the villages that came under it and the kind of geographical terrain the region had, this was not possible. The next best thing then was to first identify areas where the GKS was already formed and to focus on positioning Swasthya Ratha to travel on a journey through these low performing villages and see how it could step up awareness around its winning features, impress upon people to be more active, to clarify their doubts and take action by being the change they wanted to see.

2.3.1 Having all health workers on the same platform

As we moved along we decided to halt at rural *haats* (bazaars) where large crowds tend to gather. I heard that in some places the Health Worker (Female) or ward member did not want to be a GKS member or had quarrelled with ward members and the Health Worker (Female). Since their cooperation was critical to mobilise people it was a wise decision on the part of the state health department to sensitise them on the campaign, address their concerns and make them feel that the campaign's success depended a lot on their cooperation, conduct and influence with the community.


"Greater trust got established between people and health officials with this campaign. People realised the government cared for their health."

- BEE, Khunta Block

2.4 Earning people's trust: Shamakhunta or Khunta Block

I found myself sitting outside the BPO's cabin. I had come on a busy working day and could see a long queue of people waiting to meet him. I had arrived early so I watched and casually chatted with some of the junior block officers and health workers. Everyone had heard of the campaign and most of them were speaking with pride. The word had gone around that it had been a huge success and somewhere they all felt that they had played a role in making that happen.

India, indeed is a country of great diversity and Orissa being one of the focus states under NRHM is benefiting from many programmes that target specific goals. The poverty and impoverishment in the state is so high that every little effort pushes up the basic indicators of survival a wee bit higher which is perhaps also why far flung villages in the districts that I am visiting have been so receptive to the campaign and the advantages that it offers to them. While I am still mulling over this thought, I am told that the BPO is ready to receive me.

Q: Sir, could you share some of the preparatory activities that were carried out in the village?

A: We had done our micro planning with delegation of duties and details of events which were communicated to officials in a timely manner. Since this was a prestigious and significant event for the entire state, there was a great sense of ownership. Some of the steps are outlined below:

- On 22nd January the block MOIC issued letters to MOIC of PHC(N) and other stakeholders to attend a preparatory workshop on 24th January at the block PHC.

- On 23rd January, a meeting was organised at Rangamatia PHC with members of the already formed GKS, attended by Block Extension Educator (BEE), BPO, Block Accountant and Data Analyst (BADA), Health Worker, Female, (HW (F)), AWW, Ward Member, ASHAs, existing GKS members and SHG members.
- Details of the campaign were shared and the concept of Swasthya Ratha and Swasthya Kantha were discussed.
- On 24th January, block level stakeholder sensitisation workshop was organised at Rangamatia PHC and attended by Medical Officer In-Charge (MOIC), CDPO, ICDS supervisors, BEE, BPO, BADA, Lady Health Volunteer (LHV), couple of NGOs and Swasthya Ratha. Guidelines of the campaign were shared and reasons for non formation of GKS in the block discussed.
- On 27th January, a meeting was held at Bhaluki PHC (N) and on 6th February at Baunsbilla. Participants were informed of the Swasthya Ratha's movement plan in the block.

Q: How did you create an environment that led to formation of GKS and opening of bank accounts?

A: A stakeholders workshop was held where Block Chairman, BDO, Child Development Programme Officer (CDPO), Integrated Child Development Scheme (ICDS) Supervisor, Junior Engineer, Rural Water and Sanitation Scheme (JE RWSS), and health department staff were asked to attend and contribute inputs to making an action plan. A decision on having a nodal officer for each sub centre during the campaign was okayed and we sent an official letter to the bankers to attend, spelling out what we expected from them and how their cooperation was valuable in making the programme a success.

Q: Regarding the Ratha, how did you plan your staffing and routing?

A: The route chart ensured that a different route was taken while going and a different one while returning. This way we doubled our coverage. Health workers were asked to be in attendance and we had two male HW travelling with the Ratha. It was a good decision to get the same NGOs on board who had helped us when GKS was originally launched in the district.

Q: What about the village plan?

A: A similar plan was put in place for the village level launch.

Q: How did the launch go?

A: The campaign was launched at Krushnachandrapur PHC on 26th January where CDMO welcomed delegates and DPM briefed participants on the GKS Campaign. The chief guest handed over cheques and registers to the community before addressing the media. A health exhibition stall was put up with IEC materials on various health issues. People were told to make use of the information kiosk that was set up in all block PHCs.

Q: What were the other block level activities?

A: Monitoring the process of GKS campaign activities, formation of GKS, opening accounts, transferring funds, coordinating with NGOs and organising village meetings that could lead up to the formation of GKS were some of the things that we did. Different banks fixed different dates for opening bank accounts. Accounts were also opened on the basis of the proximity of the bank. Regular interaction ensued with bank officials for opening of accounts and fund transfer throughout the campaign.





Villagers welcoming arrival of Swasthya Ratha



Q: What did the Information kiosk look like?

A: We put up one at Rangamatia PHC to share information and provide an information kiosk giving a one window solution during the campaign. It was in the shape of a tent 7" X7", where all posters, leaflets, folders and banners on GKS were displayed and we had a person manning it at all times.



Q: How did the IEC materials help?

A: The advantage of IEC materials is that much of it is pictorial and easy to understand and since it was also translated in Oriya we found it being read, referred to and discussed often. Our feedback has been that people’s participation in health exhibitions and health *melas* increased leading to greater awareness on health issues; better convergence among stakeholders; improved results on Vitamin-A and Pulse Polio programme; good collaboration between employees and more questions being asked about TB and malaria. The biggest change was to witness people cleaning their villages, ponds, wells and in even making their own dustbins and the best part of it was to see them updating their Swasthya Kantha regularly and thereby informing the village about their present and forthcoming activities under GKS.

The GKS members now voluntarily help the local health officers to mobilise people on important days like the Village Health and Nutrition Day (VHND) and for other government health programmes in the block.

Q: What were some of the issues that the bankers faced?

A: Bankers were basically unwilling to open a large number of accounts at a time. They found it difficult to open an account in inaccessible areas while the campaign was on and there were times when ward members refused to cooperate with the AWW since they were not receiving any monetary benefit. Some AWWs did not have an identity card and has to be certified by the ward member – all this led to delays. Also bankers thought that once the money was over in the account it would become non operational.



Q: What were the immediate outcomes of the campaign?

A: During and after the campaign we saw involvement of people going up manifold and health concerns becoming a priority for people who were beneficiaries and organisers of the campaign. The Ratha was seen as a very useful vehicle for creating awareness and spreading knowledge. It drew immediate attention. Everyone felt it should have had a longer run. There was greater sensitisation among all stakeholders from top to bottom and a dissemination of information through the block PHC.

C. RAYAGADA

I am looking forward to my drive through Rayagada which has many primitive tribal groups. Interestingly, its geographical location has ensured that it has a varied mix of communities and it has a large presence of people from the neighbouring state of Andhra Pradesh.

2.5 Lit up with rays of knowledge: Village Goudalelibadi, Kolnara Block

This was a small village of barely 118 households with a population of about 536 people. The AWW was a familiar and trusted face and when she announced that the Ratha would be coming to the village in a meeting, news spread like wildfire. A lot of questions were fielded on how long it would stay, would children get a ride on it and if it would magically cure some of the older people's chronic health problems.

I was touched by the villagers' naiveté and dismally low levels of awareness since they had such little exposure to the outside world. Closeted in their cocoons, their world was confined to what happened in their village, and at the most, to the cluster of villages bordering them. Which is why the campaign served a larger purpose here. It created awareness and generated a response that led to a demand for service delivery. As the campaign unfolded, the community was curious to know how they would benefit by constituting GKS in their village. Another question which they posed was that the village received funds under various schemes and programmes through the government but not all were sustainable or available for a long period, then why should they have GKS and how would it be different from the rest of the government programmes? Even I wanted to know the answers to some of these questions.

2.5.1 An emotional welcome

By the time the Swasthya Ratha rolled in on 6th January at 6 pm the village was agog with excitement. They had done a fair amount of preparation and were ready in their Sunday best. A traditional welcome was offered by way of drum beating, breaking coconut, offering incense sticks and garlanding the Ratha – all auspicious and traditional ways of welcoming someone who is important and dear to you.

The villagers were completely in awe of the Ratha. Perhaps its size and its having audio visual equipment, mikes, stereophonic sound and people from the city added to its Wow factor. There was almost a sense of reverence which I realised when I saw a photograph of lord Vishnu⁸

⁸ Lord Vishnu is the powerful and fascinating deity of the Hindu trinity who represents the aspect of the Supreme Being and is worshipped by Hindus.

“The high level of questioning that is now there in people is indicative of what they have been able to glean from the campaign – through its multi-media, IEC and other activities”





Ward member and Health Worker (F) welcoming Swasthya Ratha-Gouda Lelibadi village, Kolnara Block, Rayagada District

adorning the top platform of the Ratha. A devout villager had placed it to seek the Lord's blessings, as if the Ratha was an offering from the Gods.

The Ward Member of the GKS received the Swasthya Ratha which had the Medical Officer I/C, B.P.O, B.E.E, S.I and BADA on board. It moved in the village with messages on Gaon Kalyan Samiti. The Medical Officer I/C, BPO and BEE explained about GKS and block level functionaries facilitated the process of opening accounts. On the same day during the meeting, AHSAs informed every one on the activities of GKS and funds allotted for each activity.

2.5.2 Lifting the veil of darkness, generating demand for service delivery

It was startling to note that the village did not know that funds were available through GKS for sprucing up their village and surroundings and it was the GKS campaign that made it clear to them that they could dip into funds for their own betterment. Surprised, they asked childlike questions, "You mean we can get our bore well repaired?"; "Will we be paid for sweeping our village?"; "Our children will no longer be sick with malaria?"

The success of the campaign therefore in Rayagada, was evident through the sensitisation of villagers on demand generation for service delivery. The answer to the question of whether GKS would be a sustainable initiative posed at the beginning of this section was provided by the BPO and the BEE who explained that the fund was for the village and that the Samiti comprised of members from Departments such as AWW (DWCD), Ward Member (PR Department), Self Employed Mechanic (SEM) (RWSS), ASHA (Health), SHG members (community). Therefore ownership was greater and every year a sum of Rs 10,000 was earmarked for GKS making it easy to take decisions at the village level for upgrading both village facilities and villagers' health.

2.5.3 Flurry of post campaign activity

The first activity taken up post campaign in March was that of village cleaning at a cost of Rs. 600 followed by a series of activities such as drainage cleaning for which Rs. 200 was spent,

"Earlier for boring repair, we had to complain to block level officials now we can do it ourselves."

– Ghanashyam
Khantabansa - Villager

bore well cleaning (Rs150), referral transport for a delivery (Rs. 250) and meeting of the Balika Mandal (group of young girls at Rs.150).

Regular VHND meetings were held where GKS members met and reviewed the progress of the village and discussed agendas and future action plans. In case funds were needed, a resolution would be passed and sent to the BPO for approval. Some of the issues that were discussed included maternal and child health, malaria and TB. The cleaning of the village resulted in a major drop in the incidence of malaria. The village was cleaned thrice a month at a cost of Rs 200.

2.5.4 Future plans

It was heart-rending to note how money could change lives and destinies. It could also empower people, enthuse them with energy and provide hope for a better future. As awareness grew, the villagers started making a list of things to do.

The next item on their purchase list included buying Insecticide Treated Bed Nets (ITBN) for each household (Rs. 35 per net) through the GKS fund and phenyl and bleaching powder on a weekly basis to clean the bore well and surrounding drainage canals. They also wanted to be educated on other common diseases and outbreaks and what they should do to protect themselves.

2.5.5 Overcoming glitches in opening bank accounts

The GKS formation in Rayagada had been quite a success. Out of a total number of 189 villages between February and April 2008, GKS was formed in 19 villages. What helped in this surge of enthusiasm was also the fact that guidelines for forming GKS had been changed. If you recall, the first version of the guidelines which entailed registering GKS under the Society Registration Act as being compulsory had slowed down the process of GKS formation. This was a stumbling block and one that delayed the process and resulted in people losing interest. But after remedial steps were taken in time and NRHM had revised the guidelines by simplifying the language and presentation before redistributing it in the State with a fresh timeline, by August-September 2008 GKS was formed in the remaining 170 villages.

In all these villages bank accounts were opened in Utkal Grameen Bank (UGB) and funds transferred with the help of an NGO, AWW or ASHA. In Rayagada the formation of GKS was hassle free but the biggest bottleneck was in opening bank accounts. The BPO along with DPM have been trying to talk to the bank officials to resolve the problem. Once the account was opened, the money was transferred directly to GKS accounts and cheques and bank pass book, were given to members after the transfer of funds.

Remaining villages in the block too were informed by HW (F), HW (M), AWW and ASHA about the Ratha's schedule which included a coverage plan of 15 gram panchayat headquarter villages.

2.6 Facilitating hospital care for pregnant women: Block Kolnara

My meeting with the BPO was fixed for a Saturday when he would be free to answer my questions and show me around. I was glad that the Medical Officer-in Charge (MoIC) was also with us sitting through the interview, providing details and explanations to some of the questions.



“We will organise orientation for all GKS members and request the state to initiate and complete Capacity Building programmes in the district in another two months”.

- DPM, Rayagada



“The concept of the campaign led to increased awareness, participation and involvement of the people. We hope to soon see a drop in the cases of water borne diseases, malaria and other infections.”

MOIC, Kolnara Block



Block level launch - Muniguda block, Rayagada district

Q: What were the challenges you faced in setting the stage for the campaign’s launch in your block?

A: The challenge was to plan activities at the block level in a manner that all 15 gram panchayats and 23 sub centres which have 2-3 village under them are covered since the Ratha was available to us only for two days. On 6th January the Ratha went around the villages from 10.30 am to 9.30 pm, halting at the block HQ for the night and on the 7th it started earlier at 8 am, leaving for the next block by 6 pm.

Q: I have heard that the inauguration and reception of the Ratha was a grand affair?

A: Indeed, the Swasthya Ratha was inaugurated with a mass meeting attended by Chairperson, Panchayat Samiti, Block Development Officer and Medical Officer I/C. CDPO, BPO, BEE and Health Supervisors, ward members, AWWs, ASHAs and a large number of villagers. A cultural show was organised after which it was flagged off by the Chairman and BDO.

A human rally moved along with it from the PHC to Majhighariani Temple of Kolnara with traditional drum beating. There was an air of festivity and people kept joining in, adding to the human chain and showing their support. The State Coordinator was also present as the Ratha moved around distributing pamphlets, leaflets and other IEC material.

Q: How did you ensure such large turnout?

A: News of the Ratha’s immense success in other parts of the district had started to pour in lending it due credibility. The administration supported it whole heartedly and the planning which factored in all the links in the chain ensured that people knew about it and responded with full gusto. Ten days prior to the campaign, we received information from the District HQ (January 30) during our monthly meeting where all block level functionaries of all departments were present.

At the weekly meeting all supervisors were informed and HW (F) and HW (M) were assigned the task of being part of the pre-campaign party which went to villages before the Ratha's arrival to create a buzz around it. This ensured that communities were informed and GKS members were present during the event, holding people's interest till the Ratha arrived. They facilitated the organisation of the meeting and dissemination of information on the purpose of the campaign, GKS benefits, activities and funds available for each activity.

Q: I am told that there was a seamless convergence between all departments as they worked on achieving goals of the campaign?

A: There has been growing synergy at block levels. Right from the time planning meetings started and we put our heads together, pooling in resources, offering our staff for different activities, reaching out to support groups and taking a personal interest in every little activity, there was a coming together with the single objective of making the campaign a success. The results of the convergence are being seen even in the post campaign phase.

For instance, after the Ratha movement, we organised one-day orientation programmes across the block in spite of lack of funds. Block level officials clubbed occasions such as Women's day on March 8th to orient GKS members. This was effective and it gave us satisfaction at being able to combine two things. GKS members of the entire block were divided into seven groups with each group oriented for a day either by the BPO, MoIC or Block Extension Educator (BEE), on activities of NRHM with regard to GKS; roles and responsibilities of GKS and expenditure and book keeping. Initiatives like this maintained momentum and opportunities got seized to advocate for health issues in the larger interests of the people.

Q: The Ratha had a successful run in the block. Any achievements you would like to highlight?

A: I saw first hand the impact of a communication campaign and the swiftness with which impact was felt and things began to change.



Republic Day Parade at Rayagada





Key Achievements

Community involvement went up: There has been greater involvement of the community. Prior to the campaign, only GKS members (AWW, Ward Member, ASHA and SHG Member) were aware of their roles, responsibilities and activities under GKS but post campaign, the community was aware of activities that could be undertaken under GKS and funds that were available for each of the activities. It is they who come to us now and check with GKS members on seeking resolution on issues like repairing a tube well which will cost them Rs. 750 while the fund available under GKS is only Rs. 250.

Rs 100

Rs 100

Rs 50

Loan for Referral Transport: This community-friendly initiative was started from our block through ASHA. GKS members during the orientation enquired on whether the fund allotted could be used for referral transport of pregnant women for delivery to hospitals since women did not opt for institutional deliveries due to financial problems. Block level officials suggested that the ASHA could seek a loan of Rs 250 and use it for transportation and repay it after receiving it from the hospital for referral transport. This step was well received and we saw a jump in institutional deliveries in the entire district.

Community-led demand for delivery: An awareness campaign must make the community sit up, question and demand, which is what happened. Demand generation from the community to the GKS members to take up health and sanitation related initiatives was an outcome that created pressure on GKS members to equip themselves with solutions with regard to activities and fund management. This pressure in turn put pressure on the block and district level functionaries to undertake immediate capacity building programmes for GKS members.

Thorough review and monitoring: Post campaign, the monthly meeting during ASHA Diwas where all block level functionaries from various departments met and reviewed the progress of GKS was reactivated. This had become irregular. The meetings focused on formation of GKS, opening of bank accounts, reviewing of status and outlining a future course of action.

Q: Any challenges you would like to share?

A: The main challenges that we faced were to battle the sagging morale of people on account of frequent outbreaks of disease, especially malaria. The area has a high incidence of TB and the mindset of villagers was difficult to change. Since their awareness and experience of accessing health services was very low, they felt more secure doing what they had done for decades – continue to avail of home based care and try ‘desi’ treatment (local remedies) rushing to the hospital only when their condition deteriorated.

Their lack of awareness also impacted the opening of bank accounts. The perception was that it was a cumbersome process and the benefits minimal. But when they were made to understand the facts they showed more interest and overcame their hesitation.

“The campaign created branding for the Ratha which is now seen as a symbol of healthy living. This led to greater involvement of PRI members and functionaries of other line departments who participated actively during the campaign and were involved in follow-up too.”

Kamala, SHG member

Series of steps taken during the Campaign at the village level

Sl.No.	Steps taken
1	<ul style="list-style-type: none"> • Frontline workers: AWWs, ASHAs, Health Workers (male and female) informed about GKS Campaign and Swasthya Ratha movement and time of visit to selected villages • Also informed of their roles and responsibilities during the Ratha's arrival to their villages • Asked to inform villagers in advance about the arrival and to ensure villagers' active participation.
2	<ul style="list-style-type: none"> • Informing villagers about Ratha's arrival • Getting the AWW/ASHA/Health Worker to tell them about its purpose and what it hoped to achieve • Outlining villager's role and how they could make use of it to improve their lives and the standards of their village
3	<ul style="list-style-type: none"> • Ensuring all villagers are around during the arrival of Ratha by AWW/ASHA/Health Worker • Building sufficient interest and generating adequate curiosity • Answering questions of villagers and helping them access information
4	<ul style="list-style-type: none"> • Welcoming the Ratha • Involving people in its reception • Initiating discussion, asking questions and creating excitement around it
5	<ul style="list-style-type: none"> • One round of Ratha movement covering the entire village while playing audio spots about the campaign and GKS • Reiterating some of the key messages • Prodding villagers to ask questions, seek clarifications, if any
6	<ul style="list-style-type: none"> • Introducing the concept of GKS, its formation and fund transfer • Discussing activities of GKS
7	<ul style="list-style-type: none"> • Facilitating block level health functionaries for formation of GKS
8	<ul style="list-style-type: none"> • Facilitating block level health functionaries for opening bank account
9	<ul style="list-style-type: none"> • Transferring funds for starting activities
10	<ul style="list-style-type: none"> • Orienting villagers on GKS fund management • Informing on activities to be undertaken at block level
11	<ul style="list-style-type: none"> • Preparing Swasthya Kantha • Keeping in mind local and cultural sensitivities
	Follow up activities continue.....

Series of steps taken during the Campaign at the block level

Sl. No	Steps taken
1.	<ul style="list-style-type: none"> • Copies of Action Plan were shared with all the blocks mentioning block level activities. • All BPOs were intimated by the respective DPMUs about the Campaign; Budget was allocated to each block and BPOs were directed to prepare block level plan of Swasthya Ratha. • BPO scheduled a planning meeting and telephonically informed stakeholders to attend. • Role and responsibilities got chalked out.
2.	<ul style="list-style-type: none"> • BPO, MO, BEE, functionaries from other Departments and Rogi Kalyan Samiti members met and drew up a detailed plan of action. • Once again, a thorough listing was done of tasks at different levels of hierarchy.
3.	<ul style="list-style-type: none"> • ASHA, LHW, HW were asked to collect information on GKS. • Information was collated and issues to be addressed culled out.
4.	<ul style="list-style-type: none"> • Nodal officers assigned to the GKS project were contacted.
5.	<ul style="list-style-type: none"> • Formal announcement was made at the flag hoisting ceremony on 26th January.
6.	<ul style="list-style-type: none"> • Block sensitisation workshop dates were finalised and BDO, CDPO, JE RWSS, ICDS supervisors of each sector, Branch Managers of SBI were asked to attend.
7.	<ul style="list-style-type: none"> • Medical officer I/C held the meeting and block-wise status of GKS was shared. • Routing plan, issues of concern, bottlenecks relating to bank accounts were discussed. • Expectations from the campaign were clearly spelt out.
8.	<ul style="list-style-type: none"> • Launch date of Ratha was finalised. • Two nodal officers were assigned to move with the Ratha. • Decision to focus on hard to reach areas was taken.
9.	<ul style="list-style-type: none"> • Block level launch took place at a mass meeting that was extremely well attended and covered by the media.
10.	<ul style="list-style-type: none"> • Swasthya Ratha began its journey in the district and was received warmly at each halt point. • IEC materials were distributed. • BPO was kept posted on all developments.
11.	<ul style="list-style-type: none"> • Subject of bank accounts was taken up. • Process of opening bank accounts was explained. • Those who found it difficult to fill forms were given all possible help. • Accounts were opened. • Cheques were handed over. • Bankers support was placed on record.
12.	<ul style="list-style-type: none"> • Detailed notes were made of how many accounts were opened, funds untied and GKS members formed.

DISTRICT LEVEL

ANGUL

Angul provided me the right orientation to what was to follow as I set course on a four-month journey through Orissa’s three main districts. While each district had its own distinguishing characteristics as stated in the Introduction, in the context of the GKS Communication Campaign, it allowed me to see how the campaign was received by the community. It provided insights into how it was conceived, planned and implemented. This was more of an overview, the details I was hoping to get from officials at the district level before making my final halt at the State headquarters.

The detailed account of the campaign, the way it happened and the kind of preparatory activities that preceded it would be similar to all three districts. So I am not going to repeat that. What I will however focus on is what set the campaign apart in the three districts, were there any success stories or innovations that were used to adapt to the needs of the district and what were the lessons learnt, if any.

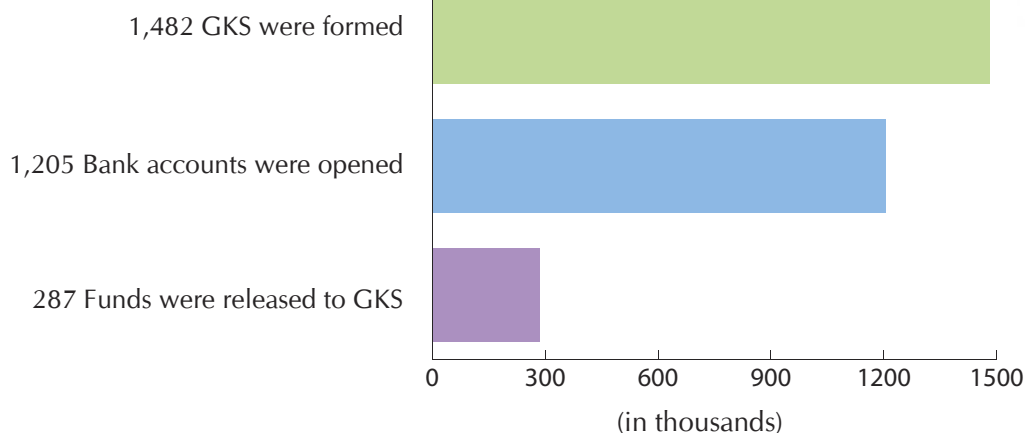
3.1 What it takes to be a better performer: District Angul

General health problems in Angul are malaria, leprosy, TB and sickle cell. Incidence of leprosy is the second highest in the state and though prevalence of TB is also high its cure rate is around 80 percent. HIV/AIDS is the new scourge and Angul unfortunately has the second highest number of people living with HIV/AIDS.

3.1.1 Results

Performance of 1,661 habitat revenue villages

Pre Campaign Status (as on 26th January’09)

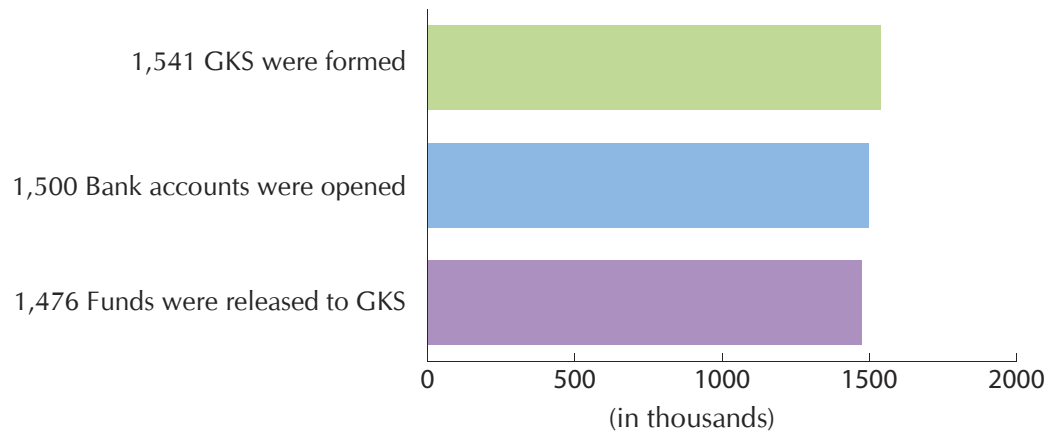


26th
January'09

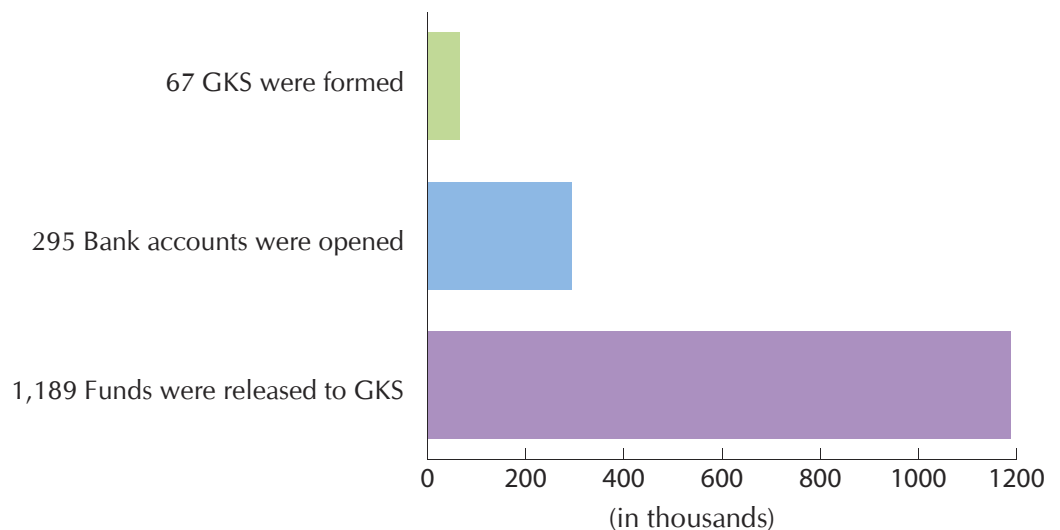




Post Campaign Status (As on 6th June'09)



Effectively the Campaign achieved



Awareness had led to results and this was a trend that the state government had to build on – not just in matters related to the formation of GKS, village health plan and participation in other health programmes but in areas of education, employment, girl education and food and nutrition, amongst others. The villagers wanted to improve their living conditions and needed to be guided on what to do and how it would benefit them in the medium to long term. So many of their myths and misconceptions about hygiene, safe sex and reproductive health needed to be cleared.

I had seen how the mega communication plan had unfolded. I had interacted with a wide cross section of local people to know that the GKS had succeeded in creating high visibility. People knew what its purpose was, how one could become a member and what one stood to gain in the process. It was a multi-pronged communication strategy that worked at different levels – print, audio visual, outdoor publicity and folk media to reinforce messages through multiple mediums. It was a campaign that was for the people and also largely driven by them, since they were active participants who contributed to shaping it as it got implemented and evolved to a higher level of efficiency, participation and ownership.

The above figures tell us why the campaign was important to Angul. With number of GKS formed at only 1482 and number of accounts at 1205 it can be deduced that awareness levels



on GKS were very poor. And since the number of accounts that were opened were also low, the funds released amounted to a meagre 287. It was this indicator that was the most worrying for health officials at the State and District level and they were watching closely how Angul would respond to the campaign.

It is for this reason that the campaign matured from being just an awareness campaign to being an empowerment campaign. It got people to make a stretch and discover latent talents that could improve their own lives as they took control of their surroundings and the environment that they were a part of.

3.1.2 Achieving all its targets

The district of Angul achieved most of its targets for formation of GKS due to a number of quick decisions that were taken such as sensitising field level staff whose job was to interact with local communities, talk to them about their and their village's health and to motivate them to become members.

Some of the preparatory activities that were taken up at the District Level included constitution of District Level Coordination Committee (DLCC) and task force on 20th January. It was in the first week of January, that the District Programme Management Unit (DPMU) received a mail from NRHM informing them that the campaign would be held along with a copy of the guideline. Within a week (12th January) these guidelines were shared along with block level budget details and timelines with Block Medical Officer, I/C of PHC, CHC, UGPHC. Further, the copy of the letter was forwarded to DPMU asking them to streamline activities according to guidelines and to prepare a report as per the format given with a copy to Chief District Medical Officer (CDMO), Mission Director, NRHM and District Collector informing them about the campaign and its status.

The campaign matured from being just an awareness campaign to being an empowerment campaign as people took control of their surroundings and the environment that they were a part of.

3.1.3 High yields on a low budget

District budget

Sl.No	Particulars	Amount
1	District level Advocacy	10,000
2	Cost of hoarding	2000
3	Media Advocacy	2000
4	ZSS Meeting	1000
5	Swasthya Ratha Expenditure (two Ratha's @18000 each including fuel)	36000
	Total	51,000

Block budget

Sl.No	Particulars	Amount
1	Block level stakeholders workshop	1000
2	Mass meeting for launching the campaign and ceremonial function	5000
3	Information kiosk	2000
4	Closing ceremony	3000
	Total	11,000



The district was given a budget of Rs 51,000 which included cost of media advocacy, district level advocacy, fabricating and running expenses of two Swasthya Ratha in addition to organising a ZSS meeting. Innovation was the buzzword at every stage of the planning process. The Ratha was a creative improvisation that combined two pick-up trucks to create one Ratha. Indigenous and cost effective, it had a strong novelty factor and the space and capacity for keeping stocks that could last the team for a few days.

3.1.4 Creating a media buzz

A good press meet meant getting good coverage without having to pay for it in the form of advertisements, sponsored supplements and features. This was a bit of a success story for the campaign as it generated lot of printed column space in the print media and also on radio and state television with reporters and editors doing 'newsworthy' stories, features and success stories.

The Ratha was a creative improvisation that combined two pick-up trucks to create one Ratha. Indigenous and cost effective, it had a strong novelty factor.

But this did not happen on its own. A well planned media strategy was worked out. On 20th January, the CDMO issued a letter to the District Information and Public Relation Officer informing him to invite the press – Print, Electronic and Government Media for a District level press conference on the GKS Empowerment Campaign scheduled for 22nd January. All the local television channels covered this extensively. The concept of the Swasthya Ratha was very well received and it looked like the media had already proclaimed its success even before it had been driven out of the district headquarters. The build-up to the launch was covered by the press and the launch itself saw an impressive line-up of celebrities and senior officials reiterating the main messages of the campaign.

3.1.5 Publicity material: Information + Novelty

Along with the IEC material such as pamphlets, posters and brochures containing information received from the state, facts and pictorial descriptions, it was decided to have a strong visual presence through wall paintings and Swasthya Kantha. These would be created in the villages of the district for which special vendors were selected and briefed. Wall paintings were done in several places of the block, mostly on walls of the PHC, CHC and school. Many such paintings were found on the walls of government buildings on both sides of the main roads grabbing immediate attention and having repeat value too because of its artistic elements.



News paper Clippings at District level

Information Kiosks was another idea that came up for facilitating an easy flow of information. This was erected in six blocks of the district with a cadre of nodal officers deputed to provide a one window solution on the formation of GKS.

IEC Materials distributed

Name of the materials	Given to district	Given to each block	Given each day to the nodal person of Swasthya Ratha
Leaflet	6500	812	200
Brochure	1200	150	50
Poster	1250	156	Nil
Banner	54	6	Hung in the van
Leaflets	12000 Prepared by district	1500	300

3.1.6 Meetings chaired by the Collector

At the district level, special ZSS meeting under the chairpersonship of the Collector was conducted to discuss details of the campaign. CDMO was made Convener and DPM was designated as Campaign Coordinator while the ASHA Coordinator was asked to assist the DPM in organising this. President, Zilla Parishad was invited as a special invitee. It was decided that the District Collector would lead the District Task Force which would be constituted of officials, PRI functionaries, NGOs and other stakeholders to monitor and provide handholding support for the campaign at the district and block level.

3.1.7 Announcement on 26th January

The decision to announce the campaign on the Republic Day Parade was again a sound strategic move. It was an open commitment shared at a significant national-level function. It captured all stakeholders since they were physically present and sought to get their approval and support. The GKS Empowerment was announced at the Republic Day Parade ground by the Finance Minister, Mr. Prafulla Ghadei. A tableau was prepared with banners of GKS and it moved on the parade ground and all over the main roads.



GKS Tableau - Republic Day- Nuapada District

3.1.8 Convergence

According to the Collector, Angul, "Convergence was a challenge in the beginning and it was not easy to explain to people that there was an opportunity for everyone in a convergence." He said that facilities were there but these were not used optimally because health was not a commodity that could be seen, rather it was a service that could only be felt. Therefore, for awareness on prevention of health, the community's participation was crucial. GKS became a valuable forum that created the grounds for building awareness and participation of communities.

Speaking to ASHAs and Health Worker (Female) who had been involved with the GKS closely I realised they were active players in the community having ideas, suggestions and points for discussion on various topics. They spoke up in meetings, gave feedback based on



their interactions and field visits and sometimes demanded that things be done differently. The decision of reimbursing money for transporting pregnant women to the hospital for their delivery arose out of their vociferous feedback which placed on record the difficulties faced by the community women in accessing hospital care for their delivery, pre and post natal care. Lack of transportation and acute financial crunch were genuine reasons as to why even those women who wanted to avail of institutional deliveries were still having babies at home.

As people came together and worked towards a larger common good, convergence between the village, block and district level began to take place. With active participation of senior officials the signals of convergence were clear.

Gradually, as people came together and worked towards a larger common good, convergence between the village, block and district level began to happen. With active participation of senior officials the signals of convergence were clear. In block level during ICDS sector meeting, block level and sector level stakeholders could meet and discuss issues and during block PHC meeting and MIS meeting in Block, MO, Sarpanch, PS Secretary, BDO and other officials from line department could meet and discuss common issues making conflict resolution easier and also breaking down barriers that lead to intermittent delays and bottlenecks. Everyone had one objective: to make the campaign a resounding success.

3.1.9 In training and retraining lies the key

Unless members are trained and retrained from time to time, the programme could languish or lose the momentum with which it was formed. Training modules had to be developed so that GKS members could see GKS as a felt need and not as a responsibility loaded on them. Also, members needed to be trained to understand the necessity of health as it is something which is always taken for granted.

Clear steps on what and how to perform the various activities were needed. Inspiring leaders at the grassroots level would have to keep monitoring, handholding and building the morale of the local people. Only then would the campaign's results last longer and the community lifts itself from the quagmire of poverty, unemployment, sickness and despair.



Flag Off of Swasthya Ratha by Hon'ble Minister of Finance in Angul district

Movement Plan of Swasthya Ratha - 1		Movement Plan of Swasthya Ratha - 2	
Name of Block	Date of Visit	Name of Block	Date of Visit
Banarpal	26.1.09 to 29.1.09	Chhendipada	26.1.09 to 29.1.09
Angul	30.1.09 to 2.2.09	Kaniha	30.1.09 to 2.2.09
R.K.Nagar	3.2.09 to 6.2.09	Talcher	3.2.09 to 6.2.09
Athmalik	7.2.09 to 10.2.09	Pallahara	7.2.09 to 10.2.09

3.1.10 The Ratha's well planned and synchronised journey

According to the prescribed guidelines, one Ratha was allotted for five blocks and the district prepared a movement plan as per the format sent along with the guidelines. The district prepared the block wise plan and blocks prepared GPs/ Village wise plans along with the dates. In order to maximise the impact, the Ratha was expected to cover the GPs focusing on the areas where GKS is not formed.

Person to accompany: DPM in consultation with CDMO prepared a list of officials who were to monitor the movement of the Swasthya Ratha at the Block Level and similarly the Block Programme Organiser in consultation with the Medical Officer prepared the list of designated persons who were supposed to accompany the Ratha. The Health Worker (Female), male and female health workers, ASHA, AWWs, SEM and SHG members were also asked to accompany the Ratha.

Record of Movement: A vehicle log book in a separate register was maintained for each Ratha to mention the date, places of visit and kilometer covered. The register was signed by the person accompanying the Ratha and certified by BPO / Medical Officer.

Assigning nodal officers for handholding support and monitoring: State Nodal Officers were designated to monitor and provide hand holding support to the state launch and districts during the campaign. (Source – Guidelines on statewide campaign on GKS Empowerment). On 22nd January, the Mission Director requested the nodal officers to undertake field visit as per the checklist and monitor activities at various levels. An orientation was conducted on 24th January at SIHFW to discuss details of the monitoring at district level.

Twenty nodal officers from various departments were appointed for district level monitoring while 10 nodal officers visited two districts each and another 10 nodal officers visited one district each. The nodal officers visited two blocks in a district and covered five villages in each block. During their visit they monitored the movement of the Ratha, attended the GP level meetings and interacted with GS members and field functionaries.

“Our role is now very crucial while empowering people. Quantitatively we may have achieved 90%, but qualitatively there is a lot more to be done.”

- Collector, Angul



Flagging Swasthya Rath-DHH, Nuapada



Matrix of Preparatory Activities

Sl.No	Date	Activities
1	1-3 January	Receive email from Mission Directorate, internal discussion of DPMU with CDMO and decision taken to initiate the process by sharing about the Campaign with the stakeholders during the regular meetings. Preparation of PPT.
2	4 th January	Sharing the PPT with the CDPO, Block Medical Officer, Medical Officer, PHC (N), CDMO, ADMOs, and DPMU staffs.
3	9 th January	Dissemination of guidelines and orientation through Gramsat
4	12 th January	The guidelines were shared along with block level budget details and timeline with Block Medical Officer, I/C of PHC, CHC, UGPHC.
5	12 th to 15 th January	DPMU along with CDMO planned out the activities On 12 th quotation call for hiring of vehicles
6	16 th January	Discussed on the Campaign with the BPO, BEE to plan out the movement of the Swasthya Ratha.
7	17 th January	Letters were issued to the ZSS members by the CDMO informing them of the Executive Committee Meeting to be held under the Chairmanship of District Magistrate and Collector on 22 nd January.
8	20 th January	<ul style="list-style-type: none"> • CDMO wrote a letter to President Zilla Parishad about the ZSS meeting to discuss on GKS Empowerment Campaign • CDMO issued letter to District Information and Public Relation Officer asking him to invite the press • Formation of DLCC and District task Force at the Collectorate Office • Finalisation of movement of Swasthya Ratha
9	22 nd January	ZSS Meeting was conducted
10	24 th January	A letter was issued to all the Block Development Officers informing them of the Campaign by the CDMO
11	24 th -25 th	Preparation of Swasthya Ratha by the agency and Republic Day Tableau

Matrix of Activities Carried out in the District

Sl.No	Date	Activities
1	26 th January	The Minister made an announcement about the Campaign on 25 th January. Flagging off of two Swasthya Ratha from the DHH by the Minister Two Ratha moved to two different blocks from the district
2	28 th January	All the Medical Officers at Block, PHC, CHC, UGPHC level were given guidelines for the Village Health Plan Preparation and Operationalisation of GKS, along with expenditure activity plan and also on release of funds (Rs.2000) to the GKS.
3	7 th February	CDMO directed the MoIC of all hospitals asking them to submit the status to their BPHC to prepare a database of all GKS as directed by the Mission Directorate
4	17 th February	CDMO issued letters to all the MoIC to release rest of Rs.8000 to the GKS. They were asked to give 100 % funds to each GKS by 28 th February.

Angul became a case study to be referred to in meetings and amongst trainers when talking of empowerment of communities. Rs. 34, 50,000/- was the amount that was released during the campaign alone highlighting the potential that the district had and which had been lying untapped because of a lack of awareness.

On 3rd February, the total fund for GKS was transferred to the Block Medical Office account.

District status report as on 26.1.09

Target	No. of GKS formed	Account opened	Funds released	Amount released
1660	1482	1205	287	2870000

District status during the campaign

No. of GKS formed	Account opened	Funds released	Amount Released
63	134	345	3450000

3.2 Demand for better services: RAYAGADA

What a wonderful feeling it was – to actually experience empowerment. A term that is much bandied about in development jargon - to see it unfold in front of my eyes was the most significant learning that I had from my travels within Orissa’s rural and tribal hinterland.

Once people become aware of their rights they responded with an earnestness and force that had the power to make change happen. It has historically brought about revolutions, wars, path breaking movements and in poor and marginalised communities the biggest saviour of all – hope.

Rayagada was an eye opener for two reasons:

1. Convergence became a reality: Departments, offices, NGOs, communities, individuals and health workers came together for a purpose that went beyond making the Communication Campaign a success and focusing on uplifting the plight of the state’s poorest and most disadvantaged populations. Team spirit, timely action, proper planning and implementation, sensitisation of the community and empowerment of GKS members, sharing knowledge on GKS, its activities, availability and management of funds, seeking greater involvement of other line departments such as PRD, RD and DWCD became logical next steps.

2. People began to question, demand and seek solutions: Once people realised that they could play a role in bettering their standard of living and overall health, they became proactive, demanding better services, release of funds for cleanliness drives that could make their villages disease free and seek release of funds where it was due to them.

The Rayagada District is characterised with malnutrition, low birth weight and water borne diseases such as cholera, diarrhoea and malaria. The existing infrastructure bottlenecks are compounded by a difficult terrain. This makes it difficult for service providers to reach relevant populations. People too cannot easily access the right services in a timely and efficient manner.

3.2.1 The Swashtya Ratha comes visiting

Two Swashtya Rathas were allotted to the district which has 11 blocks. District officials divided the block into 5 and 6 and allotted one Swashtya Ratha to five blocks and the other to six blocks.



Five small blocks were allotted 2.5 days each in Chandrapur, Ramanaguda, Guddari, Gunupur and Kesingpur while the larger more scattered blocks of Bissam Cuttack, Ramnaguda, Kashipur, Padmapur, Kolnara, Muniguda were given three days each.

Wall writings and Swasthya Kantha were already up at all revenue villages and hoardings were positioned at all GP headquarters. The plan prepared by the District outlined the details of the Swasthya Ratha movement which were communicated to every block. According to District plan, every block prepared its own micro plan for Swasthya Ratha movement and intimated to the district for monitoring, supervision and guidance.

Inaugurated by Smt. Pramila Mallick, Hon'ble Minister of Women and Child Development Department on the eve of Republic Day, the empowerment campaign was launched on 26th January 2009. The Ratha moved within blocks from 27th January till 13th February. Throughout the campaign one Ratha was accompanied by the Deputy Mass Education and Information Officer (Dy. MEIO) and the other by ASHA Coordinator at district level and by the BPO and BEE at the block level.

At every village the Ratha was present for 30-45 minutes where a brief meeting was held and pamphlets distributed. People asked many questions about GKS. In 18 days, both the Rathas had completed their movement in the 11 blocks. From 14-25 February, block level functionaries got busy organising activities such as formation of GKS where it was not formed, village level meetings for formation of GKS and bank account opening (to motivate GKS members especially Ward members to visit bank and sign the form for opening bank account), liaisoning with bankers and conducting orientation meetings for sensitisation of GKS members on their roles and responsibilities and activities to be undertaken through GKS.

District level functionaries monitored all activities at the block level post Ratha movement. ASHA coordinator and Deputy Mass Education and Information Officer (Dy. MEIO) were part of the monitoring team. During the two-week period, they visited each block once for a day and monitored the activities and received updates from other blocks through e mails and telephone.

3.2.2 Success Stories

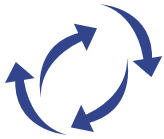


Rs 100

Rs 100



- *Increase in opening bank accounts:* In the pre-campaign phase GKS members faced problems opening accounts due to insufficient manpower in banks and shortage of pass books and forms for opening accounts. Since these were resolved during the campaign the stepped up demand from members could be handled. Senior district level functionaries such as District Programme Manager (DPM) and Deputy MEIO's being in touch with lead banks ensured there were no glitches.
- *Involvement of PRI members:* Since PRI members were not given any travel allowance or benefit in the pre campaign phase they were reluctant to cooperate. Post campaign, demand and pressure from the community for utilising available funds in GKS on health and sanitation issues forced Ward members to go and sign the forms.
- *Copy effect:* The success of the Swasthya Ratha motivated district authorities to envisage and plan similar advocacy campaigns at the district level.
- *Interconnectivity:* Interconnectivity and coordination between blocks led to smoother movement, ensuring the Ratha covered the entire district on schedule.
- *TB treatment:* Increase in identification of TB patients and Sputum collection through ASHA



became possible because of greater awareness at the community level through GKS.

- *Translation:* Translating content into local dialects led to greater understanding and retention of information.
- *Committed Team:* Heavy rains during the campaign period led to blocking

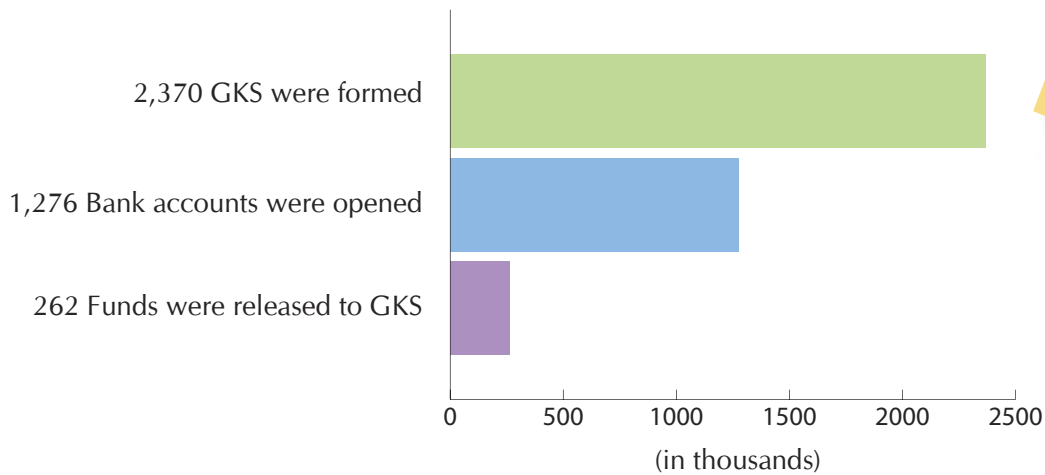
of roads making it difficult for the Swasthya Ratha to reach some of the villages. In certain areas where it could not go, nodal persons walked their way to the village. In another instance, due to heavy rains, while moving in Kashipur block, the back portion of the Swasthya Ratha carrying the poster on GKS framed in and the iron broke down. The DPM and other district level functionaries went and got the vehicle and poster repaired overnight so that the Ratha movement continued uninterrupted.



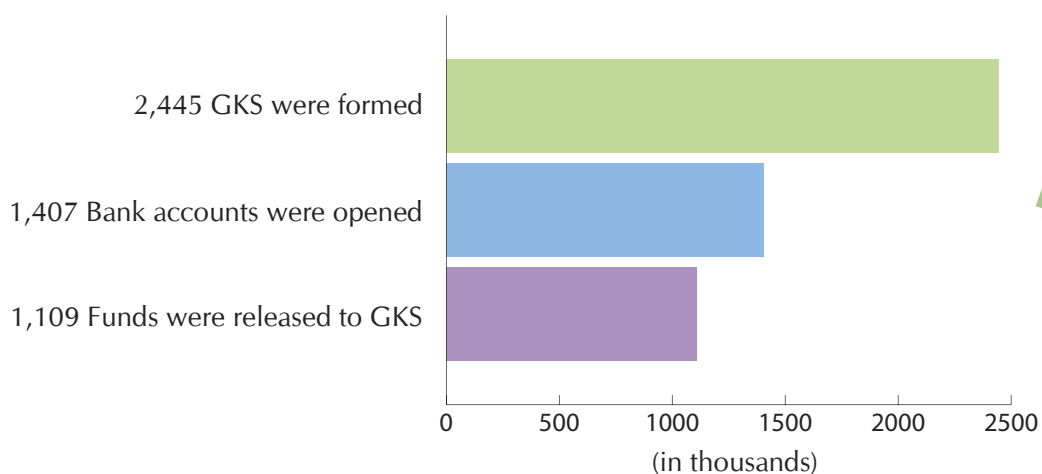
3.2.3 Results

Performance of 2,467 habitat revenue villages

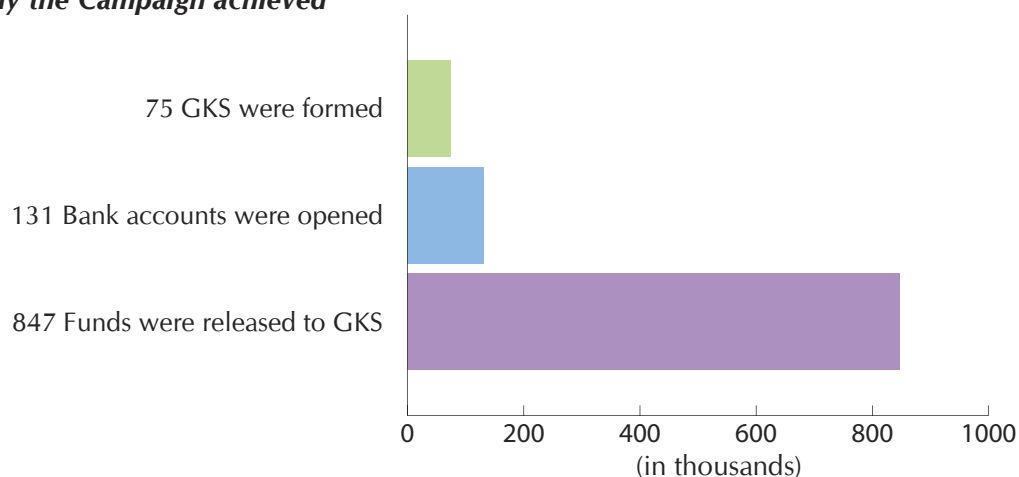
Pre Campaign Status (as on 26th January'09)



Pre Campaign Status (as on 6th June'09)



Effectively the Campaign achieved



The numbers speak for themselves. It is clear that the challenge of opening bank accounts was quite pronounced in Rayagada district. The communication campaign made people sit up and take note but for results to be significant, follow-up and close monitoring would be important as also thinking on the lines of having mini district-wise campaigns that address specific issues in the months to come. Programmatically, it raised the awareness level of GKS members to come forward and receive the funds to start planning for their villages.

3.2.4 A seamless convergence

How convergence worked in mounting the Swasthya Ratha

Top down approach: Letters issued from Secretaries from concerned Departments and Director NRHM to different departments, ensuring that the campaign had support from the highest level; District Collector's presence at the preparatory meeting and during the Ratha's launch sent out a clear message that everyone had to do their best, for it was not the state's campaign but their own.

District level: RTO allotted two vehicles as Swasthya Rathas. Issuance of letter from DSWO to all ICDS functionaries, Special meeting by Collector involving all BDOs

Block level: Block chairperson hoisted the flag and launched the Ratha's movement

Village level: Ward members in all villages welcomed the Ratha, broke a coconut and garlanded it

Media: A meeting was held in the Gram Sabha where all issues were discussed; two media workshops were held with media persons giving wide publicity.

Villagers: Awareness resulted in demand generation with villagers asking GKS members to spend money on waste management and cleanliness in the village and on transporting patients to hospitals. This resulted in a new norm being established: ASHA taking Rs 250 as loan from GKS fund for referral transport and repaying it to GKS after the incentive money was received from the hospital.

Continuous monitoring: DPM at district level and BPO at block level remained active all through

3.2.5 Beating the budget blues

The budget for Swasthya Ratha was lower in Rayagada district as compared to other districts and since the charges for decorating the Ratha was higher here, recycling of materials that had been used in the Republic Day tableau came handy.

Cost of hiring vehicles was higher being a hilly terrain and to overcome this, the Road Transport Office (RTO) was approached to provide a vehicle for the Swasthya Ratha at the allotted cost. The result was that a Mahindra Van and TATA pick up van were improvised as Swasthya Ratha.

3.2.6 Way Forward

The successful run of the campaign meant more work for the district because now the community had been sensitised and certain things had been actioned.

Orientation: With GKS formation and opening of bank accounts to a large extent accomplished, Rayagada's immediate focus was to encourage and orient GKS members on preparing village level health plans for a better and healthier life.

Training and Capacity building of GKS members: The district level functionaries of the health department (DPM, ASHA coordinator and Dy. MEIO) were of the view that GKS members of all villages should go through a planned capacity building workshop. This would help them deal with the pressure from the community, handle their questions and lead them to services. This would also facilitate the health functionaries.

Preparation of Swasthya Kantha had to be completed in the remaining villages.

3.3 Quick response leads to encouraging results: MAYURBHANJ

Out of the 30 districts in Orissa, Mayurbhanj is one of the largest and most thickly populated tribal districts with 60 percent tribal population and 7 percent scheduled caste. Covered by forests and hilly terrain makes it difficult to disseminate information and tell people about health facilities and services. IEC/BCC campaigns therefore have to be done differently, keeping these challenges in mind.

General health problems in the district have traditionally been malaria, TB, leprosy and high infant and maternal mortality rates with malnourished children, diarrhea and skin diseases due to living in unhygienic conditions. The prevalence of RTI/STI/HIV/ AIDS has been steadily going up and the condition is sensitive with very low levels of awareness and literacy in the region.

3.3.1 Preparatory activities

I was told that the campaign was one of the most cost effective with most districts and blocks managing to complete the activities within the financial budgets that they had been allotted and where they felt they could not do so, they enlisted support from other departments and went in for innovative options.



"If the mode of dissemination is campaign, it becomes easy to rope in district level functionaries from other line Departments as they receive directions from their respective Secretaries from the state".

*- ASHA Coordinator,
Rayagada*



The only change that was made was to shift the major events at the district level from DHH to Krushnachandrapur PHC since the Code of Conduct for the Municipality Elections were being held here.

An estimate for expenditure finalised for the district and block level is presented below:

District level

Sl.No	Activity	Budget	Remarks
1	ZSS Meeting	1000	Meeting, lunch and materials cost
2	District level Advocacy event and Press Conference	20,000	Launch of the Campaign
3	Hoarding @ Rs 2000 per pc	2000	According to prototype
4	District level media advocacy	20,000	Involving district and block level officials
	Total	43,000	

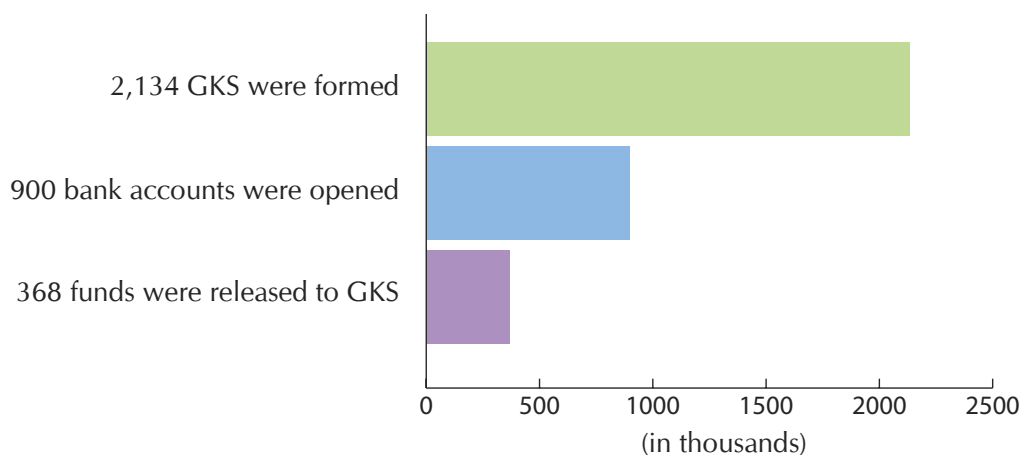
Block level

Sl.No	Activity	Budget	Remarks
1	Block level stakeholders WS	26000	Guideline and sensitisation kits to be provided by NRHM – to be met out of block level ARC fund
2	Mass meeting at the block level for launching the campaign, ceremonial function for already formed GKS @ Rs.5000 per block	1,30,000	Plan to be made by the block
3	Information kiosk @ Rs 2000 per block	52,000	To be set up during the campaign period
4	Ceremonial function for sensitisation of newly formed GKS and handing over the cheque @Rs 3000 per block	78,000	To be met out of block level ARC fund
	Total	3,61, 000	

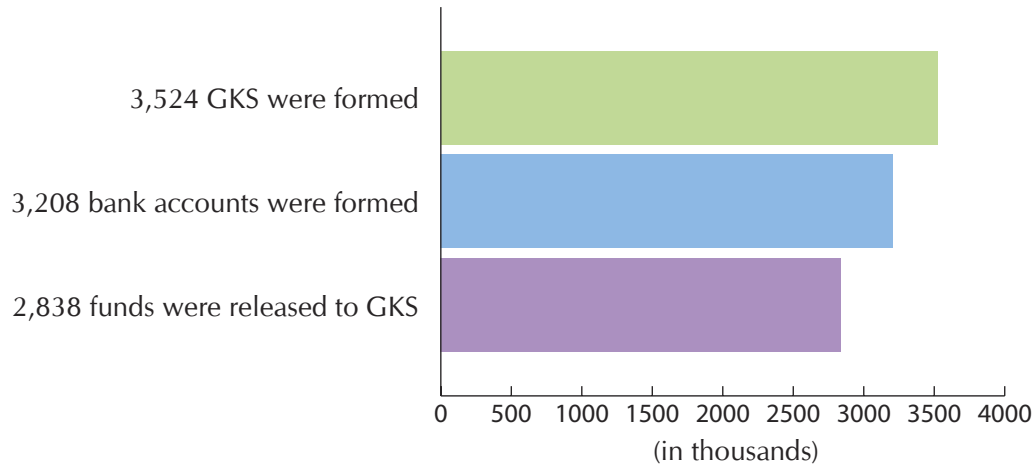
3.3.2 Results

Performance of 3,748 habitat revenue villages

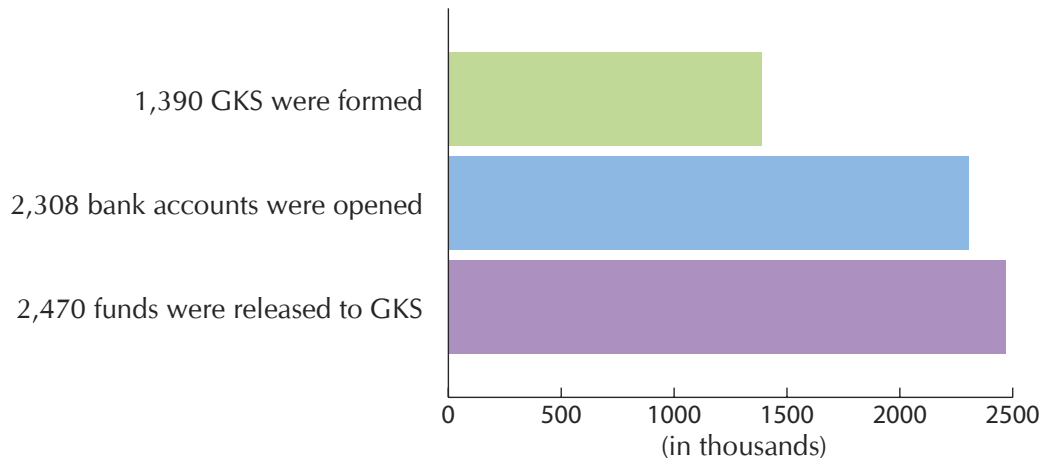
Pre Campaign Status As on 26th January'09)



Post Campaign Status (As on 6th June'09)



Effectively, the Campaign achieved



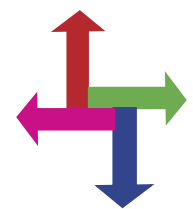
In Mayurbhanj, there was a dramatic jump in all three indicators of performance. The fact that the campaign had reached the hard to reach areas was one reason. Also, what was by now becoming clear to health officials was that a big campaign like the GKS needed to be kept alive for a few years with continuous reinforcement through different media.

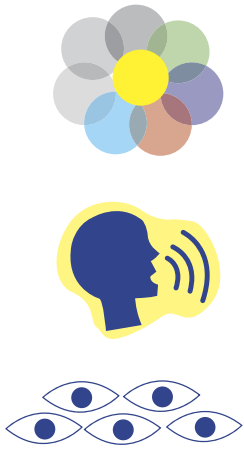
3.3.3 Evidence of a winning performance: Select Achievements

The impact of the Swasthya Ratha and the interactions which the villagers had with the ASHAs, Health Worker (Female) and health functionaries helped them find answers to their questions and to grasp what and how they stood to gain by the GKS. This led to their being more proactive as they began to take the initiative to plan things for the village on their own as also participate more actively in the government programmes.

Key Highlights

- *Expand scope of GKS:* The GKSs are planning to undertake more programmes.
- *Optimum use of existing health network:* 3000 ASHAs and 3000 Health Worker (Female) work in the area. The decision to train them and motivate them to be active during the period of the campaign yielded good results. It prepared the communities and made them feel comfortable since they already trusted them and allowed gentle handholding all through. ASHAs and Health Worker (Female) too placed on record that they had gained a lot in terms of knowledge, experience and goodwill.





- *Involvement in other programmes:* GKS is now involved in IRS activity of malaria, in Galachatra, in mobilising crowds for special days.
- *Finding a voice:* The campaign gave the villager the confidence to step forward and ask questions, clarify doubts, present his village's problems and enquire as to what happened to his request/ complaint. In some villages, people got together and wrote a letter asking for relief on various counts (mostly health related). They got it signed by the Sarpanch and delivered it by hand to the CDMO. Most importantly, it gave them hope and reassurance that their government cared for them.
- *Increased community monitoring:* For health officials, the community's involvement was seen as a positive sign since they could now get direct feedback on how their programmes were received at the village, block and district level and identify gaps, becoming a kind of informal monitoring and feedback mechanism.

3.3.4 Way Forward

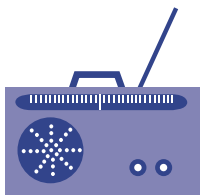
A decision was taken to incorporate the village health plan into the district health plan. This was a big move because now the village concerns would get a larger audience amongst those who make policies, release funds and set up committees.

Mid-way through the campaign it became clear that more such campaigns would have to be organised on occasions such as Mamata Divas, Pustikar Diwas and DOTs.

Capacity building of GKS through NGOs was a pre requisite if the campaign had to be successful in the post campaign phase.

Mapping out inaccessible areas of the district with the support of GKS and to make available mobile health care facilities to these zones emerged as a strong lesson from the campaign. Also seeing the impact that the ASHAs and Health Worker (Female) had it was decided to similarly train the 15,000 SHGs in the district.

3.3.5 Community Radio: Innovative tool to reach the unreached



The Community Radio is a radio service that broadcasts material to a local audience and is conceived, developed and managed by the community itself. Using this strategy in Mayurbhanj was particularly relevant since the district was plagued by connectivity issues. The communication campaign howsoever attractive and appealing would not have been able to travel into the entire interior belt of the district. An alternative had to be found which became possible once the idea of using the existing Community Radio Network through an NGO was finalised and programmes were mounted during the campaign.

3.3.6 Post Campaign Developments

Post campaign on March 7 2009, the CDMO issued a letter to the DSWO for sensitising ICDS personnel on GKS saying that since AWW is an important member of GKS, it is important she is sensitised with other staff of ICDS.

He said that DPM would participate in ICDS's monthly review meeting to sensitise CDPO and ICDS supervisor on GKS who in turn will orient AWW. On March 16th, MOIC of all centres were asked by CDMO to participate in the monthly review meeting of ICDS or send BPO to attend so that they could sensitise AWWs and ICDS supervisors on GKS.

On 16th April, CDMO directed MoICs to instruct field officers to prepare each GKS-wise action plan annually to incur the same amount and report to CDMO. This instruction was as per the Project Implementation Plan (PIP), where GKS-wise action plan was to be prepared and incurred funds from beginning of current financial year.

As follow up of Campaign, CDMO directed MOICs of all the centres to attend or sent BPOs to participate in the review meetings of ICDS and sensitise AWWs and ICDS Supervisors on GKS.

Bird's eye view of achievements at the District level

Better planning reaped in best results

Planning at the district level across the districts was perfect and on time implementation resulted in an increase in overall reach of the key message of the campaign i.e., "Sustha Gaon, Sustha Panchayat, Sustha Orissa" and recording highest numbers in opening bank accounts and funds transfer.

Fruits of Convergence

Good convergence at the district level with various Departments such as DWCD, Department of PR, Department of RD, Roads and Transport and civil society organisations bore fruit with regard to informing and ensuring villagers' presence during Ratha's arrival, formation of GKS, opening of bank account and fund transfer.

Increased demand from front line workers

Informed villagers started putting pressure on GKS members to start taking up activities under GKS and utilise the funds available for village sanitation, hygiene awareness etc. This in turn resulted in GKS members demanding orientation and training for proper fund management.



Series of steps taken during the Campaign at the district level

Sl.No	Steps taken
1.	<ul style="list-style-type: none"> District was oriented through Gramsat by the State Team in terms of modalities and launch of the campaign
2.	<ul style="list-style-type: none"> Mission directorate had internal discussion with DPMU and CDMO to involve stakeholders and initiate the process of implementation.
3.	<ul style="list-style-type: none"> Media coverage was planned to ensure that people knew what was happening and the rationale behind it.
4.	<ul style="list-style-type: none"> Information kiosks were set up.
5.	<ul style="list-style-type: none"> Collector called a meeting to share details of the campaign and formed the DLCC; DPM was made coordinator.
6.	<ul style="list-style-type: none"> Guidelines were disseminated and orientation provided to district and block level officials. Block level budget details and timelines were shared with Block Medical Officer, I/C of PHC, CHC, UGPHC.
7.	<ul style="list-style-type: none"> Prospective vendors were invited to respond to the call for hiring of vehicles.
8.	<ul style="list-style-type: none"> BPO and BEE prepare the details and the movement plan of the Swasthya Ratha.
9.	<ul style="list-style-type: none"> Executive committee meeting was announced. Media plan was discussed. Task force committees were set up. Final routing of Ratha was shared.
10.	<ul style="list-style-type: none"> Letter was sent to all BDOs to be ready to launch the campaign and receive the Ratha.
11.	<ul style="list-style-type: none"> Ratha was prepared to be flagged off, decorated with appropriate motifs, equipped with IEC materials and readied for a display in the 26th January Tableau.
12.	<ul style="list-style-type: none"> Minister talked of the campaign at the Republic Day Parade. Flagged off Swasthya Rathas.
13.	<ul style="list-style-type: none"> All the Medical Officers at Block, PHC, CHC, UGPHC level were given guideline for the Village Health Plan Preparation and Operationalisation of GKS with expenditure activity details.

4.1 From where it all began: State Capital

I am on my way to Bhubaneswar and am feeling a sense of déjà vu. The trip is nearing its end, though I am seriously considering returning soon to take up a more detailed research project. I would like to study the impact of Convergence – the way it has happened during the GKS Communication Campaign. To see if the inter and intra Departmental convergence created any benefits, to measure that and to see how it could be replicated in other spheres of public life/ community living.

Learning for me has been immense. The good fortune of being in the throes of a mega State Government campaign allowed me to witness it as a participant (when I became a resident of the village) and an interviewer (when I donned the mantle of being a journalist). This gave me insights into both sides of the situation. And I am glad that I carry with me extremely positive images. Of course there is poverty, illiteracy, unemployment and ill-health but there is also hope, for change is coming, slowly and surely.

Tight budget and paucity of time notwithstanding the Campaign achieved high impact, goodwill and success. Most of the plan was translated the way it was envisioned and the purpose for which it was launched – to create awareness about GKS in areas where information on it had not reached. However, its real success was in the way different Departments worked to create convergence. For a country like India new and novel ways of battling poverty and utilising existing resources efficiently is the way to ensure sustainable development and Orissa in that sense, has shown the way.

While making my rounds in the offices at the State Headquarters, collecting data and clarifying doubts, I got to spend a few days with some of the officials who were directly involved with the Campaign. They helped me put together the pieces of the GKS story. Based on snatches of conversation, reports and scanning hundreds of media stories, I gathered the following information which I am sharing in the paragraphs below.

4.1.1 People who made plans and stuck to them

Key officials at various levels held the reins in their hands, almost like playing a perfect game of relay race – passing their baton to the next in line, smoothly and efficiently. Right at the top were the Secretaries of Department of Health and Family Welfare (DoH&FW); Department of Women and Child Development, (DWCD); Department of Panchayati Raj (DPR), Deptt. of Rural Development (RD), Mission Director, NRHM, Directorates of Health and Family Welfare, State Facilitator, Community Participation, NRHM, ASHA Training Coordinator and IEC Consultants of NRHM. Input was given by Dr. Manoj Kar, Advisor, Public Health (Community Participation), NHSRC, New Delhi



At the State level the **Executive Committee of OSH&FW under the chairmanship of Chief Secretary approved the campaign.** A core committee was formed including a working and a coordination committee which took all the key decisions. The Core Committee Chairperson was the Commissioner cum Secretary (DoH&FW) and the Convener was the Mission Director, NRHM and members were representatives from other Departments, NRHM, other Directorates, TMST, development partners and various state level partner agencies.

At the district level, the committee was headed by the District Collector and CDMO as Convenor along with other district level officials like DSWO, Ex.Engineer,RWSS, Sub-Collector, PD, DRDA, Dist. Panchayat Officer, DIPRO. The working committee under CDMO included District Programme Manager (DPM), ASHA Coordinator, Deputy Mass Education and Information Officer (Dy. MEIO) at the District level.

At the Block level, the committee was headed by Medical Officer-in-charge with members as CDPO, JE-RWSS , BPO, BADA, BEE and representatives from other departments. The BDO was the invited member on the committee.

4.1.2 Partnerships and Collaborations

The first interaction was held with the State Facilitator, Community Participation (NHSRC) and Team Leader, Community Process Resource Centre (CPRC). The CPRC operates within the Mission Directorate, NRHM and provides facilitation support for the effective implementation of community processes under NRHM in the state of Orissa. The ASHA Training Coordinator, NRHM helped me understand NRHM's key partners in envisaging the campaign. They also had shown me minutes of key meetings held for planning the campaign. A quick glance through the minutes made me realise that SIHFW, the Technical and Management Support Team (TMST) of DFID, UNICEF and UNFPA had supported NRHM in actioning the campaign and converting what was a blueprint into a viable reality.

Each of the campaign partners had a well defined role with a clear set of deliverables and time lines. Furthermore, each took his/ her responsibility seriously whether it was in the brainstorming meetings or in fleshing out their roles or in delivering what they had committed.

SIHFW: Technical partners in developing IEC materials as being the nodal centre of IEC/BCC for DoH&FW.

TMST: Providing overall support in designing, implementing and monitoring the campaign as a mandate of NRHM through OHSP support.

UNICEF: Providing technical expertise in management and monitoring the campaign.

UNFPA: Lessons learnt from the pilot project in identifying the gaps and monitoring of the campaign.



Excerpts from a meeting with Mr Devjit Mittra, Communication Specialist, TMST supported by DFID

Q. TMST played a crucial role in making the campaign a success - from conception to implementing and monitoring results. Could you elaborate?

A: TMST is supported by the Department for International Development (DFID) for providing technical and management assistance to Orissa Health Sector Plan which is an overarching plan giving support to the entire health sector. The scope of work across the seven OHSP Strategies is large, and each strategy is further planned through a set of activities and milestones. The fifth strategy focuses on decentralisation of Programme implementation and monitoring at district level, is linked to the objective of NRHM of empowering the village to handle the health and sanitation issues i.e., through Gaon Kalyan Samiti (VHSC).

Conception: In terms of conceiving the idea at TMST, the background status of the programme was studied by NRHM and TMST with several rounds of consultation with MD, NRHM, State Facilitator, Community Participation and programme experts. The gap was further analysed and gaps identified:

- Make it a priority agenda at the district level with deadlines.
- Involve highest level of officials at the State and district level.
- Bring in visibility.

The idea of having a Campaign appealed, since it addressed these challenges. The idea was conceived as an information and publicity campaign which was further revised in linking it to the programmatic objective of empowerment.

Preparatory activities: The concept plan clearly identified the preparatory phase and set of activities to be done for the launch of the campaign. The preparatory guideline provided support to the task force and committees to follow the process towards launch. The most interesting component of the preparatory phase was the dissemination of the action plan through Gramsat in two phases (orientation and follow-up) from the state level to district and blocks, which saved the transmission loss on technical advice/guidance and also the sense of urgency, got created among the implementers at all levels.

Monitoring: Committees were set up at all levels to monitor activities in a prescribed monitoring format. The State assigned nodal officers for each district to monitor the campaign and its progress. Clear instructions were provided from the highest level ascertaining their involvement in the campaign.

Q. Being a core part of the Campaign team, what according to you were the big challenges in execution?

A: The biggest challenge was to roll-out the campaign within the stipulated time. Also:

- Matching the programme objective with the communication objective.
- Giving proper orientation to all implementing managers.
- Setting out clear guidelines and instructions.
- Creating a sense of urgency at all levels.
- Timely completion and provision of State support like IEC materials and other logistics.
- Conduct concurrent monitoring in sync with the deadlines.

Orissa Health Sector Plan which is an overarching plan giving support to the entire health sector. The scope of work across the seven OHSP Strategies is large, and each strategy is further planned through a set of activities and milestones.



Q. Across districts there is a demand from GKS members and district teams for providing training to GKS members. How do you plan to respond to that?

A: We have developed a training module that that will take participants through a detailed training schedule involving an orientation to GKS; developing sensitivity; managing health and planning; building financial literacy; creating effectiveness in training; and assessing behavioural changes and communication skills. This would be done through IPC tools, ICT tools, posters, leaflets and other innovative training methods. To help the trainers carry out effective sessions we would develop flipcharts, handbooks, an activity calendar, posters, audio-visual modules and a core team of mentors and facilitators. The roll-out plan of this exercise will be finalised in a few weeks.

As I left his office to meet the key team members in NRHM, I thought to myself that this was another form of convergence – where external agencies, donors, funding organisations and NGOs worked collaboratively with the government towards a common goal. In this case, TMST had provided just the right support to the government. They had helped translate some of the latter’s vision by drawing up a blueprint which was implemented through the State government’s network of offices percolating from the State down to the grassroots level.

Excerpts from an interview with Mr. Susanta Nayak, State Facilitator, Community Participation who has facilitated the entire campaign

Q: How did the GKS campaign unfold and what were the specific activities on the planning side?

Sequence of activities in finalising the GKS Campaign:

- NRHM identifies the gap in the VHSC (GKS) programme.
- Consultations held during OHSP review on the identified gap and set as an immediate priority for the department to address the gap.
- OHSP sets it as a milestone to achieve desired results for the programme.
- TMST support ascertained to provide technical support.
- Communication Specialist of TMST developed a concept note and made a presentation to Commissioner cum Secretary, DoH&FW and MD,NRHM during OHSP review.



State level press clipping



- Decision on taking campaign mode for VHSC formulation finalised and funds earmarked from OHSP.
- Action plan jointly prepared by NRHM and TMST and final presentation made to Commissioner cum Secretary and team.
- Preparatory activities approved and actioned by setting up task force and other committees.

Q: Apart from planning and assigning tasks for the district and village/block officers and mapping out how the campaign would progress from village to village, what were the other preparatory activities that were undertaken at the State level?

A: More than being a mammoth exercise, I think it was one which was very well planned and even better executed. The right kind of people and agencies were involved who understood our brief and delivered within the frameworks we had in mind. It was ultimately the coming together of people who shared a similar vision and were on the same wavelength. Some of the things that contributed were the micro planning tasks and the ‘correct’ way of enlisting support and help from government departments:

- **Formation of core committee groups (Task Force):** The preparatory meeting for the GKS Campaign was held on 20th December under the Chairmanship of Smt. Anu Garg. I.A.S Commissioner-cum-Secretary, H&FW Department and was attended by representatives from DoH&FW, DWCD, DRD, DPR, UNICEF, UNFPA and TMST. Here, it was finalised that the district level committee under the Chairpersonship of District Collector would plan, design and implement the campaign. The other modalities of the campaign like IEC materials and campaign strategy were also decided in the meeting.



- **Letters to Collectors with copy to CDMOs and RDC:** Letters were issued by Commissioner-cum-Health Secretary to all District Collectors on 5th January with copies marked to CDMOs and RDCs outlining the need for a state-wide campaign and requesting that targets be achieved within the timeframe (March 09).



- **Letters to CDMOs and DSWOs:** On 5th January, MD issued letters to all CDMOs informing that Gramsat would be held on 9th January on “GKS Empowerment Preparedness and that all stakeholders from departments like DSWO, DIPRO, EE RWSS and Project Coordinator should attend to apprise themselves of funding details and budgetary allocations.

- **Letters to DHS, DFW, Director SIHFW, CDMOs and DPMU:** Letters were issued to DHS, DFW and SIHFW by Mission Director on 22nd January where a monitoring checklist was shared and DHS, DFW and Director SIHFW were requested to depute officials for field visit for monitoring of the Campaign.



- **Letters to Commissioner-cum-secretary of RD, DWCD and PRD:** Letters were issued by Commissioner-cum-Secretary Health and Family Welfare to the departments on 29th January briefing them on the Campaign and its objectives. Partner departments like DWCD, PR and RD were requested to help make the campaign a grand success and district officials



of respective departments were requested to be involved in different activities of the campaign.

- *CM requested to launch the Campaign:* In the meeting held on 20th December it was decided to request the Chief Minister to launch the Campaign. It was also decided to involve several Members of Parliament and bureaucrats in the State level Advocacy campaign.
- *Constitution of task force:* The decision to partner with developmental agencies and Civil Society was taken. They would be coordinated by a state task force. The date of launching of the Campaign in state, district and block level was finalised.
- *Dialogue with State Level Bankers Committee:* This meeting was organised on 15th January with the lead banks to understand bottlenecks in opening bank accounts at the block level.



Many of them are able to do things that they never thought they would be able to in the past. They feel more in control of their lives and this to our mind is a healthy sign of empowerment.



Q: Why was the campaign called an Empowerment Campaign?

A: The focus was not limited to disseminating information on GKS, it went beyond that. Its objective was to sensitise GKS members and facilitators on the importance of the Samiti; strengthening multi-sectoral involvement; and providing hand holding support to members on the opening of an account and providing orientation on utilisation of the fund. Once this infrastructure was created and people were trained and their capacities built, we wanted to see a change in people's lives. From some of the early feedback, their aspirational goals are being met. Many of them are able to do things that they never thought they would be able to in the past. They feel more in control of their lives and this to our mind is a healthy sign of empowerment.

4.1.3 Creating the Convergence template

Simple Model of Convergence Add all the partners and stakeholders here

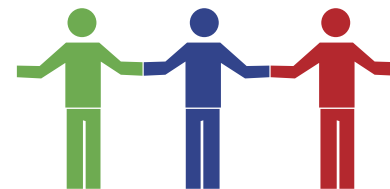
State level: Secretaries of Women and Child Development Department (W&CD), Panchayati Raj (PR Department), Rural Development (RD) issued letters to their respective district level functionaries to actively participate and provide support to the Campaign. Also letters were issued to Directorates of field publicity, Information and Public Relations, AIR, Doordarshan and Media houses.

District Level: District Collector, District Social Welfare Officer (DSWO) – DWCD, Executive Engineer (EE), Rural Water and Sanitation Mission (RWSS) – RD and – PR Department wrote letters and directed their block level officials to support the campaign activities. Media houses, civil society were also involved.

Block Level: Child Development Programme Officer (CDPO) – DWCD, Junior Engineer (JE), RWSS and Block Development Officer (BDO) instructed their front line workers to actively participate in the facilitation and formation of GKS and other related activities of the campaign.

Village Level: Anganwadi Worker (AWW), Ward Member, SHG Members and Civil Society Organisations (CSO) actively participated in the village level activities and informed villagers in their respective villages about Swasthya Ratha's arrival. This ensured that the villagers participated during the Ratha's movement in the village. They were told to form GKS if not already formed and get oriented about GKS and its activities.

4.1.4 Roles and Responsibilities of the State



Q: What were the main tasks that were handled by the state?

A: All tasks related to planning, conceptualising, managing, developing, distributing, informing and monitoring of the campaign and its components were done by the state while the implementation was carried out by the respective villages/ gram panchayats/ blocks/ districts.

- Conducting state level activities.
- Understanding bottlenecks in the formation of GKS, opening of bank accounts and sensitisation of GKS members on the activities of GKS and fund availability and management.
- Conceptualisation of the campaign.
- Planning of the campaign in terms of setting timeline for each of activity, allocating budgetary provisions for each activity and supporting activity such as travel allowance for the nodal persons who are responsible for facilitating GKS formation and opening of bank accounts at block level – this is the key contribution which held together the timely deliverables and reaching the target across the state on time.
- Developing guidelines for implementation of activities at district and block level and of IEC material such as Swasthya Ratha, Swasthya Kantha and Swasthya Barta and to ensure standardisation of messages.
- Distribution of IEC material such as posters, pamphlets and audio/visual spots to all the districts helped in executing of the campaign at district level in spite of tight deadline.
- Informing the district level officials of all the departments through Gramsat about the activities to be carried out by each one of them. Also clarifying doubts of the district level officials and helping optimise the time in execution.
- Monitoring the activities at the district level by visiting the districts, through e mail and telephone getting updates on the progress made etc. – All this was done by ASHA training coordinator at the State level and put up for action by State Facilitator, Community Participation and MD, NRHM.

4.1.5 Development of Guidelines and IEC materials

Having seen the IEC materials myself and the way in which they were received at most places I knew that the communication strategy was cost effective and impactful. Developing the set of materials that included print, audio, audio/ visual and music formats was innovative, steeped in a relevant cultural and social ethos and were used for the right activity at the right time amongst the right audience.

Mr. Susant also introduced me to the IEC Team that supported the campaign extensively. The team included Rudra Pradhan, Rudra Ratha and Basudev Malbisoi of NRHM and staff of SIHFW involved as task force members in finalising all IEC materials.

- *Guidelines:* Developing guidelines, structures and formats is the tough part since a lot of ideation and pre-testing goes into it to ensure that the target audience is sufficiently impacted and the messages are read, absorbed and retained. Having brainstorming meetings with some of the partners who had prior experience helped and the cumulative effort resulted in clear guidelines being developed and disseminated at the village, block, district and state



level. Just to give you a sense of the kind of time frames that the NRHM and core team was working under: they developed and produced everything from 30.12.2008 to 20.1.2009.

- *Instructions from the top:* Since guidelines were developed by NRHM officials the process of developing them was quick and so was its dissemination, time was not lost in delays and approvals.
- *Sub-Committees:* Four sub-committees were constituted with each committee assigned specific tasks like – prototype development and production, audio-visual resource material and production, event management, accommodation and logistics.
- *Culturally sensitive:* Care was taken to be socially and culturally relevant and to not offend religious or other sensibilities. In areas where illiteracy was high, the use of visuals was high in the printed IEC material. Photographs, names of characters and language was localised so that the reader-user could identify easily to what was being said.
- *Reiteration of messages:* Key messages were woven into the body of the song, story, audio recording but they were also re-emphasised several times to make sure that it registered.
- *Swasthya Kantha:* At a Behaviour Change Workshop (BCC) held in December 2008, the Health Secretary suggested the concept of Swasthya Kantha which was liked by everyone. It was decided to develop and maintain it by GKS members as a tool for disseminating tips on health education to village folk and also a notice board. Since it was to be developed on a large scale a special campaign could make it happen.
- *Swasthya Ratha:* Seeking an effective way of reaching out to the entire State in a month-long campaign through a central activity that held people's attention through its novelty factor led to the birth of the Swasthya Ratha. Once the concept was approved on paper, it was not tough to get a prototype in place. It was decided to have one Swasthya Ratha for five blocks in a district. The decision of finalising a route plan within the district and blocks was left to district level functionaries.
- *Branding and logo:* Theme of the campaign was designed with a thematic logo and used on all the IEC and publicity material.
- *By-line of the Campaign:* "Sustha Gaon, Sustha Panchayat, Sustha Orissa".
- *Audio and audio visuals:* A plethora of materials were developed in this category:
 - 4 songs and 5 spots produced to be aired on All India Radio in 3 languages that included local Sambalpuri and Desia dialects.
 - Audio visual resource material on GKS was produced for the campaign and on generic themes (for use later) and telecast on Doordarshan and other regional television channels (ETV and OTV).
 - 2 spots produced on generic themes for 30 and 15 second duration and 2 spots on the campaign theme of 30 and 15 second duration.
 - An audio cassette of 60 minutes duration produced to be played during the movement of the Ratha.
- *Printed IEC material:* This included brochure, handbills, pamphlets, banners and posters.
- *Hoardings:* 2 hoardings measuring 20 ft X 10 ft and 10 ft X 10 ft containing the same message, each with a sketch of a meeting held in an open space in a village with the logo of the campaign. The message was "Have you formed Gaon Kalyan Samiti in your village? For more information, contact ASHA or AWW. The hoarding carried logos of NRHM, Government of Orissa and the logo developed for the Campaign. It also had the slogan



IEC material



Brochure



Leaflet



Poster



Swasthya Kantha

“Healthy village, healthy Panchayat, healthy Orissa (Sustha gaon, Sustha Panchayat, Sustha Orissa); press advertisements and radio.

4.1.6 Savouring the songs and joining in the singing

Simple lyrics, catchy music and meaningful messages was a heady combination. It drew the crowds like honey bees to the venue of the meeting when the Swasthya Ratha came visiting. It also proved as an ice breaker in one to one meetings between the health workers and the communities and the entire branding exercise helped to register the campaign as a large-scale event that the government had organised for the better health and future of its people.

4.1.7 Monitoring formats: Easy to fill and containing vital information

A basic template was created for the monitoring formats. The idea was to let them serve the purpose of a checklist which was easy to fill, could be done in a timely manner, not be time consuming and at a glance give the whole picture. This was to be developed and shared by the State team. District teams were asked to report to the State within this format on a weekly basis.



Monitoring checklist

Activity	Scheduled date as per guideline	Status / Date on which activity held
District level preparatory meeting (one)	10-15, Jan	
Block level preparatory meeting (one in each block) (Block wise date of meeting)	13-18, Jan	
District action plan for movement of Swasthya Ratha prepared (Copy of the plan)	Before 25 th Jan	
Declaration of campaign on 26 th January	26 th Jan	
District level launching ceremony, press meet	27 th Jan	
Block level launching of the campaign (mention block wise date)	28-30, Jan	
Action plan prepared for the movement of Swasthya Ratha at the block level (copy of the plan)	Before 25 th Jan	
Status of GKS ascertained for the block	In block preparatory meeting	
Block action plan prepared for GKS formation	In block preparatory meeting	
Information kiosk at the block	During campaign period	
Arrangement for facilitating Swasthya Kantha and wall writing of health messages	In block preparatory meeting	
Movement of Swasthya Ratha in the field.	During campaign period	

“Focus was to capture how the campaign had been conceptualised and meticulously planned from State to village level. All guidelines had been followed and IEC materials developed with due standardisation”

*- S.K.Lohani IAS,
Ex-Mission Director,
NRHM*

The formats that look so robust were a contribution from the State M&E Cell of NRHM and members of the task force that included Pran Gopal Das, Prannay Mohapatra, Prashant Acharya and Biswajit Modak of NRHM.

The task force was also assigned to undertake field monitoring of the campaign. A help desk at the state level was set-up under the task force manned by ASHA Training Co-ordinator.

4.1.8 Strategic Decisions

According to Mr Lohani, Ex-Mission Director, NRHM, there were some strategic decisions that were taken which in hindsight contributed immensely to the success of the campaign.

- Introducing new things like Swasthya Ratha, Swasthya Kantha, and GKS Register (a handy ready reckoner that records all meeting proceedings, utilisation certificate, cash book and quality progress report).
- Selecting Republic Day, 26th January as launch date.
- The decision to distribute cheques to the already existing GKS members in a mass meeting during the start of the campaign helped get members motivated. Seeing GKS members receiving cheques in a mass gathering, frontline workers (AWW, ASHA, Ward member and SEM) from other villages where the GKS was not formed get motivated to form GKS.



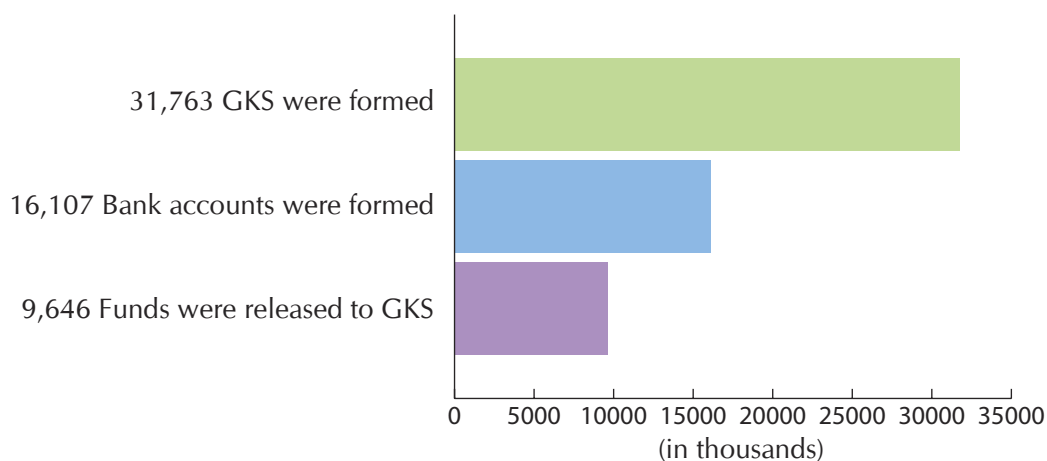
- To get the nodal person who initiated the process of formation of GKS to also facilitate opening of the bank account. This idea was taken from the ASHA guideline and proved to be a good move that saved time and inconvenience.

4.1.9 Results (For District wise results, please refer Annexure)

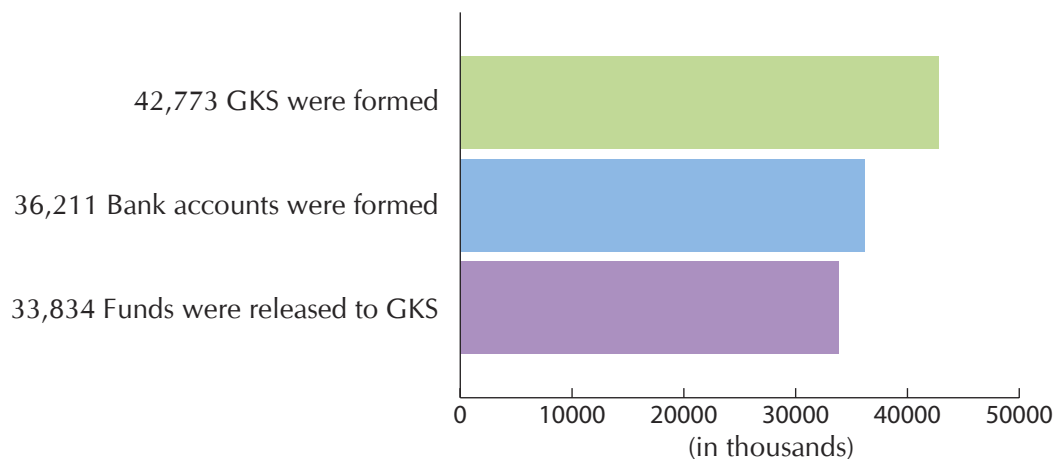
Total number of revenue villages in Orissa is 47528. GKS formation started in May 2008.

	Target – No. of revenue villages (47528)	Pre Campaign Status (as on 26 th Jan'09 from August 08) Five month period	Post campaign status (as on June'09)	Achievement of the campaign in three months
GKS formed		31763	42773	11010
Bank accounts opened for GKS		16107	36211	20104
Untied fund released to GKS		9646	33834	24188

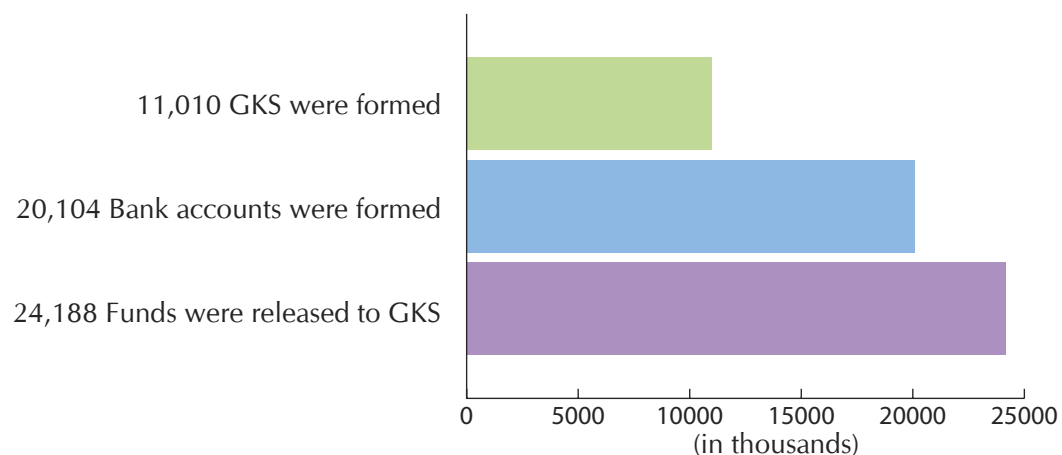
Pre Campaign Status



Post Campaign Status



Effectively the Campaign achieved



Looking at the figures above, the impact of the Communication Campaign is clearly spelt out. It resulted in a more than 100 percent jump in the number of bank accounts that were opened and a staggering 350 percent increase in the amount of untied funds that were released to GKS. If this gets translated into ground reality, there would be a four-fold increase in the quality of health in our villages and the sanitation and hygiene standards that are being maintained. The awareness of people and their new found awakening will now demand an improved service delivery. Impact assessment should therefore be an ongoing activity for a few months and health functionaries should be told to support and facilitate all enquiries. The response of the staff including the ASHA, Health Worker (Female), PRI and block and district officers will either motivate villagers or demotivate them. The idea is to take this movement forward and see it grow and branch out to other areas of their lives.

4.1.10 Constraints

The campaign by virtue of being planned and implemented in a brief span of time required managerial skills and schedules that were ambitious and yet achievable. All the brainstorming meetings had to result in concrete action points which outlined delegation of tasks and the duration within which these had to be delivered.

As the campaign evolved, it became explicit that the biggest constraint would be to ensure that schedules were adhered to and precision maintained. The timing of the campaign did go a bit awry with the municipal and state elections being announced forcing the initial plan of having a two-month long campaign to a month-long one.

With the efficient handling of duties at every level of the official bureaucracy and the enlisting of support from field workers, health workers and ASHAs, the campaign was launched in each of the districts, blocks and villages as planned. At nearly all places it was received warmly and as the results of the campaign demonstrate, the curiosity and interest generated in the end objectives of the campaign were met with, namely, accounts were opened and GKS memberships increased in areas where there was scant representation of GKS and where GKS had earlier failed to make a dent.



Finally, it was the strict monitoring and vigilance by the different stakeholders and officers that every step of the campaign was smoothly conducted, problems that cropped up were sorted out and the process of documentation, feedback and constant review maintained.

To achieve results that the GKS campaign did in a record span of 30 days is something that this document has captured. It is hoped that this would not be the last of its kind initiative. Rather, it would spur other departments and the Health Department too to launch similar campaigns to achieve health and development goals that can take Orissa closer towards being a healthier and happier state.

4.1.11 Way Forward

NRHM and state having around 47500 GKSs in the revenue villages of the state is a great potential and scope to promote community owned health processes. At the same time, it's a great challenge to operationalize, build their capacity to prepare need based village health plans and enable them to take appropriate action to address the local health needs.

The campaign has laid foundation for an effective community owned process to address health issues. This has reflected in the efforts of GKS at the field level in preventing disease and promoting health awareness through organized community effort.

Capacity building programme of GKS is in progress along with the process of providing facilitative support to the GKS for the preparation of village health plan and to undertake local level activity. With this effort we intend to promote more number of effective and vibrant GKS in the field level which in the long run will result in increased demand and effective utilization of health services and community owned health processes. This contributes to have more number of "Sustha Panchayat" (Healthy Panchayat) in the field and thereby leading Orissa towards "Sustha Orissa", shared Shri. G. Mathivathanan, MD, NRHM, Orissa.

Capacity building of GKS members would be crucial to ensure that whatever efforts preceded it during the formation of GKS and the communication campaign thereafter, does not go waste. Building on it would be the way to go forward and for this even greater cooperation and ideation from key departments would be welcome.

According to S.K.Lohani, Ex-Mission Director, NRHM, "Campaigns like this should have a copy effect – they should motivate other programmes within the health ministry and other programmes in different ministries to follow suit. Ideally these should be taken up once every six months."

According to Mr. Susanta Nayak, State Facilitator, Community Participation training and capacity building of GKS members, facilitation support to the GKS in the preparation of village health plan, implementing and reporting of the activities would result in promoting a larger number of effective and vibrant GKS at the community level.

Since the Communication Campaign's USP is communications, it would be worthwhile to ensure that a series of documents are brought out that capture the challenges, methodology and successes of the entire exercise to enable others learn from it. It should have a resource pool of reports, analysis, data, documentation and voices from the communities to enable us also learn from this in our future endeavours.



The campaign has laid foundation for an effective community owned process to address health issues. This has reflected in the efforts of GKS at the field level in preventing disease and promoting health awareness through organized community effort.

*- Shri. Mathivathanan IAS,
MD, NRHM, Orissa*



Series of steps taken during the Campaign at the state level

Sl.No	Steps taken
1	<ul style="list-style-type: none"> • NRHM identifies gap in the VHSC (GKS) programme. • Suggestion made to launch a high impact communication campaign to bridge those gaps.
2	<ul style="list-style-type: none"> • TMST support ascertained to provide technical support. • Concept note prepared. • Presentation made to Commissioner cum Secretary, DoH&FW and MD, NRHM.
3	<ul style="list-style-type: none"> • Decision taken to launch communication campaign. • Priorities and goals set. • Budget earmarked.
4	<ul style="list-style-type: none"> • Action plan jointly prepared by NRHM and TMST. • Same is presented to Commissioner cum Secretary and team.
5	<ul style="list-style-type: none"> • Preparation activities outlined. • Roles and responsibilities at state, block, district level mapped out. • Setting up of committees and task forces initiated.
6	<ul style="list-style-type: none"> • Dates finalised. • Letters to Collectors with copy to CDMOs and RDC issued by Commissioner cum Health Secretary in all districts.
7	<ul style="list-style-type: none"> • MD issued letters to CDMOs and Mission Director issues letters to DHS, DFW, Director SIHFW, CDMOs and DPMU. • Letters to Commissioner-cum-secretary of RD, DWCD and PRD issued.
8	<ul style="list-style-type: none"> • CM requested to launch the campaign.
9	<ul style="list-style-type: none"> • Meeting with State Level Bankers Committee. • Issues that villagers experienced taken up. • Banks urged to provide all support in making the campaign a success.
10	<ul style="list-style-type: none"> • Guidelines and IEC materials developed. • Branding and logo of the campaign decided. • Byline for the campaign finalised. • Designs and models of Swasthya Ratha and Swasthya Kantha finalised. • Audio visuals finalised and developed. • Hoardings designed.
11	<ul style="list-style-type: none"> • Gramsat for district and block orientation on guidelines.
12	<ul style="list-style-type: none"> • State level roll-out of mass media campaign.
13	<ul style="list-style-type: none"> • Supply of IEC materials to the district.
14	<ul style="list-style-type: none"> • State Launch on Republic Day.
15	<ul style="list-style-type: none"> • Monitoring and Supervision with task force and help desk.

Conclusion

Some endings are actually harbingers of a new dawn bringing in new resolves, energy, hope and plans. The end of the month-long communication campaign that gave a fillip to the Gaon Kalyan Samities in the state of Orissa was in that sense, the culmination of a process but one that has set the ball rolling. In the months to come, we hope to identify areas that need attention and look at creative ways of representing/relaunching/restrategising some of them.

There has been an enormous amount of learning in planning and implementing this campaign. At one level it helped us pin point the gaps and flaws in the original GKS and the reasons why it did not have the impact that was initially envisioned. At another level it showed us how different departments and levels of the bureaucratic hierarchy could respond to a collective decision to make a large-scale project such as the GKS communication campaign a big success.

Partnerships and collaborative tie-ups that allowed the planners and policy makers to enlist the right kind of support was key to the project's success. It saw different elements of the campaign coming together to create a harmonious blend of activities that were culturally and socially relevant to the different audiences that the campaign targeted.

It has been a very satisfactory experience in the way the entire thing panned out and the results it achieved. We also realise that many more such efforts are needed, for the challenges that face the state of Orissa are immense. There is a great deal of work to be done. Our canvas is like a raw open book. Allowing our enthusiasm and commitment to translate into relevant and viable programmes is the need of the hour.

For, at the end of the day, it is not just the brainchild of one single individual or department. It is the effort of the Government of Orissa and it is for the people of Orissa.

We have to do what it takes to make the state healthy in spirit, body, soul and mind. A **“Sustha Gaon, Sustha Panchayat and Sustha Orissa”** is what will allow our brethren to walk the path of survival, progress and development – in that order. Time has come now for villages to take command on health issues in partnership with Government and create a ‘Sustha Gaon, Sustha Panchayat and build a Sustha Orissa’.



Abbreviations

ASHA	Accredited Social Health Activist	ITBN	Insecticide Treated Bed Nets
AWW	Anganwadi Worker	JE RWSS	Junior Engineer, Rural Water Supply Scheme
BADA	Block Accountant and Data Analyst	LHV	Lady Health Volunteer
BDO	Block Development Officer	MOIC	Medical Officer In-Charge
BEE	Block Extension Educator	MEIO	Mass Education and Information Officer
BLCC	Block Level Coordination Committee	NGO	Non-Governmental Organisation
BPO	Block Programme Organiser	NRHM	National Rural Health Mission
CDMO	Chief District Medical Officer	PHC	Primary Health Centre
CDPO	Child Development Programme Officer	PIP	Project Implementation Plan
DFID	Department for International Development	PRI	Panchayati Raj Institution
DoH&FW	Department of Health and Family Welfare	RTO	Road Transport Office
DPM	District Programme Manager	RKS	Rogi Kalyan Samiti
DPMU	District Programme Management Unit	RTI	Reproductive Tract Infections
DHIO	District Health Information Officer	SEM	Self Employed Mechanic
DWCD	Department of Women and Child Development	SIH&FW	State Institute of Health & Family Welfare
GKS	Gaon Kalyan Samiti	SSC	Supportive Supervision Committee
HW	Health Worker	STI	Sexually Transmitted Infections
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immuno Deficiency Syndrome	TB	Tuberculosis
ICDS	Integrated Child Development Scheme	TMST	Technical and Management Support Team
IEC	Information Education and Communication	UNFPA	United Nations Population Fund
		UNICEF	United Nations Children's Fund
		VHND	Village Health and Nutrition Day
		VHP	Village health plan
		VHSC	Village Health and Sanitation Committee
		WSHG	Women Self Help Group

District specific results

GKS status June-09

Sl.No	Dist.	Target As per state	Formed	Account opened	Fund transferred to no of GKS
1	Angul	1661	1,549	1,500	1,476
2	Balasore	2587	2,261	2,131	2,083
3	Baragarh	1180	1,130	1,075	1,075
4	Bhadrak	1243	1,182	1,181	1,181
5	Bolangir	1764	1,266	575	333
6	Boudh	1115	820	650	311
7	Cuttack	1856	1,733	1,552	1,552
8	Deogarh	711	711	655	655
9	Dhenkanal	1076	954	949	949
10	Gajapati	1512	1,341	1,109	1,109
11	Ganjam	2812	2,291	2,106	2,106
12	Jagatsinghpur	1227	1,148	1,019	745
13	Jajpur	1575	1,484	1,360	1,360
14	Jharsuguda	346	346	346	300
15	Kalahandi	2099	2,099	1,830	1,765
16	Kandhamal	2379	1,873	1,450	1,311
17	Kendrapara	1407	1,373	999	999
18	Keonjhar	2069	1,704	1,445	1,445
19	Khurda	1358	1,243	838	768
20	Koraput	1922	1,810	1,346	1,346
21	Malkanagiri	979	856	717	717
22	Mayurbhanj	3748	3,524	3,208	2,838
23	Nawarangpur	876	861	720	706
24	Nayagarh	1531	1,344	1,080	1,065
25	Nuapada	648	572	507	450
26	Puri	1591	1,298	1,298	1,161
27	Rayagada	2467	2,445	1,470	1,109
28	Sambalpur	1238	1,045	831	754
29	Sonepur	828	787	684	585
30	Sundargarh	1723	1,723	1,580	1,580
Total		47528	42,773	36,211	33,834



Statewide Campaign on Gaon Kalyan Samiti empowerment

State Level Guideline

National Rural Health Mission

Health & Family Welfare Department
Govt. of Orissa

The Concept

The implementation framework of NRHM provides a scope for decentralized planning & monitoring process up to the grassroots level. To facilitate this, Gaon Kalyan Samits are being formed at the revenue village level.

GKS is envisaged as the community level platform to facilitate public health related activities at village level.



Publicity campaign on GKS is a broad based multimedia, multi-sectoral, mass mobilization activity in the state to mobilize people's movement to form the GKS.

Objectives

- Disseminating information through different forms of media regarding formation and operationalization of GKS
- Involve stakeholders and community to create a supportive environment for the formation of GKS
- Address the issues and gaps to facilitate formation of GKS at the grassroots level.

It is envisaged that during the campaign period the above objectives shall be achieved.

Partners

NRHM, SIHFW, Government Departments such as Rural Development, Panchayati Raj, Youth affairs and Sports, Women and Child development, Information and PR and Revenue including UNICEF, UNFPA, DFP, Song and Drama Division, DD, AIR play a crucial role in reaching the target audience.

The groups such as women SHGs, representatives of PRI's, local bodies, youth clubs, Anganwadi workers, village development officers, PR institutions, teacher's community etc. will be reached through these Departments.

State Level Banking Committee is an important partner to the project and needs involvement at all level to formalize the formulation of GKSs by providing the facility of opening an account at the village level.

Duration of Campaign

The activities will be for a period of one month excluding the preparatory phase.

Areas of Coverage

- Outreach to all 30 districts through media
- Areas (villages, blocks and districts) through district and block level activities

Target Audience

Village Leaders, Panchayati Raj Institution members, Youth Groups, Women Self Help Group members, Mahila Mandals, Other Committees like VEC etc.

Proposed State Level coordination Committee:

- Chairperson Chief Secretary
- Vice-Chairperson Commissioner-cum-Secretary, H& FW Deptt.
Commissioner-cum-Secretary, W&CD
Commissioner-cum-Secretary, RD Deptt.
Commissioner-cum-Secretary, Panchayati Raj
- Convener Mission Director, NRHM
- Members
 - Directors of respective Departments – Health, RD, W&CD, PR, I&PR.
 - Representatives of the Departments
 - Regional Director (Song & Drama Division & Directorate of Field Publicity)
 - State representative from AIR, DDK, PIB
 - Representative from UNICEF, UNFPA and TMST
 - Representative from State Level Banking Committee

State level activities

Launching of the programme

Advocacy Event at State level: State level launching ceremony will be held at state headquarters. The campaign will be launched by the Hon'ble Chief Minister with a theme and logo of the campaign and an appeal to the people to form the GKS. The state level advocacy will include the Hon'ble Chief Minister, Ministers (Health, W&CD, PR), concerned Secretaries, Directors, media personnel etc. From the districts, Collector, CDMO, DPM, DSWO, Dist. ASHA Coordinator, one Medical Officer, one CDPO, one BPO and 5 field functionaries (Health Worker (Female), ASHA, AWW, Ward Member and one SHG member) from one GKS already formed will be invited to participate in the launching ceremony. In all around 400 people will be invited.

Activities

- Distribution of cheques, register to the GKS members representing the districts.
- Inauguration of "Swasthya Kantha".
- Launching of the guidelines on VHND, Pustikar Diwas, award for Healthy village and Panchayat.
- Flagging off "Swasthya Ratha"

Other State level activities

Besides the following activities will be organized as a part of the campaign launching at the state level

- **Press Launch of the Campaign:** A State level Press Conference inviting all the press including Print, Electronic, and Govt. medias would be organized to share the details of the campaign.



- A follow-up with the districts through **Gramsat**
- **State level Panel discussions** involving policy makers, Bureaucrats, Administrators, PRI members and CSOs in Electronic Media: Media partnership with electronic media like ETV, OTV and Doordarshan to organize Panel discussions on some GKS related topics to be decided in consultation with experts.
- **Publicity in print and electronic media** – radio jingles, radio and TV spots, special episodes/Quarter Page Supplements in the newspaper will be used for the mass publicity of the campaign. Publicity medias like, AIR, Doordarshan, ETV/OTV, FM channels will be used for the publicity of the campaign.
- **Dialogue with State Level Bankers Committee** (SLBC) at the state level seeking support to facilitate bank account opening at the field level.
- Republic Day tableau will bear the theme of GKS which will be plied on Republic Day Parade.

The activity is proposed to be organized with the support of a professional event management agency coordinated by a State Core Group for the campaign.

State Nodal officers would be designated to monitor and provide hand holding support to the state launch and districts during the campaign.

District and Block level Activity Guidelines

At the district level, special ZSS meeting under the chairpersonship of Collector is to be conducted to discuss the details of the campaign. CDMO would be made as the Convener and DPM would be designated as Campaign Coordinator for the campaign. ASHA Coordinator will assist the DPM in organizing this. President, Zilla Parisad should be invited as a special invitee. Concept of “Swasthya Ratha” and “Swasthya Kantha” will be explained in the meeting.

District Collector will lead the District Task Force which will be constituted of officials, PRI functionaries, NGOs and other stakeholders to monitor and provide handholding support for the campaign at the district and block level.

Launching of the campaign

- **Advocacy Event at District level:** District level function for launching of the campaign will begin with reading out the appeal by the Hon’ble Chief Minister of Orissa. The district level advocacy event will include the District Collector, PD, DRDA, MPs/MLAs, Chairperson, Zilla Parisad, District Panchayat Officer, DSWO, Executive Engineer, RWSS, representative of the bankers and other district level officers. MNGO, FNGO, civil society representatives, block representatives, PRI members, representative of media etc. should be invited in the meeting. Activities like mass meeting, rally, felicitation to good functioning GKS, campaign through chariot, folk performance may be considered for the district level launching.
- **Press Launch of the Campaign:** A District level Press Conference inviting all press including Print, Electronic, and Govt. Medias shall be organized for wide publicity of the campaign. The campaign material should be shared with them.
- Publicity through Ratha –Republic Day tableau will bear the theme of GKS which will be plied on Republic Day Parade.
- A designed Ratha called “SWASTHYA RATHA” will cover the blocks focusing more on the areas where GKS formation has not picked up. One Ratha will cover 5 blocks of the district. Hoardings to be put at the district headquarters and other prominent places. If a district gets more than one “Swasthya Ratha”, one can be inaugurated at district level function and others at sub divisional level functions. A plan will be made in the enclosed format for the coverage of area by “Swasthya Ratha” which should be intimated to the block and GP in advance.

Block Level

At the block level, Block Development Officer will be the chairperson and Block Medical Officer would be the convener of the campaign. BEE and BPO will be the designated as campaign coordinator.

Activities

- **Block level Stakeholders sensitization workshop** will be organized involving the BDO, CDPO, JE, RWSS, ICDS Supervisors, BEE, BPO, LHV, bankers, NGO representatives to orient on the campaign. The village wise action plan for formation of GKS, nomination of the block nodal officer and village in the enclosed format should be finalized in this meeting. Concept of “Swasthya Kantha” and “Swasthya Ratha” will be explained in the workshop.
- A **mass meeting** will be organized at the block level for the launching of the campaign involving the members of already formed GKS like ASHAs, AWWs, Health Worker (Female), PRI members, NGO members, Kalyani club members, SHGs and others. The distribution of the cheques to the GKS already formed and opened the bank account should be done in the meeting. Also their members should be oriented about the functions of GKS.
- An **Information kiosk** will be put at the block level to share the information and provide one window solution for the formation of the campaign.

Field level activity to expedite formation of GKS at the GP/village level

- Block should do an exercise by preparing the list of the villages in which the GKS is not formed. This should be finalized in the block level stakeholders workshop.
- A selective plan setting out the target for the block is prepared and GP level nodal officer to be given the responsibility to undertake the village level activities.
- Designated nodal person for the villages along with the ASHA, AWW, Health Worker (Female) and civil society partners will coordinate in organizing the village level meeting.
- GP/Village level - The process of organizing two meetings in the village, passing of the resolution, filling up the format for bank account opening will be done during the period. Health Worker (Female) will ensure all these with the support of the ASHA, AWW and PRI members. Designated Block Nodal Person for the village ensure all these in their respective assigned villages.
- Small functions shall be organized at 4/5 places of the block during the movement of “Swasthya Ratha”. Funds available under IEC of various programmes should be utilized to organize small functions at different locations.
- Each of the GKS will complete the wall painting of “Swasthya Kantha” and other health messages during the period and the cost of which would be met out of the untied amount provided to GKS.
- Focus will be more on involving and reaching out to more number of people in the campaign.

Camps to facilitate opening of bank account and address other issues

Block will organize the camp on a particular day to facilitate opening of bank account in the name of GKS. Different GKS will be tagged along with the available local bank. Officer bearers of newly formed GKS will be informed to come on that particular day and complete opening of bank account. Any other issues relating to the formation will be addressed during the period.

Ceremonial function at the block level for handing over the cheque

Office bearers of the newly formed GKS shall be invited to the block level to be felicitated for their effort and cheque shall be handed to them on the occasion. Block will take a status and shall stress upon the villages if any where GKS not formed and will address the issues to facilitate formation of the GKS, opening of the bank account and transfer of funds to the GKS account.



Tentative Timeline for the GKS campaign activities (State and District)

Sl.No	Activity	Date
1	Dissemination meeting with CDMO and DPMs through GRAMSAT	9 th January
	State level GB meeting of OSHFW to discuss about the campaign	12 th January
2	State level launching of the campaign and other activities <ul style="list-style-type: none"> • Launching by CM • Press meet, Publicity • Release of messages (through out the campaign period) 	19-23, January
	District level launching and other activities <ul style="list-style-type: none"> • District level launching ceremony • Press meet, publicity • Orientation of the block level officials and District Task Force 	26 th January
	Block level launching and other activities <ul style="list-style-type: none"> • Blocks level launching ceremony • Handing over the cheque • Plan finalization for the village level GKS formation – designate nodal officer, date of village meeting • Camp date for the bank account opening 	26-30, January
	GP level activities <ul style="list-style-type: none"> • GP level meeting • Information sharing for the village level meeting for GKS formation • Conducting village level meeting for GKS formation • Filling up the forms for bank account, resolutions in the village level meeting 	27 Jan – 10 th February
	Block level camps to address the issues relating to GKS formation, Bank account opening	10-15, February
	Block level felicitation to the office bearers of the newly formed GKS	16-25, February

Core Group for the campaign

1. Sri S. K. Lohani, IAS, Ex-Mission Director, NRHM
2. Prof. Dr. Trilochan Sahu, Director, SIHFW
3. Susanta Nayak – State Facilitator, Community Participation
4. Devjit Mitra – TMST
5. Rudra Prasad Pradhan – IEC consultant, NRHM
6. Sunil Verma, PCO, unicef
7. Dr. Deepa Prasad, UNFPA
8. Rabi Narayan Das – SWSM
9. Dr. Sudarsan Das – AGCA
10. Sudhansu Das – RRC
11. Prasant Acharya – RRC
12. Jabodia Nayak – SIHFW
13. SNGO Coordinator
14. Debakanta Sandhibigraha – IEC Consultant, NVDCP
15. Basudeb Malbishoyi – IEC Consultant, RNTCP
16. Alok Ranjan Behuria – Training Coordinator, ASHA

Reporting Mechanisms from District and block level to State level as title above Status of GKS formation in the block

Timeline for the GKS publicity campaign activities (District and Block level)

Sl.No	Activity	Date
1	Dissemination meeting with CDMO, DPMs and other district /block level officials through GRAMSAT	9 th Jan
	District level preparatory meeting for the campaign	10-15, Jan
	Block level preparatory meeting	13-18, Jan
	District level launching District level launching ceremony, Press meet, publicity through Ratha.	26 th , Jan
	Block level launching Blocks level launching ceremony <ul style="list-style-type: none"> Handing over the cheque to GKS members Plan finalization for the village level GKS formation – designate nodal officer, date of village meeting Camp date for the bank account opening 	26-30, Jan
	GP level activities <ul style="list-style-type: none"> GP level meeting, Information sharing for the village level meeting for GKS formation Publicity through Ratha, wall painting of “Swasthya Kantha” Conducting village level meeting for GKS formation Filling up the forms for bank account, resolutions in the village level meting 	27 Jan – 10 February
	Block level camps to address the issues relating to GKS formation, Bank account opening	10-15, February
	Block level felicitation to the office bearers of newly formed GKS, handing over the cheque	16-25, February

Status of GKS formation in the block

Block:

District:

Name of the Sub center	Name of the revenue villages where GKS to be formed	Status of GKS formation		
		Formed	Account opened	Funds transferred

This format is to be filled in the block level meeting to understand the status of the GKS formation in the block. (Responsibility – BEE, BPO)



District level action plan for the movement of Swasthya Ratha in the district

Name of the District:

Name of the block	Date of visit	Responsibility

Since one Swasthya Ratha will cover 5 blocks, physical proximity of the location of the blocks will be considered while making this plan. (Responsibility – Dy. MEIO, Dist. ASHA Coordinator, DPM)

Block level action plan for the movement of "Swasthya Ratha" in the block

Name of the Block:

Name of the GP	Name of the village	Date of visit	Responsibility

(Responsibility – BEE, BPO)

Format for Block level action plan for the formation of GKS

Name of the revenue village where GKS is to be formed	Name of the Sub center	Name of the Health Worker (Female)	Name of AWW and ASHA	Name of the designated Nodal Officer from block level	Date for village level meeting for GKS formation

This plan is to be prepared in the block level meeting to complete the formation of GKS in the villages where GKS is not formed (Responsibility - MO, CDPO, BEE, BPO)



Guidelines of Swasthya Ratha

What is Swasthya Ratha

Swasthya Ratha is the medium for dissemination of information and publicity on Gaon Kalyan Samiti through a decorated chariot.

Details of Swasthya Ratha

- A **Vehicle** is to be decorated and designated as Swasthya Ratha.
- Nature of vehicle should be as such that it can reach to the interior pockets to cover the areas with adequate space to display IEC materials.
- **Decoration** – Designated vehicle is to be decorated to display information and messages relating to GKS campaign. Information and messages are to be put in Swasthya Ratha as per the Ratha Prototype.
- There has to be a provision of external audio system along with battery in that to run the cassettes / CD. Cassettes / CD will be supplied from the state.
- Local traditional flavors, art pieces and innovative designing models befitting to local traditional things may be put in Ratha.



Movement Plan

As per guideline, one Ratha is allotted for 5 blocks, The district has to prepare a movement plan as per the format sent along with the guidelines. The district will prepare the block wise plan and blocks will prepare GPs/ Village wise plan along with date. In order to maximize the impact the Ratha is expected to cover the GPs focusing on the areas where GKS is not formed.

Person to accompany

DPM in consultation with CDMO will prepare list of officials who will monitor the movement of Swasthya Ratha at Block Level. Similarly the Block Programme Organizer in consultation with MO will prepare the list of designated persons who will accompany the Ratha. Health Worker (Female), Male and Female Health Workers, ASHA, AWWs, SEM, SHG members can accompany the Ratha.

Record of Movement

A vehicle log book in a separate register is to be maintained for each Ratha to mention the date, places of visit and kilometer covered. The register is to be signed by the person accompanying the Ratha and certified by BPO / Medical Officer.



Guideline of Swasthya Kantha

What is Swasthya Kantha?

The board is divided into 3 parts

- First part depicts the names of GKS, its chairman, convenor, ASHA and other members
- Second part tells about the monthly schedule of GKS
- Third part informs about the roles and responsibilities of GKS

Size: The board should be of a minimum size of 8 feet long and 6 feet wide. The size can be changed as per local requirement.

Place: It can be written in Anganwadi centre, School, community centre or any public place of the village where GKS is functioning. Among these places anyplace which the public have access the most or which is more visible should be selected for writing.

Expenditure: GKS fund provides fund for all expenditure.

Mission Directorate, National Rural Health Mission
Health and Family welfare Department, Government of Orissa

Prototype of Swasthya Kantha

Gaon Kalyan Samiti
Swasthya Kantha

Village:
P anchayat:



Name of members	Main Programmes	Roles and responsibilities of GKS
		<ul style="list-style-type: none"> • To detect various problems and health resources at the local level • To prepare village health plan and related activities to address the detected problems. • To inculcate good health habits among the villagers and eradicate the contagious diseases • To create awareness for health related programmes like Maternal Mortality Rate and Infant Mortality Rate, Family Planning, Reproduction and child health, adolescent health Environment, Sanitation • To promote collective effort to built a healthy village, Healthy Panchayat, Healthy Orissa

National Rural health Mission

8 ft.



Minutes of Preparatory Meetings held on 20th, 23rd and 30th December, 2008

Preparatory Meeting held on 20th December, 2008

Key decisions taken –

1. GKS campaign to be discussed in the State level GB meeting of OHS&FWs for approval,
2. Draft activity guideline of the campaign was discussed and refined

Members present

Commissioner-Cum-Secretary, health & FW Deptt., Mission Director NRHM, Director Social Welfare, Director Special project, Director Health services, Director SIH & FW, JD RH, JD Medical, Consultant SWSM, UNFPA, UNICEF, TMST, RRC Coordinator, Consultant IEC, CDPO, Baliana, HQ DSWO, Dr. Sudarsan, AGCA, State Facilitator, Community participation, Training coordinator, ASHA

Preparatory Meeting held on 23rd December, 2008

Key decision taken –

1. Approval of activity guideline

Members present

Sunil Verma, PCO, unicef, T.Deepa, UNFPA, Devjit Mitra – TMST, Rudra Pradhan – IEC consultant, NRHM, Rabi Narayan Das – SWSM, Dr. Sudarsan Das – AGCA, Manamth Pattnaik – KCDS, Susanta Nayak – SF, CP, Sudhansu Das - RRC

Minutes of the Core group meeting for the GKS campaign held on 30th December, 2008

Core group meeting for the GKS campaign was held on 30th December, 2008 under the chairmanship of Mission Director, NRHM, The following points were discussed and decision were taken.

- Wall Painting- Wall painting on “Swasthya Kantha”, health messages, welcome board shall be made in all the villages where GKS is formed. Prototype of the same will be developed and send to the districts. (Responsibility- Devjit)
- Leaflet- A leaflet will be prepared on the roles and responsibilities of GKS, activity and funds support for GKS and distributed to the districts. (Responsibility- Devjit)
- Appeal from Chief Minister- An appeal from the Chief Minister will be made to the people to come forward and participate in the formation of GKS. This will be in the form of a leaflet with the photograph of the Chief Minister. (Responsibility- Sudhansu)
- Appreciation letter from NRHM- An appreciation letter from NRHM will be given to the GKSs appreciating the efforts of the people to form the GKS. (Responsibility- Sudhansu)
- Brochure on GKS- A brochure on GKS is already prepared which will be used for the campaign. Another poster on GKS campaign will be designed for printing. The theme of the campaign would be “Healthy village, Healthy Panchayat, Healthy Orissa”. One additional poster may be designed incorporating more information on GKS. (Responsibility- Rudra)
- Flex material- Flex poster prepared by UNFPA to be reviewed. Some more information on GKS objective, roles and responsibilities is to be incorporated. Poster exclusively made for training may be deleted or modified. (Responsibility- Susant)
- Publicity through Ratha-
 - Tableau of 26th January, 09 at the State and district level will bear the theme of GKS. Districts would be communicated according. Funds under RCH IEC will be used for the purpose.
 - Publicity will be made through a designed Ratha with messaged and content of GKS. One Ratha will cover 5 blocks of the districts focusing on the areas where GKS formation is not picked up. Draft prototype of the Ratha will be prepared and sent to the district. (Responsibility- Rudra)
- Hoardings- A design of the hoarding will be prepared and sent to the district for publicity. (Responsibility- Rudra)
- Publicity through Radio- Radio jingles and spots will be broadcast through AIR. It could be prepared in 4 different dialects of Orissa. The themes for the jingles would be one on campaign and three on the generic information on GKS. This will be in the form of song and dialogue. This will be broadcast through the AIR centers during the campaign period. (Responsibility- Rudra, Susant, Devjit)
- TV spots- 30 TV spots will be prepared on GKS. This will be done with the support of a professional agency. TV channels like DD, OTV, ETV will be contacted for the telecast of the message. (Responsibility- Rudra, Susant, Devjit)
- Interaction and information sharing through GRAMSAT- Two GRAMSAT programmes of the moth shall be used for the GKS campaign. GRAMSAT on 9th January, 09 shall be used for preparatory activity information sharing, whereas GRAMSAT on 30th Jan shall be used for the review of the activity implementation at the district level. (Responsibility – Rudra, Susant)
- State level launch- State level activity shall be organized with the support of a professional event management agency. CDMO, DPM, Dist. ASHA Coordinator and 5 community level persons (AWW, ASHA, Health Worker (Female), Ward Member and One SHG member) will be invited from the districts. Possible venues



like Jaydev Bhawan, Rabindra Mandap, IDCOL Auditorium, Utkal Kala Mandap will be explored for the state level launching based on the date of the state level launching, Ministers, Health, WCD and PR along with the Secretaries and Directors will be invited for the campaign. (Responsibility- Sub Committee for event management)

- Files to be moved for the approval from the Secretary and Chief Minister. Letter shall be communicated to the districts along with the guideline for the activity.

To facilitate activity implementation the following sub committees has been constituted.

Sub Committees for GKS campaign Prototype development and production

1. Devjit Mitra- TMST
2. Pranay Mohapatra- Consultant Health Plan
3. Malaya Panigrahi- Accounts Manager
4. Susanta Nayak- SF, CP
5. Sunil Verma, PCO, UNICEF
6. Dr. Deepa Prasad, UNFPA
7. Rudra Prasad Pradhan- IEC Consultant, NRHM
8. B.C. Kamila- Press Superintendent, SIHFW
9. Basudeb Malbishoyi – IEC Consultant, RNTCP
10. G.A Khan- H.E., SIHFW
11. Alok Ranjan Behuria- Trg. Coordinator, ASHA- Convener

Audio visual Resource material and production

1. Devjit Mitra- TMST
2. Susanta Nayak – SF, CP
3. Sunil Verma, PCO, UNICEF
4. Dr. Deepa Prasad, UNFPA
5. Rudra Prasad Pradhan – IEC Consultant, NRHM – Convener
6. Kadambini Mishra – H.E., SIHFW.

Event Management

1. Sudhansu Das – RRC- Convener
2. Devjit Mitra – TMST
3. Debakanta Sandhibigraha – IEC Consultant, NVDCP
4. Prasant Acharya – RRC
5. Susanta Nayak – SF, CP
6. Sunil Verma, PCO, UNICEF
7. Rudra Prasad Pradhan – IEC Consultant, NRHM
8. JD, Finance

Accommodation and logistics

1. Sudhansu Das- RRC
2. Prasant Acharya- RRC
3. J Nayak – P O, SIHFW
4. Debakanta Sandhibigraha – IEC Consultant, NVDCP
5. Basudeb Malbishoyi – IEC Consultant, RNTCP- Convener
6. Chakradhar Sahu – PA, NGO Cell.
7. Malay Panigrahi
8. Devjit Mitra- TMST
9. Susanta Nayak – SF, CP

It was decided to start the activities on a priority basis. Status of the activity implementation will be discussed in the next meeting on 2nd January, 2009.

The meeting ended with a vote of thanks to the chair.

Mission Director
NRHM, Orissa

Copy forwarded to all concerned for information and necessary action.

Members of the core group present in the meeting

1. Devjit Mitra – TMST
2. Susanta Nayak – SF, CP
3. Sunil Verma, PCO, UNICEF
4. Dr. Deepa Prasad, UNFPA
5. Rudra Prasad Pradhan – IEC Consultant, NRHM
6. Sudhansu Das – RRC Coordinator
7. Prasanta Acharya – Training Coordinator, RRC
8. Alok Ranjan Behuria – Trg. Coordinator, ASHA- Convener



