RF_POL_4_SUDHA

BGVS 15 Nov '95

- to take up { B'lore rural / Tumkur
- 10 Gram Panchayats at least in each.

TN - Successful % Girl child as single issue.

☆ - State level Health Sub-committee

→ Focus on Health / Health activities /

No. of Panchayats - 1/10/20.

? 50 to 100 activists to be monitored.

1 Hobli = 4 Gram Panchayats. (40-45 thou popln. 20-25 km radius)

↳ as a central pt.

Health Sub-Committee

Next meet — Panchayats selected / Activists

↓ — Orientn. plan. SPT/PCR

on 02 Dec '95 at BGVS office. 2pm to 5pm.

Format for Polypathy Project proposal

BGVS :

1. Intro – What is BGVS? Outline of its work in literacy. How the shift in focus from Literacy to Health.

2. Objectives of BGVS plans fits with the objectives of the 'Polypathy' scheme. – from 1.1 to 1.6.

3. Target population 50 to 60,000 – 6 Gram Panchayat areas. (An overview of Magadi-rural B'lore dist – Taluk).

4. Personnel –
   - 1 (Swasthya Mitra)/ Arogya Sangathi per 500 population = 100 to 120 of above.
   - 1 Supervisor (Community Organiser) per Gram Panchayat area = 6
     i.e 1 Supvr. per 20 Arogya Sangathi.
   - 2 Coordinators < 1 Health & F.W. Activity
     < 1 Liaison / other Soc. Eco. activity.
   - 1 Project-in-charge / Proj. Manager.

5. Plan

5.1 – Preparatory work as per 'Polypathy' project guidelines.

5.2 – Job descriptions to be modified at each level.

5.3 Training: for Knowledge, Attitude & Skills in following areas
- Baseline survey to identify Health problems and causes in a community.
- Prevention of common illness with reference to Primary Health Care and Family Welfare.
- Simple, locally available herbal remedies to tackle common illnesses. Signs, symptoms of common illnesses. Recognition of serious illnesses which need medical help.

Liaison & FPAI for AV programs

- Community Organisation and Education for health.

Training will be imparted by resource persons identified by BGVS, who have expertise and experience in these areas. Methods for monitoring, documentation and follow-up will also be evolved during the training program.

5.4 - Baseline survey to establish program priorities.

5.5. - Networking with Governmental and NonGovtl. organisations operating in the area, including Panchayat functionaries.

- to establish linkages for success of the program
- to draw involvement and resources to help the program
- to evolve methods of sustainability as the program is completed.

Note: This program envisages utilizing peoples knowledge of health care and disease management which has been a part of tradition and culture. It is necessarily 'Polypathy' as peoples practices are derived from multiple sources. A revival of these traditions, with an emphasis on removal of the harmful elements and strengthening of the ~~rational~~ helpful elements is the training strategy. As common problems get resolved, the choice of alternative systems which could be most useful to the peoples problems will be approached for solutions. This will emerge as people become aware of the causes of health problems and the simplest, cost-effective and most appropriate solutions become evident to them.

BGVS meeting — 29 Dec '95

(1.) Convening meeting of Activists. ← Vlg. Panchayat. Hobli Central — 1st month
2 wks (2.) Survey of villages.
3rd wk (3.) Identify Health Wkrs. & team formn.
by 6 wks (4.) Trg. of activists.
8 wks — Kalajatha script to be ready.
10 wks (5.) Sensitizn. of people — Environment building.
+1 wk (6.) Meet local health staff & Panchayat members.
10-16 wk (7.) Survey by Activists. (2½ mo. durn.)

16-24 wks. — [Health Festival] - Health Edncn.
- Personal hygiene.
- ~~Immunisn.~~ [MCH.]
- Latrines & Borewells / Sanitation & Safe water — Chlorination / Kitch. garden etc.
- Herbal remedies.

Quiz Competitions on health — for school children.

Next year — 05 Jan 96

H.E. 3 gps

I
- Pers. hygiene
- First-aid
- Safe drinking water
- Immn.

II
- Nutrn.
- Common dis
- Alcohol & Smoking
- Essential drugs.

III
- Breast feeding.
- Antenatal care.
- Family Planning
- Endemic diseases.

☆ = MONITORING ACTIVITY 15-20 days at end of 1st yr.

BGVS 21/12

Magadi Tq — 32 Gmp. → 9 PHCs, 6 PHUs, 2 Ayur. Health Centres.

6 Gm. panchayats (50-60 Villages) — 45 Kms from Bglore → 2 PHCs + 1 PHU, 9 Ayurvedic

136 Jr & Sr. Health Assts. / 164

246 AWW out of 244

368 Schools

7 Jr. Colleges
2 I Gr "
6 Govt. High Schools.
} 324 Students Other than college.

- 951 → Teachers.

- 1 Block Health Educator per PHC.

Pop — 4,50,000 / Our Area = 50,000 ? To-80,000

= FPAI + Other Regd. Orgns

WORK - Identify. Health Workers / Cultural teams etc. etc.
+ Other Orgns

4 Committees / Wtg. Health Committee
Pchgr "
Hobli "
Tq "

Diseases - Fever / G.I. / Cholera / Alcoholism /

Q - Wells / Handpumps / Sp. Hosps. / Volags.

Nearest Hosp - { Ramanagaram
Kanakapura

11 Dec 95

BGVS Health Committee meeting

Combine ← BGVS guidelines ← N. Delhi / Local
Other gps esp. A.P.
CHC
} approaches.

Focus = Diseases of { Poverty. / Ignorance. } of poor people (80%)

Aims: 1. Generate awareness of dis. / health / Demystify
2. Mobilize Community creatively – as catalysts.
3. " H.R. in total literacy campaigns.
4. To prepare a cadre of Health Activists.
– Wksps / Refresher courses / trg.
to help Local decision making / Guide Village Health programmes.

Immed. Objs.: 1. Awareness of ill changes in sanitn. sources
Water-borne diss / Sanitary Latrines.
2. Immunizn.
3. 1st Aid / Nutrn. / Common drugs (12 drugs WHO)
+ Herbal medicine pkg. (20 herbs).
(to be developed by CHC).

During I phase = 6mo. (approx).

Latr. } MCH. – Safe motherhood.
General Health – Immunt.
Family Plg.
} 6mo to 1yr.

Indicators – IMR/USMR/MMR etc. not feasible in 2yrs.
↳ Immunizn.
Use of Latrines
} etc. can be looked for.
MONITOR for CHANGES.

1. Name for Project / Emblem
2. State Sub-committee for Health.
3. Local Sub-committee (Taluk?)
4. Health Activists 18-30 yrs / Lit. acts / Ready to work for 2 yrs / Pref. to local candidates.
   Honorarium to decide – BGVS.
5. Trg. of Activists
6. Sensitisation of people ≈ mass campaigns.
7. Meet Govt & NGO personnel ← Health Administr. – Panchayat & seek cooperation.
   + Teachers / Other social orgn. activists.
8. Inform all cadres about all activities.
9. Slogans on Health
10. Meet heads of political parties & get co-operation
11. Kala-jathas etc.
   ~ Sanitation
   ~ Immunisation
   ~ Nutrition
   ~ Small Family norms
   ~ Women & Ch.'s Health.
12. Survey – by Vlg. youths – 3 to 5 mo. (TIMING – SHORT & FIXED)
   Input for survey given at Health Wksp.
   Planning at Central level.
13. Make Village Health Plan guided by Activists
   ∴ Prepare literature etc. at Centre.
14. Village Health Festival ≈ ACTIVITY Period
   ≈ Generate demand for Health Services / Awareness
   ≈ Health Educn. to people.

11 Dec 95

BGVS Health Committee meeting

Combine ← BGVS guidelines ← N. Delhi / Local
← Other gps esp. A.P.
← CHC
} approaches.

Focus = Diseases of { Poverty / Ignorance } of poor people (80%)

Aims: 1. Generate awareness of dis./health/Demystify
2. Mobilize Community creatively – as catalysts.
3. " H.R. in total literacy campaigns.
4. To prepare a cadre of Health Activists
– Wksps/Refresher courses/trg
to help Local decision making/Guide Village Health programmes.

Immed. Objs.: 1. Awareness of ch changes in sanitn status
Water-borne diss/Sanitary Latrines.
2. Immunizn.
3. 1st Aid/Nutrn/Common drugs (12 drugs WHO)
+ Herbal medicines (20 herbs) pkg.
(to be developed by CHC).

During I phase = 6mo (approx).

Latr. – MCH. – Safe motherhood.
General Health – Imprvt.
Family Plg.
} 6mo to 1yr.

Indicators – IMR/USMR/MMR etc. not feasible in 2yrs.
↳ Immunizn.
Use of Latrines
} etc. can be looked for.
MONITOR for CHANGES.

15. Monitoring Activity.
16. Maintenance Activity.

HEALTH ACTIVISTS TRG - 2 to 3 days

1. Health Sctr. in India
2. Health & Hygeine.
3. Nutrition.

Discussion activity.

more importance given to practical aspects.

4. Immunizn.
5. M.C.H.
6. Experience of Science & Lit. most.
7. How to recognize dis. — NHP
— Other 6 Killer dis.
8. Peoples Health in Peoples Hands.
9. Health Survey.
10. Panchayat & its functions.
11. First Aid. — Injuries / Snake bite / Elec. Shock / Drowning / Pesticides poisn / Burns / Fits / Dog-bite.

Rpt. ONE-DAY Wkshps. every months for next 5 to 6 months

Skills for Health Activists — Temp. / Pulse / Resp. rate / ORS prepn / Water sample & collecting testing / Chlorination of wells.

for People → Dehydn. correctn. / Sanitn. / Food-hygiene / Water sanitn / Prev. worm infestn / Nutritious foods / Medicinal herbs / Prevn. of Tobacco / Alcohol / Health Promo / Personal hygiene /.

Role of Drs

1. Commun. ē
   - Central team
   - Health Activists
   - Panchayat
   - Health personnel.

2. Trg. of H. Activists.
3. Prepn. for Survey.
4. in of Soft ware for Wksp
5. Help in monitoring

Co-ordination:

- Communicate ē (Drs. / Grass-root wkrs.)
- Prepn. of soft ware for Kala jathas.
- Publish booklets on Health.
- Financial mgt

Grass-root wkrs:
- Catalysts of Health
- in Decision making
- Do Hlth survey
- Health festivals.
- Getting feedback.

RELIABILITY / CONSISTENCY / ACCOUNTABILITY.
- needed for Success.

+ Documentn. to be done.

Q. How to integrate & PHC activity? Natl. Activities.

⇒ Help in disease which is problematic.

⇒ " " building "ENVIRONMENT."

PRIORITIZE on PEOPLES Priority.

- Women Activists
- Include MCH & Immunisn.
- Convenient Monitoring

~

- Q - How to involve school-children.?
  ~ Health Activities for them.

NEXT MEET ⟶ BGVS Resources.
Central Committee
Name & Emblem etc. } + Budget.

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂಖ್ಯೆ:ಎಫ್‌ಡಬ್ಲ್ಯೂಸಿ:53:95–96

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ
ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು.
ದಿನಾಂಕ: 12-9-95

ಇವರಿಗೆ:
ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿ
ಬೆಂಗಳೂರು (ಗ್ರಾಮಾಂತರ) ಬೆಂಗಳೂರು.

ವಿಷಯ: ಗ್ರಾಮೀಣ ಪ್ರದೇಶಗಳಲ್ಲಿ ಸಣ್ಣ ಪ್ರಮಾಣದ ಸ್ವಯಂಸೇವಾ ಸಂಸ್ಥೆಗಳಿಂದ ಅನುಷ್ಠಾನಗೊಳಿಸಬಹುದಾದ 'ಪಾಲಿಪತಿ' ಎಂಬ ಯೋಜನೆಯ ಬಗ್ಗೆ–

° ° °

ಭಾರತ ಸರ್ಕಾರವು 'ಪಾಲಿಪತಿ' ಎಂಬ ಒಂದು ಹೊಸ ಯೋಜನೆಯನ್ನು ರೂಪಿಸಿ ಸದರಿ ಯೋಜನೆಯನ್ನು ಹತ್ತುಸಾವಿರದಿಂದ ಮೂವತ್ತು ಸಾವಿರ ಜನಸಂಖ್ಯೆಯುಳ್ಳ ಗ್ರಾಮೀಣ ಪ್ರದೇಶಗಳಲ್ಲಿ ಸಣ್ಣ ಪ್ರಮಾಣದ ಸ್ವಯಂಸೇವಾ ಸಂಸ್ಥೆಗಳ ಮೂಲಕ ರಾಜ್ಯದಲ್ಲಿ ಅನುಷ್ಠಾನಗೊಳಿಸಲು ಆದೇಶನೀಡಿದೆ. ಸದರಿ ಯೋಜನೆಯ ಕಾಲಾವಧಿಯು ಮೂರು ವರ್ಷಗಳಾಗಿದ್ದು ಈ ಯೋಜನೆಯು ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ರಕ್ಷಣೆ ಹಾಗೂ ಕುಟುಂಬ ಕಲ್ಯಾಣ ಕಾರ್ಯಕ್ರಮಗಳಿಗೆ ಹೆಚ್ಚಿನ ಒತ್ತನ್ನು ನೀಡಲಾಗುತ್ತದೆ.

ಈ ಹೊಸ ಯೋಜನೆಗೆ ಸಂಬಂಧಿಸಿದ ರೂಪರೇಷಗಳು ಹಾಗೂ ನಿಗದಿತ ನಮೂನೆಗಳ ಪ್ರತಿಯೊಂದನ್ನು ಲಗತ್ತಿಸಿ ಕಳುಹಿಸಿಕೊಡುತ್ತಾ, ಸದರಿ ಯೋಜನೆಯ ಬಗ್ಗೆ ವ್ಯಾಪಕವಾಗಿ ಪ್ರಸಾರವನ್ನು ನಿಮ್ಮ ಜಿಲ್ಲೆಯಲ್ಲಿ ಮಾಡಿ ಸಣ್ಣ ಪ್ರಮಾಣದ ಸ್ವಯಂಸೇವಾ ಸಂಸ್ಥೆಗಳು ಈ ಯೋಜನೆಯಲ್ಲಿ ಸಕ್ರಿಯವಾಗಿ ಪಾಲ್ಗೊಳ್ಳುವಂತೆ ಮಾಡಬೇಕೆಂದು ಈ ಮೂಲಕ ತಿಳಿಸಲಾಗಿದೆ.

ಹೆಚ್ಚುವರಿ ನಿರ್ದೇಶಕರು
(ಕುಕ ಮತ್ತು ತಾಮಆ)

ಪ್ರತಿಯನ್ನು ಎಲ್ಲಾ ವಿಭಾಗೀಯ ಸಹ ನಿರ್ದೇಶಕರುಗಳ ಮಾಹಿತಿ ಹಾಗೂ ಮುಂದುವರಿಕಾ ಕ್ರಮಕ್ಕಾಗಿ ಕಳುಹಿಸಲಾಗಿದೆ.

ಡಿ೨)7995

POLYPATHY
SCHEME OUTLINE

FEATURES OF THE SCHEME:

The Scheme distinguishes itself from existing ones in the following respects:

i. It is inter-disciplinery and integrated in its approach to Health care, incorporating elements such as education, training, sanitation, drinking water, people's organisation and income generation.

ii. It can be implemented by small NGOs, at the grass-root level over a three year duration.

iii. It is intended for intensive work in a relatively small geographical units(as against coverage by other NGO schemes) with a population of 10,000,20,000 and 30,000 in rural areas.

iv. It places special emphasis on Primary Health Care and Family Welfare Programmes.

v. The scheme is multi-dimensional, in two respects: Firstly, it goes beyond mere health care, taking into account important social factors as mentioned in (i)above.

Secondly, the scheme accommodates traditional systems of medicine such as Unani,Ayurveda, nature cure and Homeopathy which are already acceptable to and widely practiced by local communities, alongside Allopathy. The term"Polypathy" has been used to underscore the Multi-dimensional nature of the scheme.

vi.The scheme is accompanied by a manual designed to guide applicants both in the preparation of a Project proposal and its implementation.

vii.The scheme will be implemented in areas having CPR less than 35 per cent. However preference will be given to projects taken up on areas having significant tribal population.

..2.

I.Objectives of the Scheme.

1.1 Develop health awareness among the people about conditions such as diarrhoea, malnutrition, anaemia as well as their prevention and cure.

1.2. Facilitate the proper utilization of family welfare and health care programmes/services of the Government and NGOs such as UIP, ICDS, etc. through a proces of information dissemination, education and motivation.

1.3. Avail of various government programmes such as the National Family Planning Programme and Diarrhoeal Disease Control programme to provide preventive and promotive health services.

1.4. To spread awareness in regard to available methods of contraception andto promote the acceptance of the small family norm.

1.5: To provide adequate training to all categories of workers to upgrade their skills for better implementation of the Project.

1.6: To establish linkages with other projects/ institutions dealing with other Social Sector Programmes which influence the health and FW activities, such as, National Drinking water, and Sanitation Programme, JRY, DWCRA, IRDP, etc with a view to obtaining benefits for the target population available under these programmes.

II. Target Population

10,000 to 30,000 population. All age groups are to be covered, including children, adult men, women, elders and the disabled.

III. Duration

Three years.

IV Personnel for 10000 population

The following staffis entisaged:-

1.Project Coordinator - 1

He should possess a minimum qualification of graduation.

contd....3/-

2. Health Provider - 1

He should have a minimum qualification of 10th pass. In cases where local candidates with this qualification are not available, this qualification may be relaxed to middle pass.

3. Supervisors -

per cluster with 5000 population. He should have a minimum qualification of 10th pass. Graduation will be a desirable qualification.

4. Swasthaya Mitra(Village level health worker) One for each village having 1000 population. He should be literate. Desirable qualification will be middle pass.

V. Pattern of assistance

V.1 Non-recurring

A non-recurring grant of Rs.72,000 for 10,000 population will be made available for the following:

- Training of staff
- Purchase of 2 cycles & 1 moped
- Conducting baseline survey
- Purchase of emergency medical kit

N.B.. The grantee institution will not be permitted to use funds to create physical infrastructure).

Cost breakdown

a. Training of staff	..	52,000
b. Purchase of 2 bicycles & 1 moped	..	10,000
c. conducting base-line survey	..	8,000
d. Purchase of Emergency medical kit	..	2,000
Total (in Rs.)	..	72,000

V.2 Recurring:

An additional grant of Rs.2,63,000 will be available for recurring expenditure for the following:

- Estt.Expenditure for staff
- Transport, Fuel, maintenance of equipment
- Low-cost medicines, replenishment of medical kit.

Cost Breakdown (Annual):

a. Estt.Expenditure for staff

..4.

Health provider @ Rs.1500 P.M. ..			18,000
Supervisers(2) @ Rs.2000 p.m. ..			48,000
Swasthya Mitras (1) @ Rs.1500 p.m.			1,80,000
Total		2,46,000	
b. Cost of transport, Fuel			6,000
c. Low-cost medicines, replacement of medical kit etc.,			6,000
d. Information, Education & Communication activities in the field of family Welfare			5,000
Total		17,000	
Total (in Rs.)			2,63,000

Note: No provision has been made for the salary of the project coordinator. This must be borne by the implementing agency.

V.3 Instalments:

	Rs.
Year I	3,35,000
Year II	2,63,000
Year III	2,63,000
Total budget	Rs.8,61,000

The total cost for projects covering a population of 20,000 and 30,000 will be proportionately increased.

The release of grant will be on the basis of 80-90% coverage of eligible couples, eligible women & Children in the target population.

POLYPATHY
MANUAL FOR IMPLEMENTING NGO

This manual is an outgrowth of the concern that most schemes are complicated, and not self explanatory. This leads to unnecessary difficulty, delay and confusion in the preparation of project proposals.

The scheme, entitled 'Polypathy: An integrated Primary Health Care-cum-Family Welfare scheme for small NGOs' has been designed to encourage even non-health oriented NGOs to enter into the area of Primary Health care and family welfare. This manual has been designed to guide them, both in preparing a project proposal under the scheme, and more importantly, in the implementation thereof.

Activity checklist for implementing NGO

This scheme envisages the following set of activities

..5.

to be undertaken by the implementing NGO, as per the time-frame set out in the Activity Chart (Annexure A).

1. Prepartory Work

This will entail the following:

1.1. Contracting pre-existing community groups: To secure people's participation by discussing the scheme with them. Where they do not already exist, such groups must be mobilized, with an attempt to involve women and the neediest (see 3 ii. and 4).

1.2. Selecting personnel: For purposes of selecting Swasthya Mitras (SMS) nominations should be invited from each village and then screened during a camp. Nominees should ideally be female, in the 30-40 age-group.

Hiring of technical staff such as nurses, doctors and nutritionists should be consciously avoided. Their services may be availed of provided they do not entail any additional expenditure to the project from the Govt. grant.

Job discriptions:

Coordinator

*Oversee day-to-day running of the project

*Disburse and account for all aspects of finance

*Coordinate various inputs and their utilization within the project

Community Organizers (Supervisors)

*Provide supportive supervision to SMs

*Maintain continuous links with panchayat leaders, govt. officials and ongoing Govt./NGO programmes in the Social Sector.

*Monitor project implementation at regular intervals

Swasthya Mitras

*Undertake motivational, educational, and communication activities in the field of family welfare.

* Distribution of condoms and Oral pills.

contd...6/-

* Provide promotive and curative health & nutritional care services to the designated population, including distribution of ORS packets, Iron Folic acid tablets etc.
* Record vital events, such as births, deaths incidence of infectious diseases or as instructed from time to time.
* Organise local community and village level groups (e.g. mahila mandals andyuvak sanghs)
* Maintain linkages with the sub-centre for coverage of Family Welfare schemes.
* Provide health and nutrition euducation to designated families.
* Maintain constant link with the TBAs and other workers of the locality.
* Identify andinform the local community about various development schemes of the government, and assisting them in getting benefits available under the Scheme
* Help Community in providing safe drinking water, clean environment by interacting with concerned local Government organisations Swasthaya Mitra may draw samples from drinking water sources for testing by the authorities and taking remiedial action. He may also assist community in chlorinating the water to make it potable.
* Help community in any other way to improve their health standards and to reduce their family size.

Health Provider

* Prepare and dispense medicines
* Provide curative services
* Provide treatment for common ailments using low-cost medicines.

[illegible] personnel to [illegible]

....₹/-

1.3 Training of personnel to impart skills in the following areas:

* Preventive and curative health work, with particular emphasis on primary health and family welfare;
* Motivation, education and communication particularly in the filed of family welfare; diagnosis;
* Community organisation and education.
* appreciate management of the project and its sustainables

Training should be imparted to personnel for skill development in the above specialised fields and other related fields identified by the training institutions which may contribute towards best management and implementation of theproject.

Training to Swasthaya Mitras will be imparted by the institutions identified by the State Governments, as per practice for all other NGO Schemes. This training will be of atleast two weeks' duration for appreciating components of Government programmes being implemented in the field.

Training to Supervisers would be organised at the nearest health and family welfare centres for a period two months so that appropriate management, finance and programme delivery procedures could be understood by them.

Training to Health Providers would be organised in the nearest ISM institute for a period of 3 months, as dispensing basic Ayurvedic remedies, some Homoepathic remedies would need some basic knowledge to diagnoise differences between fevers emanating from different disorders. Regarding Allopathic remedies one month's attachment of the Health Provider to the Male Multi Purpose Wokers Training Institution would be arranged. Thus the total period of training for the Health provider would be 4 months.

....8/-

For imparting appropriate training to all above categories of personnel it would be necessary to be prepare training modules. These modules will be prepared by engaging consultants andthe same would be printed at Government expenses and made available to the NGOs. These modules, apart from training in the field of MCH, Family Planning and Health Care, will provide for specific linkages to be built up by Swasthaya Mitras and the Supervisers with the DWCRA groups including setting up of DWCRA groups where they do not exist. The Swasthaya Mitra would also be made a member of DWCRA and the income generation would be accounted for to make this scheme sustainable. The training of all the above categories will be on one time basis.

1.4 Baseline survey: to establish programme priorities. An appropriate proforma for conducting this survey should be formulated prior to starting work within the target area. Attached as 'Annexure B' xx is an illustrative proforma, which should be altered to suit the needs of the community in the project area. The survey should be so designed as to generate sufficient data with respect to the Family Welfare Programme. This, in turn, should enable the beneficiary organisation to evolve a 'Tailor-made' programme to cater to the family welfare component of this scheme.

1.5 Net working: to establish linkages with existing agencies (including NGOs). Functionaries of existing national level programmes such as ICDS, National Family Welfare Programme, Malaria control, DMDA scheme and UIP should be contacted and consulted periodically.

The following linkages may be established at different administrative levels:

* At District Level:

  Chief Medical Officer, Health (CMOH)
  District Health Officer(DHO), for Family Planning & MCH
  District Hospital (for referrals)
  Other NGOs.

contd....9/-

* At taluk/subdivsion level:
  Panchayat

  Sub-divisional Medical Officer
  other NGOs

* At Block level and below:
  panchayat

  Mahila Mandals
  PHC

  CDPO, ICDS, DWCRA, IRDP
  Health sub-centre (for referrals)
  Traditional Birth Attendants (TBA)

1.6 Arranging premises

1.7 Developing a system for record maintenance, monitoring and evaluation.

2.2. Family Welfare & Primary Health services

2.1 Curative services: using alternative systems of medicine, e.g homeopathy, naturopathy, unani and ayurveda, alongwith allpathy, curative services are to be provided by the implementing agencies, without duplicating existing Government services. This does not preclude the provision of basic curative services to take care of emergencies/ common ailments especially in remote areas. Priority may have to be given to vulnerable/at risk groups, such as women and children with special emphasis on issues such as women's health, family planning for both men and women, immunization for universal coverage.

A combination of traditional systems of medicine and allopathy can be used to advantage. For instance, allopathic drugs are effective in the treatment of shock, profuse bleeding, dehydration resulting from acute diarrhoea. On the other hand, ailments such as coughs, colds and viral hepatitis respond well to traditional medicines. Proper guidance, however, should be sought from adequately trained personnel when deciding upon the course of treatment. (see "AnnexureC" for an indicative list of ailments and remedies under different systems)

2.2 Referral services to the nearest health facility, whether Governmental or non-Governmental, are to be an essential activitity. If necessary, outlays may be made to cover transportation costs in emergency cases.

2.3. Pressure groups must be built up so as to activate the existing health machinery and ensure effective utilization of available services.

3. Motivation, Communication & Education

In order to:

a. Build self-reliance in health care within the community &

b. Periodically upgrade the skills of health personnel

the following activities are suggested:

i. Health awareness meetings/camps: These should be organised on specific issues, e.g. family welfare and planning, diarrhoeal disease control, hygience & sanitation, water and food borne diseases.

ii. Home visits and direct interaction with the people through pre-existing community groups such as mahila mandals, yuvak sanghs, school teachers, etc.

iii. Training programmes for skill development of indigenous practitioners and traditional dais.

Note: A considerable part of this programme will emphasize health awarness in the people, through home visits as well as group contact. This will hopefully lead to improved knowledge and utilization of preventive and promotive health care services of the government. For this purpose, use of posters, puppet shows, street theatre and other lowcost folk media is to be encouraged.

4. Community Organisation

The formation of effective commununity groups for self-reliance in health should be given priority. Mahila mandals, yuvak sangs, farmer's cooperatives are some such time-tested groups. (Where already existing, such groups can facilitate the selection of staff for the project and assist in conducting the baseline survey/ needs assessment).

....11

5. Monitoring & Evaluation

To be undertaken periodically.

General

1. Cost recovery

Fees should be charged for services rendered and fixed in consultation with the community. Over time, the concerned NGO should be able to generate income from other sources such as private donation, income generation projects such as poultry, fishery and agriculcure. This will help in covering the estimated deficit in the budget of the NGO and allow continuity of the programme, after the cessation of Government funds. Running costs should be kept at a minimum to ensure continuity.

2. Income generation

A Concerted effort should be made by the implementing agency to avail of existing income generation schemes for the SMs to help them become self-reliant in the long run.

3. Placements of SMs

Some of the SMs may eventually be absorbed into the Government health structure under programmes such as the ICDS as and when vacancies arise.

4. Eligibility conditions

a) All Non-Governmental organisations/Institutions registered under the following shall be eligible to receive the grants under the scheme:

1. Indian societies Registration Act 1860
2. A charitable non-profit making company.
3. A public trust registered under a law for the time being inforce
4. Any registered non-financial organisation engaged in the conduct and promotion of Social Welfare.

b) Grant under the scheme shall also be admissible to other non-Governmental organisations working in other social sector schemes, which have registration under any of the Acts listed at (a)above.

5. Monitoring and Evaluation

The monitoring of the project activities will be done by the Medical Officer of the Primary Health Centre, Mid-term Evaluation by the sub-Divisional Officer(Civil)/Deputy Commissioner and final evaluation by the population Research Centres.

6. Progress Report

The NGO will be required to submit a six monthly progress report in the prescribed proforma attached at Annexure 'D'. This report should besubmitted to the Department of Family Welfare after signature of the Medical Officer in charge of the Primary Health Centre or Chief Medical Officer of the District.

7. Procedure for submitting application for grants

Proposals for grant-in-aid in the prescribed format attached at Annexure 'E' may be submitted to the Under Secretary (VOF) Department of Family Welfare, New Delhi, in duplicate. One copy should be sent to the Deputy Commissioner with the request to forwardedhis recommendations in consultation with Chief Medical Officer to the Department of Family Welfare indicating clearly that:

1. The grant-in-aid asked for is justified for the activities included in the project report:

2. The organisations ishaving a dependable track record and is capable of implementing the project efficiently and effectively:

3. Documents/reports submitted by the organisation have been verified and found to be in order.

contd...13/-

Annexure A

Activity Chart

Activity	Time Frame (Quarterly)											
	Year I				Year II				Year III			
	1	2	3	4	1	2	3	4	1	2	3	4
Selection of Personnel												
Needs Assessment												
Training of Personnel												
Preparation/ Procurement of Medicines												
Treatment of Common Ailments, Preventive & Promotive Services												
Community Education Collective Action												
Organisation of Village Level Groups												
Establish Linkages with Existing Health Services												
Income Generation Activities												
Monitoring												

contd...14/-

ANNEXURE-B

BASELINE SURVEY:COMMUNITY HEALTH

A.GENERAL & SOCIO-ECONOMIC STATUS

1. Head of Family . . . . . 2. Address

3. Occupation ..... 4. Monthly Income in Rs.

5. Religion ..... 6. Caste

7. Type of House..... Kuccha Pucca..... Mixed

8. Source of Water a. Community .....
   a.1.Dug Well Tube Well Hand pump River
   Pond piped
   b. Own
   b.1.Dug well Tube well Hand pump Piped

9. Disposal of excreta Open field Service latrine Sanitary Latrine
   Sanitary Latrine other

10. Family Composition

No.	Name	Age	Sex	Relation withHOH	Marital Status	Education	Occupation

B.NEEDS

11. We would like to know if you have any problems Yes No
    if'yes',what are they:

12. What are the problems pertaining to health?

13. Which of those stated do you think is the most important problem for you and your family?

14. How do you deal with it?

15. Do you think you need some help to sort it out? Yes No

C.SICKNESS PATTERN

16. Is there any one in your family who has suffered from any illness during the last one month Yes No.
    If'Yes',
    a. Name of the disease/Symptoms:
    b. Duration of illness:
    c. Treatment given,where and by whom:

17. Is there any one in the Family suffering from Prolonged illness Yes No.
    If 'Yes'
    a. Name of the disease/symptoms:

b. Duration of illness:

c. Treatment given, where and by whom:

D. BIRTHS & DEATHS

18. Have there been any deaths in the family during last one year — Yes / No

If 'Yes'

a. Age of the deceased member(s):

b. Probable cause of death:

c. Was it registered? Yes / No

d. If 'Yes', when:

19. Have there been any births in the last year — Yes / No

If 'Yes'

a. Place of Delivery — Home / Sub-centre / PHC / Hospital / Private Nursing Home / Other (Specify)

b. Who conducted the delivery — Trained Dai / Nurse / Doctor / Untrained Dai / FHC Health Worker (ANM) / Other (Specify)

c. Was it registered? Yes / No

d. When:

E. MATERNITY HEALTH & FAMILY WELFARE

20. Is there any pregnant women in your house — Yes / No

If 'Yes'

a. Has she been examined by some trained person — Yes / No

b. By whom — Doctor / Nurse / ANM / Midwife / Other (Specify)

c. Is she receiving Iron & folic acid pills — Yes / No

d. Has she been given tetanus toxoid injection? — 1 dose / 2 doses / None at all

e. By whom and When:

f. Has there been a house visit by health worker — Yes / No

contd.15 next page

21. Are you aware of the following family planning methods

Safe Period Condom Jelly IUD Oral Pills

Sterilization Other (specify) _____

22. Are you using any contraceptive at present Yes No

If 'Yes', type of contraceptive: _____

Duration of use: _____

23. Have you used any contraceptive in the past? Yes No

If 'Yes', type of contraceptive: _____

Duration of Use: _____

24. Usage discontinued because

Wants Children Had/afraid of side effects

Any other reason

25. Did you suffer from any complication following use of contraceptive Yes No

If 'Yes', Abdominal pain Excessive bleeding

Fever Discharge Other (Specify) _____

contd.....16/-

26. To be filled in for children below 2 years

No.	Name	Sex	Age	DPT				OPV				BCG	Measles
				1	2	3	Booster	1	2	3	Booster		
1													
2													

Source of Immunization: Out-Out reach HC- Primary Health Centre Hos-Hospital SC - Sub-Centre

* Date of Immunization

F. HEALTH SERVICES

27. Are any of the following services are available to You?

If 'Yes' indicate their quality

	Very good	Good	Satisfactory	Poor	Very poor
a. Visit by Health worker					
b. Sub-Centre					
c. P.H.C					
d. OGO					
e. Hospital					
f. Private Doctor					
g. Other (Specify)					

contd.....16 next page

b. How do you think these services can be improved? .....

C. HEALTH INFORMATION.....

28. Where do you get most of your health information from

Health worker Doctor Neighbour Relative Friend Newspaper
Radio TV NGO other

. . . . . .

29. When someone falls ill what do you normally do first:

Use any home remedy
Discuss with neighbbur/Friend/relative & do what they suggest
go to nearby chemist shop and buy some medicine
discuss with health worker
consult your doctor

. . . . . .

H.OBSERVATIONS AND COMMENTS.....

. . . . . .

. . . . . .

. . . . . .

Respondent(Signature or Thumb impression) Investigator

Date Time

Indicative List of Ailments and Remedies under Different Systems.

I. AYURVEDIC REMEDIES

1. Simple cough . . . . . .Adulsa Kalp/Vasavaleh/Vararisth
2. Leucorrhoea . . . . . Musali Khand
3. Inadequate Lactation . . . . . Satavari churn
4. Burns . . . . . Dhatura Ointment
5. Dysentery . . . . . Kutaj ghan Vati
6. Malaria . . . . . Karanj churan/Phitkari/Bhashm Jvarakush ras
7. Typhoid . . . . .Sanjivini bati/Guruch/Kadha Jwarankush ras
8. Simple cold & Fever . . . . .Tribhuvan Kirti ras/ Tulsi juice with honey
9. Influenza . . . . . Godanti bhashm
10. Diarrhoea . . . . Ram ban ras/Bel churan/Juice of Kangi leaves + Curd
11. Stomach ache . . . . . Shank bati/Roots of bhatkatiya + gud
12. Headache . . . . . Kapur/Eucalyptus Oil + Vaseline (ointment) Godanti Bhashm
13. Bleeding from . . . . . Juice of doov or arusal/ Phitkari + Milk
14. General good health & Vitality . . . . Chavanprash

II. ALLOPATHIC REMEDIES

1. Worm infestation . . . . . Piprazine citrate
2. Diarrhoea . . . . . .Fyrozolidine
3. Fever . . . . . .Paracetamol
4. Pneumonia . . . . . .Co-trimoxazol
5. Asthma . . . . . .Aminophyll in/Solbutamol
6. Allergies . . . . . Chlorophenermin Malliate
7. Scorpion bites . . . . . .Lignocaste
8. Post Parturition bleeding . . . . . .Methargin
9. Aches & Fever . . . . . Asprin
10. Biols, Cuts, abrasions. . . . .Mercurochrome(Tincutre)
11. Meliess. . . . . .Chloroquin, Primaquin

....18/-

III. HOMEOPATHIC REMEDIES

1. Common Cold

* Sneezing, irritating discharge	Arsenicum Album, every 1 to 3 hours
Watery coryza with weakness	according to severity of the case
* Nose blocked in children	Sambucus 30, every 3 hours
* Tendency to catch cold	Sulphur 200, one dose for a week
. . . . .	Calcarea carb 200, one dose for the
. . . . .	next week
. . . . .	Tuberculinum 200, one dose for the
. . . . .	week after
. . . . .	To be repeated again this order

2. Coughs

* Dry, irritating cough.....	justicia 30, every 1 hour
* very loose rattling cough	Antimonium tartaricum 30 every 3 hrs.
* cough with thick ropy expectoration.....	cocus cacti 30, every 2-4 hrs.

2. Whooping cough

* In the early stage.....	Drosera, 3 doses every 4 hrs.
* Violent spasm of cough with face..... turning blue	cuprum 30, every 2-4 hrs

4. Asthma

* Asthma in children-ipe-cac 30, every 2 hrs	
* In difficult cases.....	baltta orientlis Q, alternately
with.....	Grindelia robusta Q.5 drops in water
.....	every half an hour

5. Headache

* Right sided headache may be..... accompanied by vomiting.....	sanguinaria 30, every 1 hr; if relieved then every 2 hrs.
* Left sided headache hours according to severity of case	Spigolia 30, every 1-2 hrs
* Bursting, Violent headache with..... no apparent relief	Meliotus officimalis 30, every one hour.

* Headache in tired woman with..... Sepia 30,every 4 hours disturbed mensus

6. Vomiting

* Vomiting with diarrhoea..... Ipecac 30,Arsenicum Album 30 Alternately every 1 hr

* Vomiting of milk in children... Aethusa 6 every 3 hrs

* Vomiting during pregnancy..... Symphytum 30,every 4 hrs.

7. Pain in Stomch and Abdomen

* Pain in stomach after eating... Abies nigra 6 every 1-2 hrs

* Pain in stomach,much acidity....Natrum phosphoricum 12 and Calcarea

Heartburn — Phosphorica 12,alternately every 2 hours

* Colic in infants — Colocynthis 30 every 1/2 to 1 hr.

8. Diarrhoea, worse from eating or drinking anything, watery stool — China 30,every 6 hours

* Diarrhoea in children during dentition when they are irritable — Chamomilla 30, every 2 hrs.

* Chronic diarrhoea — Sulphur 30, in the morning Nux vomica 30 at bedtime, Natrum sulphuricum 12x and calcarea phosphorica 12, every 6 to 8 hrs.

9. Dysentery

* Dysentery with high fever in — Aconitum 6 every 1 hr early stages if better every two hrs

* Dysentery with great nausea — Ipecac 30,every 1-2 hrs

* In children when irritable — Chamomilla 30, every 6 hrs

10. Cholera

*Preventive .. Cuprum arsenicosum 3 every 2 hrs

*First remedy in case of cholera .. camphora 30,2 drops in water or sugar every 15 minutes

*In severe cases, where collapse occurs- carbo vegetabillis 30 every 15 mins.

11. Fevers

*simple fever.... ferrum phosphoricum 6x,kali Muriaticum 6x,3 tablets each every 4 hrs.

Malarial fever with chill and shivering on	Caesalpinia bonducella 6 every 4 hours one day and the other day appears with slight chill
* intermittent fever with chill	Alstonia constricta 6 every 4 hrs

12. Preventives

* Measle	Pulsatilla 30 twice daily, Morbilinum-200 once a week, Arsenicum album 200 1 dose daily
* Influenza	Arsenicum album 200 1 dose daily
* Typhoid	Arsenicum album 200 1 dose in 4 days Baptisa 3x,3 times daily
* Whooping cough	Pertussin 200, once in 4 days Drosera 30 twice daily
* Diptheria	Diptherimum 200 once in four days Mercuricus cyanatus 6x twice daily.

13. Wounds

* contused wound	Calendula Q locally, Arnica 200 1 dose for shock followed by calendula 30 every 2 hours
* Stings, insect bites	Ledum 30 every 3 hours
* Burns	Canthar is 30 every 4 hrs.

14. Boils

* As a rutine remedy	Arnica 30 every 3 hours
* Very painful boils	Hepar sulphuris calcareum 30 every 2-4 hrs.

ANNEXURE-D

Progress Report of the work Done

Name and Address of the organisation — Period of the Report

1. Name of the Project
2. Date of Commencement of the Project
3. Name of the office bearer of organisation supervising the project
4. Needs assessment of the target population as per the base line survey

a) General and socio-economic status
b) Sickness pattern
c) Birth and death rates
d) Mother and child health and Family Welfare
e) Health Services f) IEC

5. Position of:

a) Selection of personnel for the project and their training

b) Preparation/Procurement of medicines

c) Treatment of common ailments, preventive and promotive services element-wise figures to be given

d) community Education for collective action and organisation of village level groups(the information should specifically indicates number of meetings and get-togethers etc, and the village level groups actually organised).

6. Details of linkages with Health Services etc. established

7. Details of income generation activities.

8. Performance for Family Planning

I) Number of eligible couples motivated for acceptance of one of the following methods and the number of them who received necessary services from the Primary Health Centre etc.,

- Sterilisation	Tubectomy	Vasectomy
IUD Insertion	Oral Pills	Contraceptives
Iron folic tablets		

2) MCH

Total number of eligible women

Number motivated and referred to PHC/other Hospitals for service with details
Actual number who received services with details

3) Total number of eligible children No.Provided immunisation as a result/motivation by the NGO information to be given dose wise. No.of ORS packets distributed

Name and signature of the General Secretary/President of the organisation with seal of office

CERTIFICATE:

Certified that after personal examination of the records of the Organisation and Primary Health Centre I have found that the information given above about the physical perform the organisation is correct the IUD Insertion, sterilisatic and MTP cases were done in the primary Health Centre with motivation by the NGOs

Name and signature of the Medical Incharge of Primary Health Centre
Medical Officer of the District

...

Word 4
of provision..

APPLICATION FORM ANNEXURE-E

1. Name of the Organisation

2. Registered Address

3. Registration Number(with Act/Statute under which registered)

4. Financial status of the organisation
   1) Total income during the last three years
   2) Total assests during the last three years

5. Details of Health/Family Welfare Infrastructure/personnel available with the organisation

6. Health and Family Welfare workers in employment

SL. No.	Designation	Qualification	whether on full time or part time basis

7. Previous activities of the Organisation, especially in relation to Family Welfare

Sl.No.	Nature of activities	place where undertaken	with dates

8. Amount of grant-in-aid required(item-wise
   i) Recurring ii) Non-Recurring

9. Duration of the project

10. Project area
    1) No.and name of the villages with population of each
    2) complete addresses of the Centre from where the project will be implemented

11. Total population
    1) Eligible couples
    2) Couples which are already protected by
    i) Sterilisation ii) Oral pills (iii) IUD iv CC

11A Eligible women

11B Eligible children (position of coverage for MCH services by PHC)

12. Complete Address of the Primary Health Centre/Hospital/ Dispensary which will be providing services and materials.

13. Targets to be achieved
    1) For Family Planning
    2) Treatment of common ailments and prevention of diseases
    3) Community Education & organisations of Village level groups
    4) Establishment of linkages with existing health services/other NGOs
    5) Income generation activities
    6) Any other relevant information.

Name and Signature of the
General Secretary/President of the Organisation
with seal of office

...

Vs/-19895

POWERS , FUNCTIONS AND RESPONSIBILITIES OF PANCHAYAT IN HEALTH CARE

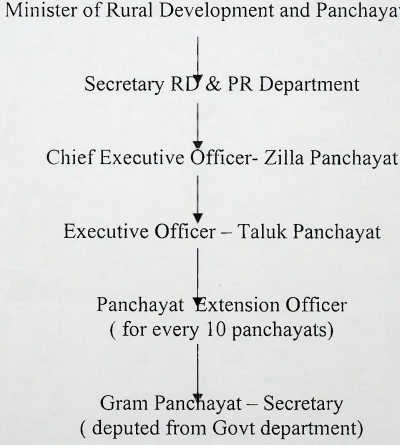
1. Assist in development of Taluk and district level hospitals.
2. Assist in identification of beneficiaries and supervision for the eradication of Tuberculosis, Malaria, AIDS, Leprosy and other dreaded diseases.
3. Assist in establishment of dispensaries in Tribal areas.
4. Assist in identification of beneficiaries for benefiting under Mobile Medicare unit services in the remote localities.
5. Assist to identify beneficiaries and involve public in prevention and control of diseases.
6. Involvement of NGOs in conducting Eye and Family Planning camps.
7. Implementation of construction, supervision and maintenance of primary health centres and maternity centres.
8. Creating awareness among the public about the importance of health environment and control of diseases.
9. Assist in providing financial assistance and identification of beneficiaries to conduct training for Multi Purpose health workers of PHCs.
10. Assist in implementation of immunization against Diphtheria and Polio for school children.
11. Implementation and supervision of maternity and Child health centers.
12. Implementation of school health scheme.
13. Implementation of Birth and Death registration.
14. Implementation and supervision of sanitation activities.
15. Recommend and assist concerned officials in extending the service area of the primary health centers and health sub centers.
16. Assist in training of the nurses and doctors and other employees of voluntary organisation through District training teams for the benefit of the villagers.
17. Identify qualified and competent officials in extending the service area of the Primary health Centres and health Subcentres
18. Identify qualified and competent persons among the practitioners of Indian system of Medicine and encourage the use of indigenous medicine.
19. Render necessary assistance to health workers in compiling statistics relating to pregnant women and women in reproductive age so as to provide health service to the target groups.
20. Collect data on causes of various diseases that affect children and inform the concerned officials to take up remedial measures.
21. Encourage visits by Junior Health Assistants and MPWs to households and create awareness among public for proper utilisation of health services provided by the health and Family welfare dept.
22. Ensure availability of essential life saving drugs in the Primary Health centers and sub centers on continous basis.

23. Ensure regular health appraisal of primary and elementary school children, maintain their health records and arrange treatment got the ailments , keep health record of adolescent girls identify their nutritional needs and other ailments, organise treatment and to promote health education and nutrition education in schools. Ensure healthy , Nutrition and population education in schools, and coordinate the services of the concerned departments in this regard.
24. Ensure and encourage periodical visits of the health team to schools to watch the health status of the school going children.
25. Form village health committees, comprising Panchayat president as Chairman, Junior health Assistants, Traditional Birth Attendants, and other key people in village to form the committee.
26. Identify endemic and communicable diseases and also complicated diseases and assist workers of Health dept. in providing necessary medical services and arranging referral services.
27. Conduct village health and medical check up camps.
28. Village Panchayats may render assistance for implementation of Food Adulteration Act 1954.
29. Ensure chlorination of open water sources and clean them periodically. Ensure cleaning of the private water tanks and community latrines and protect the drinking water sources from getting contaminated.
30. Construct and maintain drains to dispose of wastes and drainage water in order to prevent the stagnation.
31. Organise disposal of solid wastes from disused wells, tanks and ponds in order to prevent hazards to health and also to protect the environment.
32. Enforce provisions of Public Health Act 1939 in respect of drainage and sanitation and thus protect Public health .

(G. O. Ms No. 220, Rural development (C.1) Department, dated 4.7.97.)

(G.O. Ms No. 272, Health and Family Welfare (L—1) Department, dated 5.7.97)

STRUCTURE OF PANCHAYAT RAJ SYSTEM IN KARNATAKA



Eligibility for Membership in Gram Panchayat

1. He / She should be of 25 years of age
2. He/ She should have a toilet in their house.
3. He/ She should not have any criminal records against them.
4. He/ She should be domicile of that village.

Meetings of Gram Panchayat :

Gram panchayat should meet atleast once in 2 months. In this meting all the programmes of the various villages in the panchayat are discussed.

Gram sabhas :
is meeting of all the electorate in the village . This meeting should discuss the following : all the development programmes in the village during the last 6 months, planning for next six months and budget for the programmes.

Funds for the Gram Panchayat :
Every Gram Panchayat will receive the annual grant of Rs. 2 lacs from the Govt. Apart from this they will also get the money from various development schemes in the village like SGSY (earlier called IRDP). But from this SGSY grant atleast 25% should go SC/ST population of the village
Apart from these sources Gram panchayats also raise the money from taxes, rents for the buildings etc.

Standing Committees : All the three tiers (Zilla, Taluk, and Gram) of Panchayat systems Karnataka have standing committees as support to their activities . These committees are -
Facilities committee : which look at all the facilities available in the village like, schools , housing, lights, roads etc.
Social Justice Committee : which look into various litigation in the village. Along with this, committee will also look into issues like Child Labour, Devadasi system etc.
Production committee : Which looks into all the sectors from which Gram panchayat can get the revenue, i.e Agriculture,Fisheries, etc.

Sankalpa
- influencing educational governance at the Gram Panchayat level

POC - 41.

Prajayatna's perspective on educational governance
The issue of governance in educational reform and the associated concept of decentralisation have been integral to the work of Prajayatna. The question of decentralisation hereby is not seen only as an alternative to an ineffectual centralised system but instead as the only way of functioning.

Inextricably linked to this proposition of a decentralised framework is its approach towards measures of governance - power, legitimacy and capacity to access and utilise resources - distributed inequitably across the different stakeholders, in the prevailing social and political structure. It may be noted that in speaking of decentralisation, there is the caveat of not treating it as an oversimplified issue of efficient logistics or technicalities of distribution of powers that would ensure immediate results; since communities would first have to deal with an education system, the design of which for several decades now, has largely alienated local schools from the local communities.

The process would therefore entail sound institutional arrangements that enable truly empowering terms of engagement between the different stakeholders. An empowerment that gradually engages the people, depending on the level at which they currently are, and gradually increases the scope of their responsibility; rather than tokenistic participatory measures, left to the discretion of existing structures and processes. The engendering of a concept of governance that engages the state and civil society through structures and experiences where they assume responsibility, with a sense of ownership, becomes expedient.

Effecting educational governance at the GP level
It is based on this perspective of educational governance and community ownership that Prajayatna, over the last 2 years, initiated processes with the Gram Panchayat (GP) Presidents and Secretaries in 28 talukas (across its 6 districts of operation) to discuss their role in facilitating education reform. The process involved a dialogue with the GP members at the block level to share detailed GP-wise school information, discuss the role of different stakeholders and evolve a GP level school development plan, both in terms of facilitating collaborative structures with the SDMCs as well as enabling them towards more efficient utilisation of GP funds for educational purposes.

At a meeting with the Commissioner for Public Instruction, (Dept of Education, GoK), while sharing this experience across the 950 Gram Panchayats and the visible impact on school development, a similar concern was reflected by the education department

functionaries - to enhance the role of Gram Panchayats in education reform. Further meetings led to a partnership between Prajayatna and the Education Dept to extend the scope of this process to other districts in the state. This took shape in the form of **'Sankalpa - a statewide process to facilitate the role of GPs in the process of education reform'.**

Planning at the GP level
To initiate the process, it was decided that Prajayatna would facilitate a process for Presidents and Secretaries of both GPs and SDMCs in 19 educational blocks (of 18 identified districts). In addition to starting a discussion on the role of Gram Panchayats in education reform, the objective was to facilitate the training of Education Dept functionaries - the Block Resource Coordinators (BRCs), Block Resource Persons (BRPs), and Cluster Resource Persons (CRPs) - as Master Resource Persons who would take up subsequent processes with the GPs in the remaining blocks and districts.

Raising primary concerns of 'how have we as communities understood the education system', and 'what is the relationship between the community and the school', the workshops with the GP and school committee members began with a discussion on these issues in the context of the status of education in the different Gram Panchayats. The nature of discussions across the 19 educational blocks varied, in keeping with the socio-economic and cultural background of the area and the priority accorded to education. For the first time, members of the Gram Panchayats and School Development and Monitoring Committees sat together to identify and prioritise issues and discuss resource-mobilisation to effect change. The meeting concluded with a sharing of the joint action plans by the GP and SDMC functionaries for every GP.

Taluka-level follow-up process
Subsequent to this process facilitated for over 680 Gram Panchayats between Jan-Mar 2003, a follow-up process was facilitated at the taluka level in each of the 19 blocks. This process highlighted initiatives undertaken by almost all of the participating GPs across the 18 districts, based on the action-plan prepared at the first workshop. Many of the activities undertaken towards school development reflected for the first time a joint effort made by all the stakeholders-the Gram Panchayats, the school committees and representatives from the education department (the cluster resource co-ordinators representing 2 GPs). The work implemented includes provision of drinking water, construction of toilets and compound, registration of land, levelling of playground among other issues. In case of issues not being resolved at the Gram Panchayat level, efforts were made to ensure its addressal at the Taluk and Zilla Panchayat (TP & ZP respectively) level. Funds from the TP and ZP were accessed and rooms constructed after identifying places where extra rooms or school repair was required. As the initial workshop also highlighted the availability of resources in Sarva Shiksha Abhiyan scheme(SSA), many infrastructural issues were addressed with the support of

this fund. Some of the Gram Panchayats also worked along with the school committees to improve children's attendance and enrolment, especially in areas where the dropout rate was higher.

Redefining the planning process

After the follow-up process, a planning meeting was held with the Director and Joint directors -Primary Education, Principals of the 6 Colleges for Teacher Education (co-ordinating the Sankalpa process in the districts), Director-DSERT, the State SSA team and Prajayatna. The meeting was primarily to discuss the future course of action following the impact of the Sankalpa process so far. While initially, there was a discussion on extending the Sankalpa process to newer districts, it was decided to first initiate the process in the remaining talukas of the 18 identified districts.

On Prajayatna's suggestion it was decided that rather than plan the entire process at the State level, a district-level meeting should be held in the 18 districts to plan with the respective district officials and Edu Dept representatives and the elected representatives at the district level, the process of implementation in the remaining blocks of each district. It was proposed that the meeting would also include the identification of 5-8 individuals as resource persons for the districts, who in turn would be supported by Prajayatna to take the process forward. The process of facilitation would require the district resource team to visit a Prajayatna working district (in their proximity) for a 3-day programme. This would involve accompanying the facilitators to field-level processes, observing initiatives of Gram Panchayats and SDMCs, followed by discussion about the implementation plan.

District level planning meetings

Over the next 2 months (Sep-Oct 2003), 18 district level workshops involving the Chief Executive Officer, the Zilla Panchayat President, all the Block Education Officers in the district, the Block resource persons, DIET lecturers, Deputy co-ordinator for SSA (district representative of the programme) were facilitated. These meetings were the first instance of joint planning between the bureaucracy and the elected representatives, for a district programme on education. It was observed that earlier even if there was a district-level meeting, it was largely to discuss implementation of already formulated plans. Planning based on the feasibility and need of the district ensured that the understanding of all the stakeholders regarding implementation was inherent in the planning process itself. In all about 1000 functionaries participated in these meetings across 18 districts.

District level facilitation of resource persons

Following the district level planning meetings, Prajayatna facilitated 116 resource persons (including Block resource persons, DIET lecturers, SSA team) from the 18 districts who visited Prajayatna working districts (depending on the proximity to their district) and were supported in understanding the issues from a community's perspective.

The feedback received from these district resource teams included the following:

- Initially some of the functionaries had apprehensions regarding the planning and implementation processes initiated by the communities- in terms of whether the communities could plan and implement by themselves. Also in keeping with their experience they were not very positive about the Gram Panchayats and school committees being able to work together. The visit to the Prajayatna's working district enabled the resource persons to understand a new perspective about community ownership which was not tokenistic but more determining; the role of stakeholders becoming clearer in the light of ownership, the kind of relevant and accurate information required for effective planning and what the process of facilitation actually implied.
- They also shared that for the first time, this process was more participatory rather than being pre-designed with little or no role for the participants. This they thought was contrary to a classroom training process usually conducted by the department wherein the participants are mere recipients, who just have to implement what is being instructed by the "master trainer."
- This kind of participatory learning process, they shared, provided greater opportunities for learning and understanding of issues based on their individual learning approach. The entire programme was very process oriented, which they thought enabled them to understand more clearly why it was important for the Gram Panchayats to play an important role in educational reform, rather than as a scheme where a certain number of trainings had to be implemented as part of departmental targets.

Taking the process forward

Prajayatna's framework of community ownership represents a relationship between the state and civil society that goes beyond either a lesser role of the State or a condition where the state merely provides inputs within its existing bureaucratic framework, leaving the rest to be addressed by the community. In fact, it is posited that community ownership necessitates a redefining of relationships between the state and civil society that operates within a structured non-statal framework, as determined by the community's articulation of its needs. Consequently, this would involve that the state finds appropriate ways to relate to the new community institutions, as shaped by the communities' articulations. Operating from such a paradigm, Prajayatna would continue to work towards playing a facilitative role to evolve new structures and processes that would in turn redefine relationships between the state and civil society.

*****