

## Gujarat

### Background

The Health Commissioner has issued a government resolution/ order for constitution of Gram Sanjeevani Samities (GSS) or Village Health, Sanitation and Nutrition Committees (VHSNCs) in 2006. A state-level consortium was identified comprising Foundation for Research in Health Systems (FRHS), CHETNA, SEWA, Deepak Charitable Trust, Aavaaz, Janpath and Anandi to strengthen the CAH processes.

### Activities during 2010-2014

Seventy five NGOs were identified through a consultative process to orient and mentor GSS, in two phases 2009-10 and 2011-12. Modules/ materials for GSS trainings were developed by CHETNA, followed by trainings of 265 master trainers. Out of 18,356, CHETNA has trained 9,434 GSS members till the end of 2012. The GSS trainings were spread over into three phases: a) one day village level orientation of the entire GSS members b) a two-day structured training for five selected GSS members at the PHC level c) one-day follow-up orientation at the village level.

This was followed by a mentoring support of GSS for a period of one year. This involved facilitation of regular monthly meetings, discussion on utilization of village untied funds, identification of local problems and steps for community action, including dialogue with service providers.

- Efforts have been made to strengthen regular meetings of the Gram Sabhas for the last three years. A Liaison Officer is appointed at the block level in each Gram Panchayat to monitor the process. The outcomes of the community monitoring process need to be shared at the Gram Sabha, including expenses related to the utilization of village untied funds
- The Rogi Kalyan Samities (RKS) are very weak. A structured capacity building plan as well as mentoring is required to activate and strengthen these committees
- To orient GSS at scale, opportunities such as orientation sessions/trainings through SATCOM are being considered
- State workshop on CAH was organised in December 2013. Over 200 state and district nodal officers and NGOs participated in the workshop. The objectives of the workshop were to enhance understanding and build perspective on Community Action for Health (CAH), and to develop a broad plan for operationalisation of CAH in Gujarat.

### Proposed Plan for the FY 2015-16

The state is planning to initiate Community Action for Health (CAH) programme in nine districts where intensive GSS trainings were conducted and scale up the GSS capacity building and mentoring in the remaining districts, with support from the Advisory Group on Community Action (AGCA). The following activities are planned in the Programme Implementation Plan 2015-16:

1. Setting up of programme support structure from state to grassroots level
2. Visioning workshops at state, district and taluka (block) level to build the vision on community action for health among the government functionaries and the community
3. Initiation of Community Action for Health in selected districts
4. VHSNC orientation and mentoring in nine districts, in a phased manner
5. Formation of the State Advisory Group on Community Action (S-AGCA)
6. Developing capacity building plan for members of the Planning and Monitoring Committees at the block and district level

7. Capacity building of the community, ASHA facilitators and taluka/district level community mobilizers
8. Awareness generation on health rights and entitlements through IEC/BCC programmes including folk and print media.