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Promoting community participation and inter sectoral convergence to address health and its social determinants at community level - Experience from the functioning of Gaon Kalyan Samiti in Odisha

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Abstract: Community participation and intersectoral convergence is the key to address the issues related to health and its social determinants. Community based platforms plays an important role in facilitating involvement of community members in planning, implementation and monitoring of activities related to health and its social determinants. One such platform is Village Health Sanitation and Nutrition Committee (VHSNC) under National Health Mission (NHM) which is known as Gaon Kalyan Samiti (GKS) in the State of Odisha. As a community based platform, GKS has played an important role to undertake need based activities that affect the health and wellbeing of the community. This paper presents the role played by the GKS to promote community participation and intersectoral convergence while addressing issues related to health and its social determinants at community level.

Key words: 1Community participation, 2 health, 3 intersectoral convergence,4 National Health Mission,5 social determinants of health, 6VHSNC.

1 Introduction

The term “Community participation” has a long history as a development strategy. One of the most defining events in the global public health arena that gave community participation a prominent place in public health was the WHO and UNICEF sponsored conference on Primary Health Care (PHC) at Alma Ata in 1978. The Alma Ata Declaration defined Primary Health Care (PHC) as “*Essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination*” (WHO, Alma Ata Declaration VI, 1978, p.1). World Health Organization (WHO, 1991) defines participation in

health as a process that involves groups and individuals exercising their rights by playing a direct and active role in the development of the needed health services and in ensuring the sustainability of better health. It states that “people have the right and duty to participate individually and collectively in the planning and implementation of their health care.” The term ‘community participation’ is commonly understood as the collective involvement of local people in assessing their needs and organising strategies to meet those needs. The rural health policy framework Healthy Horizons Outlook (National Rural Health Alliance 2000) includes the principle, ‘participation by individuals, communities and special groups in determining their health priorities should be pursued as a basis for successful programs and services to maintain and improve their health’. One practical way is to look at community and participation separately and then applying that understanding in defining the concept as *‘a process by which people are enabled to become actively and genuinely involved in the defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change’* (WHO, 2002, p.10). An essential understanding is that effective community participation in health entails a side-by-side involvement of community members with health care professionals and a responsible sharing of both power and responsibility.

Community participation is defined as a process that increases a community’s capacity to identify and solve problems by appropriate action. Such participation can lead to equitable and sustainable improvements in health. When communities have this capacity, health programs may be more effective because solutions to health problems are based within that community’s social structures, and accountability systems ensure that services are suited to the socio cultural context. The WHO review concluded that empowerment strategies, of which community participation is one, are promising in their ability to produce both empowerment outcomes and health impacts, with demonstrable added value to individuals and communities.

The direct involvement and engagement of ordinary people in the design, implementation and evaluation of planning, governance and overall development programs at local or grassroots levels has become an integral part of democratic practice in recent years (John Friedmann, 1992). In large part, this is due to the benefits it brings to health programs and interventions. Baum FE (1998) notes that participation is highly beneficial to health; it ensures effectiveness and sustainability of interventions ensuring that internalization, trust and support of the people are gained. Community participation in primary health care and rural health service development has been argued to result in more accessible, relevant and acceptable services (National Rural Health Alliance 2002; Taylor et al.2008). In addition, it is often implied that community participation results in higher community satisfaction with health services, and indeed better health outcomes, even though evidence to support this assertion is limited (Kilpatrick 2009).

Convergence in efforts and strategy in one of the basic prerequisites of the development process in recent times, as the issues and its causes are multifaceted and diverse in nature. So the deriving results from an intervention and bringing an impact out of the same necessitates integration and putting together of resources and efforts among the various stakeholders. Intersectoral convergence in health is considered as a process towards achieving higher efficiency, quality, coverage, and effectiveness or as an end in itself, i.e. holistic approach to address health and its social determinants.

Social determinants of health (SDOH) refers to the determinants and conditions in which people are born, grow, live, work and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They include factors like socioeconomic status, education, water, sanitation, nutrition, the physical environment, employment, and social support networks, socio cultural practices, as well as access to healthcare. Data and research indicates that the social determinants of health have a higher impact on

population health than health care and that a higher ratio of social service spending versus health care spending results in improved population health. They are the key determinants of Health and well being of community. Addressing social determinants of health presupposes inter sectoral convergence among various departments, practising professionals, civil society organisations, which is the need of the hour. Further, it necessitates establishing and nurturing platforms at various levels starting from community to policy frameworks which not only facilitates, but also accelerates promotion of inter sectoral convergence in addressing health and social determinants of health.

"The community should emerge as active subjects rather than passive objects in the context of the public health system" - NRHM Framework for Implementation, MoHFW, GoI, 2005-2012. Drawing its notion from Alma Ata Declaration and Primary Health Care Approach, the framework of National Rural Health Mission (NRHM) and subsequently NHM has emphasized on the involvement and participation of the community in the management of their health related affairs. Realising the importance of community participation in health, NRHM framework of implementation focused on the communitization process as one of the five main approaches of NHM. The key aspects of communitization process in NHM are Positioning of Community Health Worker, Hospital management committee/PRI at all levels, Untied grant to community/PRI bodies, Funds, functions and functionaries to community organizations, Decentralised planning, Village, Health and Sanitation Committee. Starting from the framework of NHM, it designed a system to promote and strengthen processes of community engagement, empowerment process. The process of communitization has emphasised the role of the community in shaping their future in issues related to health and social determinants of health. So the strategy of NHM intended to create and establish the platform to promote and strengthen community participation. This has been subsequently incorporated as an inherent part of the Programme Implementation Plan (PIP) of NHM which is prepared and implemented on annual basis. The Communitization process in NHM is build around both individual and collective approach, platforms and frameworks.

Communitization is one of the key pillars of National Health Mission (implemented by Ministry of Health Family Welfare, Govt. of India in collaboration with State Govt.) which connects community with the facility in addressing issues related to health and social determinants of health. In the National Framework for implementation, MoHFW, GoI, 2005-12 it is mentioned that "The community should emerge as active subjects rather than passive objects in the context of the public health system". Under National Health Mission (NHM) institutional platforms have been created at the grassroots level in order to promote community participation, empowerment and action on determinants of health. Community level health institution under NHM played an important role in addressing community level health issues by promoting inter sectoral convergence. One of such platforms are Village Health, Sanitation and Nutrition Committee (VHSNC) which is established at the village level in order to promote community and multi sectoral action in addressing social determinants of health. It provides a wonderful opportunity and an example of addressing health and its social determinants promoting inter sectoral convergence.

In the State of Odisha, under NHM, more than 46000 VHSNCs have been established at the community level. It is known as Gaon Kalyan Samiti (GKS) with a broader scope to look at the overall welfare of the village. An annual untied fund of Rs.10000/- is provided to each GKS to undertake need based activities at the community level based on the Village Health Plan. The present study was designed to find out the role of GKS in promoting community participation and inter sectoral convergence while addressing issues related to health and its social determinants at community level.

Study objectives

The following are the objectives of the study

1. To understand and assess role played by the Gaon Kalyan Samiti in promoting community participation and inter sectoral convergence in its functioning at community level.
2. To understand and assess the success of VHSNC / GKS in terms of its effectiveness in addressing health and other social determinants of Health.
3. To understand the formation, planning, implementation and monitoring process of GKS in promoting inter sectoral convergence among health, nutrition, water sanitation, educations etc. sectors.
4. To understand and assess the success of VHSNC / GKS in terms of building participatory processes for community level dialogue and decision making and collective community action on Health and other social determinants of health.

Methodology

The present study covers three Districts of the State of Odisha namely Rayagada, Cuttack Keonjhar. Out of the three Districts one District namely Rayagada was chosen based on the criteria of Aspirational District (the progress of Aspirational Districts is monitored by NITI Ayog of Govt. of India). Cuttack District was chosen based on the criteria of a coastal District and Keonjhar District is chosen being a tribal District. One block was selected from each of the three Districts with a total of 3 blocks in order to analyse the variations at the field level in activity implementation. The Blocks were chosen based on the criteria of distance from the District Headquarters.

20 GKS each from each of the three selected Blocks of 3 districts with a total of 60 GKS were covered under the study. The criteria for choosing the GKS was distance from the Block headquarters and geographical inaccessibility. Random and stratified sampling method was followed in order to select the GKS to conduct the study.

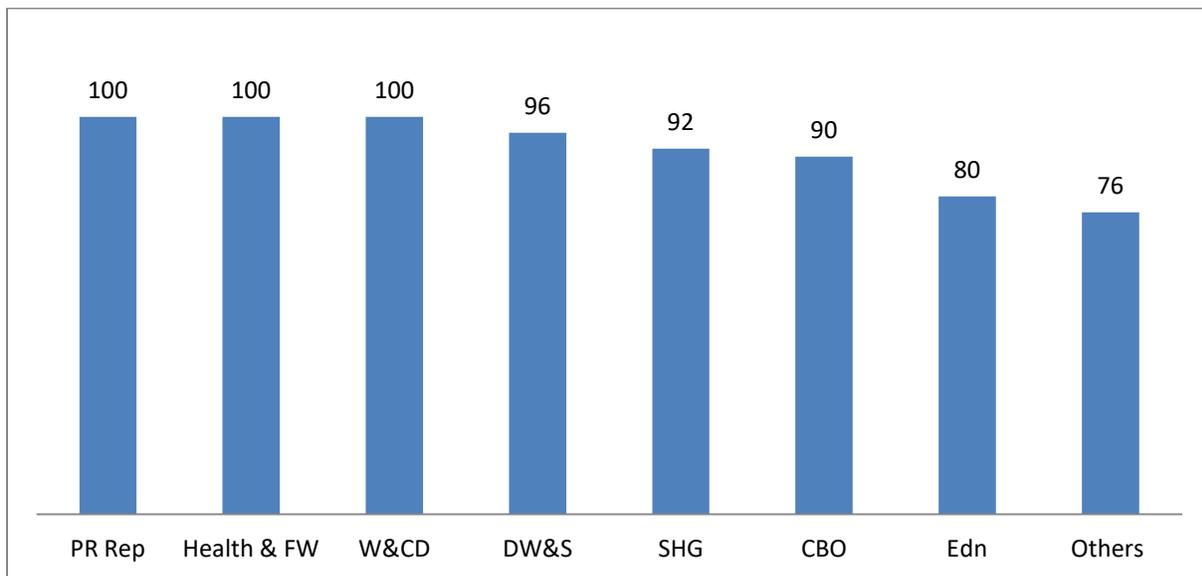
Data collection was done in an interview schedule covering various aspects of the objectives of the study. Pretesting of the interview schedule was made in one of the selected Blocks from among the selected Districts in order to ascertain the efficacy of the tool. Based on the feedback from the field the interview schedule was modified and the final interview was prepared to undertake the data collection process. The data was collected from the office bearers of GKS like GKS President (Ward Member), Convener (AWW), Facilitator (ASHA), GKS documentation verification like GKS register, activity reports, photographs and in the Focused Group Discussion (FGD) at the community level. The records of each GKS/VHSNCs for last 6 months was studied, to assess them on study objectives. The Village Health Plan of the GKS was reviewed as one of the instrumental tool to understand the intersectoral convergence among health, water sanitation, nutrition, education and other factors. Data consolidation was made based on the data from the filled interview schedule and generalization was made based on the consolidated data.

Study findings

The study has revealed a number of findings on how the Gaon Kalyan Samiti as a community level platform promotes community participation by involving the community members in planning, implementation and monitoring of the programme. Its also reflects how GKS involves the personnel, efforts and resources from other sectors in addressing issues related to health and its social determinants.

A Constitution of Gaon Kalyan Samiti

The composition and constitution of Gaon Kalyan Samiti has created a scope and utilized the same for promoting inter sectoral convergence having members from all the partners departments who are involved in addressing health and its social determinants of health. The Samiti consists of the Ward Member as the President, who is the elected Panchayati Raj representative. Ward Member being the elected members from the community facilitates the involvement of the larger community in the functioning of GKS. Anganwadi Worker who belongs to the Women and Child Development Department acts as the Convener of the Committee. She brings in the expertise and experience of managing the women self help groups, other community based groups, work for addressing the nutrition issues. She maintains all the records and custodian of all the records and documents of the GKS. ASHA, acts as the Facilitator of the GKS with the role of mobilising the community around health issues, implementation of community level activities. Besides Women Self Help Group (WSHG) members, school teachers, Self Employed Mechanics (SEM), Community Based Organisations are also members of the GKS which provides an excellent opportunity to bring together various issues that has affects the health of the community.



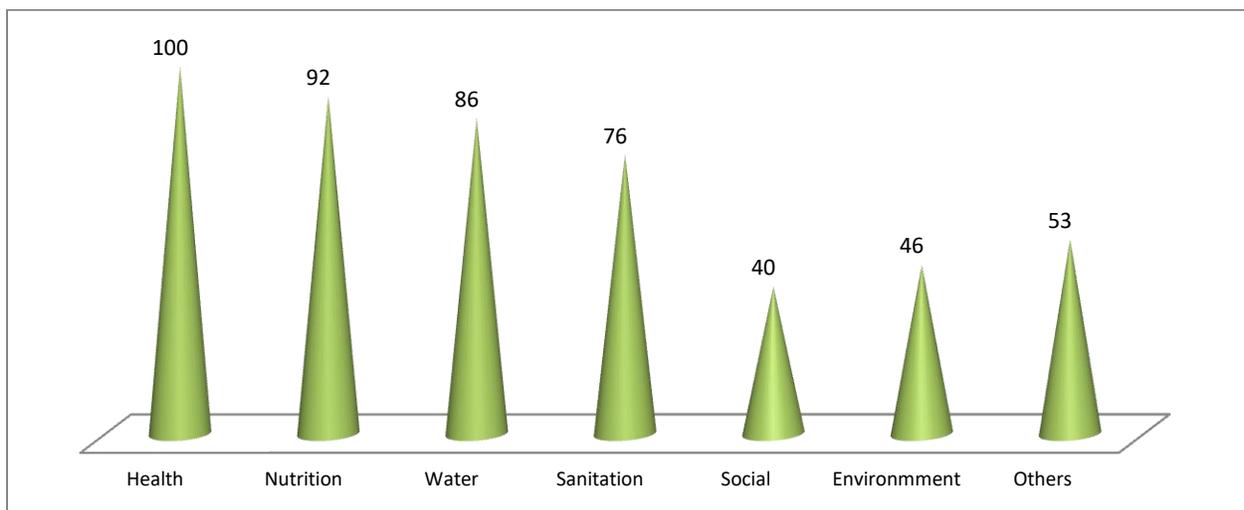
(Fig1:Graph showing % of representation from various departments in the composition of GKS)

The above graph indicates that there was 100% participation from Panchayati Raj, H&FW and W&CD Departments in the membership of GKS. The other members included representation from DW7S (96%), Self Help Group (92%), Community Based Organisations (90%), Education (80%) and others (76%). This reflects the personnel from all the related departments and stakeholders are represented in the membership of the GKS. This representation in membership has facilitated inclusion of cross cutting issues in the discussion of the GKS, preparation of the village health plan and mobilization of resources in addressing the health issues.

A. Planning for health and its social determinants through Village Health Plan

In order to facilitate the decentralized planning process, each GKS is mandated to prepare a Village Health Plan (VHP). The VHP is being prepared by following a consultative process involving the community members which is prepared on annual basis and modified quarterly based on the needs of the community. Issues relating to health and its social determinants are incorporated in the village health plan. All the members of GKS and the community members are involved in the process of VHP preparation. During the preparation of village health plan, AWW, ASHA facilitate discussion on issues related to health and its social determinants, participatory and consultative processes followed in the process of discussion. Various issues raised by the community are incorporated in the VHP. The VHP is displayed in a prominent location of the village for the information of the community.

The following are the analysis of the incorporation of various issues related to health and other social determinants of health in the Village Health Plan of GKS.



(Figure 2: Graph showing % of issues incorporated in the Village Health Plan of GKS)

The above graph reflects that issues related to health and its social determinants of health are adequately represented in the preparation of village health plan. While 100% health issues covered in the plan which includes both preventive and promotive activities. Issues covered related to nutrition is 92%, water issues is 86%, sanitation issues is 76%, social issues covered 40%, environment is 46% and others are 53%. This reflects issues related to health and its social determinants find good representation in the preparation of the village health plan of the GKS.

B. Planning, implementation and monitoring of village health plan

Planning, implementation and monitoring is one of the most important activities of Gaon Kalyan Samiti at the community level. The issues, concerns and action points incorporated in the VHP are implemented with the active involvement of community members. In the implementation of village health plan all the issues related to social determinants of health is addressed. Most of the issues related to health and social determinants of health of health are addressed in the implementation of the village health plan. The key factor in the implementation of the VHP was the involvement and participation of community members from all walks of life. ASHA and AWW facilitates the process of community led action, however, the activities are undertaken by the community members themselves. Frontline workers from all related departments and other stakeholders supports the process of implementation of the activity at community level, thereby inter sectoral convergence is promoted. Before the implementation of any activity, awareness generation of the community was taken up in order the knowledge and capacity of the community to address the issues. Community members play an important role in

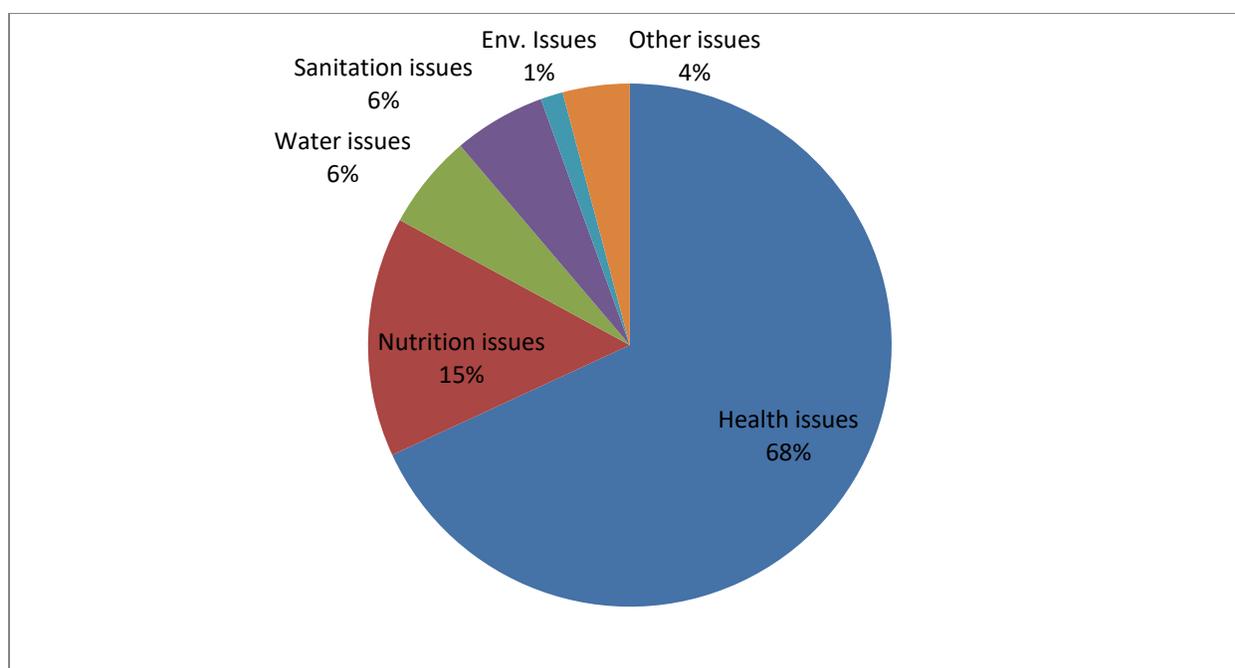


C. Awareness generation through Swasthya Kantha

Awareness generation on health issues is one of the important activities of GKS at community level. The interactive health bulletin board called Swasthya Kantha which is the hall mark of the GKS at the community level plays an important role in this regard. Each GKS maintains a Swasthya Kantha at the community level, which contains the information about GKS and the important messages displayed in the middle part of the wall. ASHA writes the health messages in Odia (local language) on the wall as per the prioritised local health issues, important day celebration, messages which are directed by the department to write. The message on Swasthya Kantha is written for the awareness of the community and issues related health and other social determinants of health.



It is ascertained that out of the total 1080 messages written on Swasthya Kantha of the GKS under study, 720 messages were health related messages including public health, disease control, important day celebration etc., 164 were messages related to nutrition, 66 related to water, 66 related to sanitation, 16 on environmental issues and rest 64 were on general awareness issues related to health and other social determinants of health. So the awareness generation through the Swasthya Kantha has covered issues related to the social determinants of health.



(Fig 3: Pie chart showing display of messages on Swasthya Kantha on health and other social determinants of health)

D. Field level activities undertaken by GKS

As per the Village Health Plan, GKS has undertaken number of activities related to health and the social determinants of health at the community level. Those activities are cross cutting across sectors and range from health, nutrition, water, sanitation, water, sanitation, awareness generation etc.

Activity area	Important activities undertaken by GKS
Health	Management of Stretcher for transportation of pregnant women for institutional delivery and other patients for treatment at health facility from house to the motorable point in hard to difficult villages. Malaria, Dengue & Diarrhoea campaign, Blood donation camps, LLIN distribution and ensure use of Mosquito net at the household level for prevention malaria, Promoting immunization & VHSND session, Mass blood slide collection camps for malaria prevention, ANC and PNC health check up camps for pregnant women and lactating mothers. Support ASHA for household visits, NCD screening and other health check ups.
Nutrition	Facilitate referral of the malnourished children to NRC. Sisu Mela for promoting healthy behaviour of the children, celebration of National Nutritional Week, demonstration on nutrition supplementation, feeding demonstration.
Water	Demonstration on hand washing, repair of tube well for safe drinking water, awareness on safe drinking water, Jalachhatra during summer, facilitate water testing.
Sanitation	Promote hygienic practices, facilitate achieving the status of open defecation free village, cleaning of the drain for source reduction and diarrhoea prevention, waste disposal pits.
Environmental	Awareness of healthy environment, sanitation drive, mass cleanliness drive, waste

issues	disposal to maintain healthy environment.
General awareness	Awareness on social issues like to prevent early girl child marriage, social stigma on health, Chenka etc. 11 monthly VISHWAS campaign for promoting Health, sanitation & nutritional standard of the community in the village, post cyclonic rehabilitation activities.

An in depth analysis of the above activities taken up by the GKS reflects that the issues related to health and the social determinants of health are addressed through the various activities taken up by the GKS by involving the community . The activities are not only limited to addressing health issues but also issues related to addressing the social determinants of health like water, sanitation, nutrition, environmental and on general awareness pertaining to the wellbeing of the people.

E. Support system for strengthening institutional platform at community level

A strong supportive supervision at various levels is an utmost requirement for the effective functioning of the Community Health Institution like GKS. In order to facilitate inter sectoral convergence the various support structures were represented by officials from different departments like Health, Women and Child Development, Rural Development, Panchayati Raj and Drinking Water, Education, SC&ST Development etc. At the community level GKS is represented by grassroots level functionaries from these departments which provide a wonderful platform of inter sectoral convergence to address health and its social determinants. At the Block level the support structure comprises of the Block Development Officer, Medical Officer I/C, CDPO, JE, RWSS, GPO and other officials from various Departments. At the District level, the support structure comprises of CDMO, DSWO, EE, REWW, GPO and District Officials from other Departments. At the State level, State Community Process Resource Centre under NHM, Odisha facilitates required inter sectoral convergence for effective functioning of community level institution in addressing health and its social determinants.

The State of Odisha has invested significantly in strengthening the functioning of GKS at the community level, revealed from the analysis of the reports from secondary sources. Need based capacity development of the GKS members and functionaries, involvement of the Panchayati Raj Institutions (PRI) functionaries like GP Sarapanch in the functioning of GKS, strengthening supportive supervision mechanisms from the community to State level, timely placement of funds to GKS, advocacy of GKS activities, maximum involvement of GKS in addressing epidemics, malaria control, post cyclone rehabilitative activities ahs yielded tremendous results for the State.

Conclusion

Gaon Kalyan Samiti, which is otherwise termed as Village Health, Sanitation and Nutrition Committee (VHSNC) under National Health Mission (NHM) in Odisha has proved its worth as an effective and vibrant community level platform to address issues related to health and its social determinants by involving the community and promoting inter sectoral convergence. It has addressed the community level health issues and its social determinants like water, sanitation, nutrition, education, socio cultural practices and traditional beliefs through community led action in order to promote health and wellbeing at the community level. It has brought in remarkable changes in the public health scenario at the grassroots level and most importantly changes in behaviour, practices and health seeking behaviour of the people.

Effective and sustainable community participation is the soul of the development interventions pertaining to people. Sustainability of the community level platform like GKS spearheading community led action is a big challenge. The State of Odisha is looking forward to further strengthen the community empowerment process through GKS by investing more on capacity development, inter sectoral convergence, supportive supervision mechanism, integration with PR system in order to achieve desired results in equitable, affordable and quality health service delivery at the community level. Indeed, GKS paid the dividend of the investments that the State of Odisha has made under NHM by promoting community participation and intersectoral convergence in addressing issues related to health and its social determinants.

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