Converging Actions to Improve Maternal Health Services

Role of Panchayats in Rajasthan

This document is supported by UNFPA.
Preface

Patriarchy and Caste based discriminations have historically been two of the most concerning constraints in achieving desired levels of socio-economic development in India. Rajasthan is a state where Caste and Gender issues have much influencing powers. Atrocities on Dalits and socio-political biases against women are regular features of local news agencies and street whispers. Governmental and non-governmental data also support these social biases. Rajasthan is a typical state presenting the anomaly of socio-development indicators, especially those of women. For every 100,000 live births in Rajasthan, 318 maternal deaths happen, while the sex ratio is 926 females per 1000 males. As per the statistics provided by National Commission for women in 2004, 400 women suffer violations every day in Rajasthan.

While worsening conditions of maternal health and sex selection in the state of Rajasthan has been of great concerns, the socio-administrative potential of Panchayats there provide flickers of great opportunities and hope. Panchayats, it is expected and argued, have great potential to address these issues more effectively. Since Panchayats are one of the most proximate institutions of participatory democracy, efforts were to engage them with these important issues. Panchayats have always commanded social orders. The 73rd Constitutional Amendment Act however provided constitutional or legal legitimacy. It mandated Panchayats to prepare plan and implement their participatory plans with supports from the government agencies.

This impelled PRIA to conceptualize a project on “Strengthening gender response of Panchayats in Rajasthan” in 2010 with financial supports from UNFPA and active engagement of local partner organizations. The project has passed through three phases in the three years during 2010-12. In the first phase it was being implemented in around 1000 Gram Panchayats across 21 districts of Rajasthan. While during more intense and deep focus in the second phase, the project was implemented in 330 Gram Panchayats across 16 districts of Rajasthan. And in the third phase, model building of 70 Gram Panchayats across 13 districts of Rajasthan was attempted.

During this three year initiative, Panchayats have been enabled with appropriate capacities, tools and methods to help them address and be responsive to gender issues in their jurisdiction. The continuous local level support to Panchayats was provided by the network of CSO partners, trained on various themes of gender, health and governance by PRIA. The able CSO network provided regular information and capacity building support to Panchayats and various other committees (Gram Sabha, VHSNC and Social Justice and Social Welfare Committee) for effective gender-responsive actions at the grassroots. These various village level committees were organised and capacitated significantly to act as monitoring committees and provide check balance to the system of health delivery and governance.

All these interventions prepared Panchayats to undertake participatory health planning exercise in their Gram Panchayats. These participatory health plans also influenced the thought processes of people as well as priorities, planning, budgeting and expenditure patterns of Panchayats for making them gender responsive, which was earlier lacking at the local levels. The project has thus been able to sensitize, activate and capacitate Panchayats to work on the gender and health issues affecting their areas. In doing that they sought supports from SJSWC (Social Justice and Social Welfare Committee for effective gender-responsive actions at the grassroots. These various village level committees were organised and capacitated significantly to act as monitoring committees and provide check balance to the system of health delivery and governance.

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This project has suitably supported vices from the grass-roots for demanding safe and secure health systems. These have led to significant actions at supply sides. While whole country is currently looking for ways forward for gender sensitive services and practices, Panchayats in their tiny spaces are striving to promote gender equals and gender justice. We would like to emphasize here the fact that Panchayats have still to go miles in realizing their full potential and so achieving gender justices in their jurisdictions. When society is looking for encouraging example, we are hopeful these little efforts would catalyse more thought processes and so better actions at Panchayat and other level.

So, in following pages efforts are made to present some experience. These learning and grassroots experiences have been captured through case studies on four different types of outputs towards achieving participatory health planning, building model VHSNCS, promoting community monitoring of the health services and finally ensuring gender friendly environment at Panchayat levels. These case studies are also intended to serve as exemplars for those concerned about the issue and will give acknowledgment to the works of successful individuals and grass-root institutions working towards the gender friendly development in their small spaces.

We are thankful to UNFPA and our Partner Organizations for making these happen. I would like to specially mention the support and contribution of Venkatesh Srinivasan Assistant Country Representative, Sushil Chaudhary, Programme Associate, Shobhna Boyle, Programme Officer, Sunil Jacob, State Coordinator and Rajneesh Prasad, State Programme Assistant. Words can't sufficiently express our sense of gratitude to the people, the Panchayats, the line department actors and the government officials. Many thanks to youth groups and local organizations for always supporting these efforts in their best possible ways.

I would also like to take this opportunity to acknowledge and appreciate efforts of our colleague Ms. Nishu Kaul in compiling all cases into proper shape. She along with other colleagues Dhirendra Representative, Sushil Chaudhary, Programme Associate, Shobhna Boyle, Programme Officer, Sunil Jacob, State Coordinator and Rajneesh Prasad, State Programme Assistant. Words can't sufficiently express our sense of gratitude to the people, the Panchayats, the line department actors and the government officials. Many thanks to youth groups and local organizations for always supporting these efforts in their best possible ways.

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Manoj Rai
Director - PRIA
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The above achievements are a step in the direction to suggest that the intervened Panchayats in Rajasthan are engaging to work towards promoting healthy and safe environment for women in Rajasthan. Panchayats have become sensitive enough to prioritise the needs of women. The cases presented here are the examples from the grass-roots and showcase various positive initiatives by Community, Panchayats, VHSNC's and line departments towards promoting gender sensitive and responsive practices.

Panchayats have become facilitating institutional base for convergence of actions of different stakeholders. Their roles as patron as well as contributor for community and agency actions to improve maternal health have been significant. Some of the initiatives in this regard include celebrating birth of girl children, stopping sex selection through Panchayat pressure, community contributions to meet their health needs and improvement of health facilities for women. The number of cases is relatively smaller but these are not the isolated ones. Grassroots processes and actions and some changes have become visible. These processes need to be supported and strengthened further. Hope the readers and those concerned with the subject will find these cases interesting to read and recognize the small yet remarkable efforts of Gram Panchayats.

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Nishu Kaul
Programme Officer, PRIA

Strengthening Gender Responses of Panchayats in Rajasthan (SGRPR)

Pre-Election Voters Gender Awareness Campaign was launched by PRIA\(^1\) in Rajasthan in 2010 to make gender (sex selection, child marriage, dowry and violence against women), an important developmental issue in the election. This brought the learning that Panchayats have the capacity to work on gender issues locally but for sustainable long term engagement, long term interventions with the Panchayats, civil society and even the government is must. This idea was conceptualised in the form of a project—Strengthening gender response of Panchayats in Rajasthan.

The SGRPR programme has led elected representatives take effective actions on issues related to maternal health and sex selection through its community forums and committees (Gram Sabha, Village Health Sanitation and Nutrition Committees\(^2\) and Social Justice and Social Welfare Committee\(^3\)). Gram Panchayats prepared their own and the first ever participatory health plans, facilitated by the civil society organisations. These participatory health plans supported the process of planning, budgeting and implementation of annual plan of local governments for making them gender responsive, which was completely lacking at the local levels. The learning and analysis from the Gram Panchayat were advocated at block, district and state levels, many of which included issues like - No effective communication to Gram Panchayat and other stakeholders regarding changes and new developments, Limited role of Panchayats on gender and health issues –most focus on infrastructural development, Untimely disbursement of Untied fund for VHSNC, Acts and Orders placed without Public Education, Decentralized Planning becoming an intellectual mockery and others.

The project has thus been able to, on one hand, sensitise and capacitate Panchayats to work on the gender and health issues affecting their areas locally in convergence with various local level institutes.

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\(^2\) PRIA, Society for Participatory Research in Asia is an international center for learning and promotion of participation and democratic governance.

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\(^4\) SJJSWC (Social Justice and Social Welfare Committee) is a standing committee of Gram Panchayats, mandated to protect the interests and rights of socially and economically and backward sections.
institutions of SJSWC, VHSNC and civil society. While on the other hand, the supply side response of block, district and state has been promoted by organising various interface meetings horizontally and vertically between various institutions/levels of Government.

This has resulted into some concrete results like -

1. **Trained and sensitized local support mechanisms for Gender responses of Panchayats:** Elected Representatives, Members of VHNSCs, NGOs, Health Workers to facilitate gender sensitive environment for discussions and actions around gender issues at Panchayat and village levels in intervened areas
   - 2580 ERs trained in three phases
   - 3154 VHNSC members
   - 700 CBO oriented and engaged

2. **Gender in Priorities of Gram Panchayats:** Gram Sabhas and Panchayat meetings' agenda provide priorities to women issues including the issues of Maternal Health and Sex Selection.
   - 8 bed maternity ward constructed in PHC in Etava Gram Panchayat, Govindgarh district through Gram Panchayats initiative and community contribution.
   - Block Panchayat Parbatsar in Nagaur district of Rajasthan initiated the practice of issuing “Badhai Patra” to the parents of a newly born girl child. The practice replicated by other districts of Sirohi, Sawai Madhopur, Govindgarh, Banswara etc.
   - Gram Panchayat Ranjitpura of Hanumangarh district is engaging on the issues of maternal health and has ensured 100% institutional delivery, in coordination with VHNSCs’.

3. **Local Supply Side Active:** Regular and informed meetings of VHNSNCs in intervened areas followed by proactive initiatives to address the health issues at village levels: appropriate utilization of untied grants, linking with Panchayats and health delivery system.

4. **Local Institutional interface between Demand and Supply sides:**
   - Activation of Social Justice and Social Welfare Committees (SJSWC- the standing committee of Panchayat responsible for primary health care) and its regular interface with their counterpart VHNSCs.
   - VHNSC taking lead in initiating the participatory health planning at village level in collaboration with SJSWC of Gram Panchayat.

5. **Institutionalization of Demand:**
   - Draft plan prepared by the VHNSC and SJSWC and owned by respective Gram Panchayat.
   - Gram Panchayat ‘owned’ the health plan after discussion and presented the plan (as well as possible implementation by GP’s own resources) to Gram Sabha for discussions and feedback.
   - Gram Sabha approved the plan after suitable revision to make it as legitimate participatory health plan of the Gram Panchayat.
   - Institutionalizations of demands in the form of Gram Sabha approved health plan.

6. **Gram Panchayats initiated Supply:** Gram Panchayats initiated implementation of some components of health plan from their own resources (including the available resources under various other schemes)

7. **Three-tier linkages to interface with Delivery system:** Gram Panchayats approached their Panchayat Samitis and Zilla Parishads in accessing resources from governmental health delivery system such as District Health Society and offices of Collector, Health and Panchayats.

8. **District Level MSDs for Collaboration between Panchayats and Health Departments:** Multi Stakeholders dialogues were organized in each of 13 intervened districts to encourage convergence and complementation among different actors for implementation of health plans prepared by the Panchayats. This also provided an opportunity to catalyze district level environment in favour of collaborations between Panchayats and Health Department around women’s health in particular and primary health in general.

9. **Assured Responses from Supply Side:** During the MSDs as well as otherwise, health department and district administration promised to support implementation of parts of village health plan by providing resources available under the NRHM and or other schemes.

10. **Critical Stage of Institutionalizations of Gender Responses:** Efforts of last 3 years have resulted into coming to a stage where People, Panchayats and the government collaborations been initiated at local level and highlighted at the state level for suitable scaling up and appropriate policy changes for self-sustenance.
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राजस्थान में जेन्दर उत्तरदायी पंचायतों का सशक्तिकरण -एनजीआइपीआर' परियोजना

जेन्दर (लिंग, बाल, वैबिख, बालज और दलित महिलाओं के साथ हिसाब) को यूनायन में एक महत्वपूर्ण विकासक्रम कुछ बनाने हेतु स्थानीय में फरवरी 2010 में प्रारंभ हो गया था। इसे बनाने आवाज कि पंचायतों में प्राकृतिक लोगों पर कार्य करने की क्षमता है तथा वीमानकारक सुधारों के लिए पंचायतों की ओर समुदाय, पंचायतों, बी.एच.एन.टी, तथा लाइन विभाग द्वारा यह योग्य सत्ताधारी लोगों की बात है।

पंचायतों निम्नलिखित उपलब्धियों के रूप में तत्वावधान विद्युति के लिए सत्ताधारी सांस्कृतिक आवाज बन गए हैं। गाव स्वास्थ्य को बेहतर बनाने हेतु लघु सहायता तथा एजेंसी के परीक्षण के संबंध में तत्वावधान तथा सहयोगी के क्रम में दर्जीं भूमिका भरघारणी है। इस संघ में की यह कुछ पहलें में क्रम जगी मनान, पंचायत का मायम से लिंग वर्धन की उदाहरण, महिला की सत्ताधारी जल्दी पूरी करने के लिए समुदाय घोषणा तथा महिलाओं के लिए पंचायत घोषणायें में स्थायी शामिल है। महिलाओं की संख्या पुनरावृत्ति रूप से कम तो है दे अपना मात्र नहीं! जानकी प्रतिष्ठा परतता तथा कार्यसंगठन तथा कुछ परिशिष्ट दृष्टिकोण उर्मल पर हैं। इन प्रतिष्ठा को अग्नि सहयोग प्रदान करने तथा मजबूत करने की क्षमता है। आसा कि यह राजा विश्व से संबंधित लोगों को पहले नेट पहले में केंद्र लगान तथा व्रो ध्वनि पंचायतों की छोटी से छोटी उपस्थिती को आत्मसत्य कर्ने।

विकास 2012

निशुल, कौल, कार्यक्रम अधिकारी, प्रिया

1) राजस्थान प्रांत में जेन्दर उत्तरदायी पंचायतों का सशक्तिकरण राजस्थान में लगभग 21 जिलों में सत्ताधारी संस्थाओं का हो पल यूनायन एवं लिंग को करने के लिए फिरे एवं वह जनाना पसंद है। राजस्थान प्रांत परियोजना गूढ़ा एवं एक उपलब्धित को भी बनाने जनाना एवं लोकप्रि शामिल है।

2) फ़रवरी 2010 में लगभग 22 जिलों में सत्ताधारी संस्थाओं का हो पल मिला यूनायन एवं लिंग को करने के लिए फिरे एवं वह जनाना पसंद है।

3) राजस्थान स्वयंसेवक एवं लोकप्रि समिति।

4) सांस्कृतिक लोगों एवं सांस्कृतिक कल्याण समिति।
5. मौन का संस्थानीकरण:

- VHSNC तथा SJSWC द्वारा प्राथमिक योजना तैयार की गई तथा संबंधित प्रामंडल 2018 में संस्थानीकरण की गई।
- वर्ष 2019 में प्रामंडल ने स्वास्थ्य सेवाओं की संपत्ति व विभागों के लिए प्रामंडल का संस्थानीकरण करने का निर्णय लिया।

7. अनुसूची तृतीय व चौथी संख्या संस्थानीकरण का समापन:

- प्रामंडल ने जिला स्वास्थ्य सेवा संस्थानीकरण का निर्णय किया जिसने प्रामंडल की संस्थानीकरण का अंतिम फैलाव किया।

9. अनुसूची पहल से स्वास्थ्य नीतियों का उल्लेख:

- एन.एस.जी.सी. के क्षेत्रों में वेतन वा इस्तेमाल के लिए प्रामंडल की संस्थानीकरण का कार्यकारी रूप से अर्थात् विभागों में संस्थानीकरण का शुरू किया।
5. मीम का संस्थानीकरण:

- VHSNC तथा SJJSWC द्वारा प्रारूप योजना वैध की गई तथा संबंधित प्रमाण भर्तीपत्रों ने इसकी संगठनीय ली।
- प्रमाण के बाद प्रारूप पंचायत ने स्वतंत्र योजना की संगठनीय ली तथा चर्चा एवं प्रतिक्रिया के लिए प्रमाण भर्ती (ताली ही प्रमाण पात्र के अन्तर्गत संस्थानों के द्वारा संबंधित विधेयक) में ग्राम समा के समय अप्लांड किया।
- उपनामक श्रेणी तथा प्रारूप पंचायत के बाद ग्राम समा के इस योजना को प्रारूप पंचायत की वैध सहायकी स्वतंत्र योजना बनाने के लिए इस योजना को संगठनीय दे।
- प्रमाण निरीक्षित स्वतंत्र योजना के रूप में मीम का संस्थानीकरण।

6. प्रारूप पंचायतों ने अपूर्ति की पहल की: प्रारूप पंचायतों ने विविध योजनाओं के अन्तर्गत उल्लेखित संस्थानों में सहायता दी।

7. अपूर्ति पंचायत के साथ संबंध के लिए विशेषाधिकारी ज्ञान: प्रारूप पंचायतों ने ज्ञान विशेषाधिकारी ज्ञानी सरकारी व्यवस्था को आयोजित किए जाते हैं अन्तर्गत प्रारूप पंचायतों के लिए संबंध प्राप्त करने के लिए विविध योजनाओं के अन्तर्गत संस्थानों के साथ संबंध करने का एक अवसर के लिए ज्ञान।

8. प्रारूप पंचायतों तथा स्वतंत्र विभागों के बीच संबंधों के लिए विस्तारण एवं श्री: प्रारूप पंचायतों द्वारा वैध की गई स्वतंत्र योजना को लागू करने के लिए विविध संस्थाओं द्वारा संबंधित रुप के अन्तर्गत 13 विभागीय विभागों को आयोजित किया गया। इसके अलावा, सरकार से संबंधित प्रारूप पंचायतों एवं स्वतंत्र योजना के बीच संबंध हेतु निरीक्षित रुप के महत्वपूर्ण में सहायता करने का उद्देश्य करने का एक अवसर के लिए ज्ञान।

9. अपूर्ति पंचायत के स्वतंत्र-योजनाओं के लिए श्री: प्रारूप पंचायतों द्वारा वैध की गई स्वतंत्र विभागों एवं निरीक्षित प्रारूप पंचायतों ने एक अवसर दिन एवं योजनाओं के अन्तर्गत उल्लेखित संस्थानों के प्रारूप पंचायत योजना के कुल भागों के अन्तर्गत विभागों द्वारा का एक अवसर के लिए ज्ञान।

10. संयोजक व्यापक अपूर्ति के संस्थानीकरण के महत्वपूर्ण विश्वास: निरीक्षित तीन वर्षों का ज्ञात करना ही है जो इस परिपक्व चरम पर पहुँच गई एवं स्वतंत्र दर लोगों, पंचायतों तथा सरकार में अपूर्ति सहायता ज्ञान करने या अन्य विभागों के बीच संबंध हेतु निरीक्षित करने के लिए रूप से प्राप्त किया गया।
राजस्थान में जेंद्र उत्तराधिकारी पंचायतों का सशक्तिकरण-एसजीआरपीआर' परियोजना

जेंद्र (लिंग जन, वाल विकास, पेड़जहर और दलित महिलाओं के साथ हिस्सा) को युवा में एक महाशक्ति विकास अभियान मूल बनाने हेतु राजस्थान में जेंद्र 2010 में प्रयाग किया है। इससे यह वात समान आदि कि पंचायतों के उपर स्थानीय एकीकृत समूह पर कार्य करने की क्षमता है तथा विपुल नवीन जुड़वां के दौरान पंचायतों, नागर समाज और यहाँ यह कि स्वार के साथ तबी अभियान के उपरांत लगभग हरी हो सकता। यह विवरण राजस्थान में जेंद्र उत्तराधिकारी पंचायतों का सशक्तिकरण परियोजना के रूप में उपलब्ध है।

SGRPR कार्यक्रम के द्वारा निर्देशित प्रतिष्ठानों ने अपने संस्थानिक केंद्रों और समितियों (क्रम समू, शासित राष्ट्र स्वरूप एवं शासक समितियों तथा सामाजिक तथा राष्ट्रीय सम्पत्ति के) के माध्यम से प्रांख स्वरूप एवं झिंग घटना से संबंधित पूरा पर भारत कार्य करने को प्रत्येक है। राज पंचायतों ने अपनी समस्या पहली साधारण स्वरूप योजना तेजी की कि सुलभ बनाने में नागर समाज संस्थानों ने सख्ती दिया। इस सामाजिक स्वरूप योजनाओं ने राष्ट्रीय सम्पत्ति को नियोजन प्रि.स., बजर बनाने और यथार्थ स्थानों को किया रखना तथा उन्हें उत्तराधिकारी पंचायतों में सहयोग दिया, जिससे स्थानीय स्तर पर भूमिका की। राज पंचायतों से प्रेमी एवं विकास को प्रयो, किता और राज कार्य्यों पर प्रभावित किया गया, जिन्हें विकास पूरे समर्पित थे। इसे- प्रदान और यथा कर्मियों से संबंधित जनकीय महत्त्वों को नहीं ही जाता है, झिंग एवं स्वरूप के मुद्दों में समाज की समस्या भी करणा।

VHSNC के लिए लॉक फल का अनिवार्य बिन्दु, अभियान और आदेशों के तथा जनता की जनता के तात्कालिक आधार, शासित जनसंख्या एवं राष्ट्रीय स्तर पर प्रभावित किया गया। राजस्थान के द्वारा निर्देशित प्रांख परियोजना की क्रिया को अब अन्य कार्यक्रम तथा राष्ट्रीय तक का प्रयोग करने वाले एवं स्वरूप के मुद्दों पर कार्य करने हेतु संबंधित एवं समूह बनाती है।

इस कारण इस परियोजना एक तरह पंचायतों की SJSWC, VHNSC और नागर समाज के अन्य स्वरूप तकर के संबंधों के साथ भी समस्याओं के दृष्टि में प्रभावित करने वाले लिंग एवं स्वरूप के मुद्दों पर कार्य करने हेतु संबंधित एवं समूह बनाती है।

इस परियोजना को प्रशासन एवं स्वरूप योजना के लिए प्रयोग करती है।

1. भारत सरकार में जेंद्र उत्तराधिकारी पंचायतों का सशक्तिकरण परियोजना के लिए 20 हज़ार में भी अभियान को अन्तर्गत था। इसका उपयोग विभिन्न सामाजिक अभियान के लिए ग्रामीण स्वरूप एवं समूह के क्षेत्रों में जेंद्र उत्तराधिकारी पंचायतों का सशक्तिकरण परियोजना के लिए।
2. VHNSC के लिए लॉक फल का अनिवार्य बिन्दु, अभियान और आदेशों के तथा जनता की जनता के तात्कालिक आधार, शासित जनसंख्या एवं राष्ट्रीय स्तर पर प्रभावित किया गया।
3. VHNSC के लिए लॉक फल का अनिवार्य बिन्दु, अभियान और आदेशों के तथा जनता की जनता के तात्कालिक आधार, शासित जनसंख्या एवं राष्ट्रीय स्तर पर प्रभावित किया गया।
4. नागर समाज स्वरूप एवं समूह बनाती है।
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### सहयोगी टीम

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#### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
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<td>AWW</td>
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<td>Community Based Organisation</td>
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<td>CDPO</td>
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<td>CHC</td>
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<td>CMHO</td>
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<td>DC</td>
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<td>DDT</td>
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<td>ER</td>
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<td>Member of Legislative Assembly Local Area Development Fund</td>
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<td>PHC</td>
<td>Primary Health Center</td>
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<td>PRIA</td>
<td>Society for Participatory Research in Asia</td>
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<td>Sub Center</td>
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<td>SGRPR</td>
<td>Strengthening Gender Response of Panchayats in Rajasthan</td>
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<td>SHG</td>
<td>Self Help Group</td>
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<td>Twelfth Finance Commission</td>
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</table>

#### List of Partner Organisations

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Contributor Team

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And under overall guidance of
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2. श्री पीरेंद्र कुमार, कार्यकर्म अधिकारी, प्रिया, जयपुर
3. सुश्री प्रीति देवी, शिक्षक, कार्यकर्म अधिकारी, प्रिया, जयपुर

सहयोग
श्री संतोष कौशल, कार्यकर्म प्रबंधक, प्रिया, जयपुर

पूर्ण गार्डरहन
श्री मनोज रव, निर्देशक, प्रिया, नई दिल्ली

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3. सुश्री भवनी, बेहर, संगम मैत्री संस्थान, बीकानेर
4. श्री कार्तवी लाल, प्राप्ति प्राप्त विकास सेवा संस्थान, वाराणसी
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12. श्री रामचंद्र बाबू, समाजवादी राष्ट्र प्रदेश प्रबंधक संस्थान, हुडूलू
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Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
</tr>
<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
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<tr>
<td>AWW</td>
<td>Anganwadi Worker</td>
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<tr>
<td>AWC</td>
<td>Anganwadi Center</td>
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<tr>
<td>AWC</td>
<td>Anganwadi Center</td>
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<td>BDO</td>
<td>Block Development Officer</td>
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<td>CBM</td>
<td>Community Based Monitoring</td>
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<td>CBO</td>
<td>Community Based Organisation</td>
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<td>CDPO</td>
<td>Child Development Project Officer</td>
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<td>CHC</td>
<td>Community Health Center</td>
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<td>CMHO</td>
<td>Chief Medical and Health Officer</td>
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<td>DC</td>
<td>District Collector</td>
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<td>DDT</td>
<td>Dichlorodiphenyltrichloroethane</td>
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<td>ER</td>
<td>Elected Representative</td>
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<td>GP</td>
<td>Gram Panchayat</td>
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<td>GS</td>
<td>Gram Sabha</td>
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<td>MCHN</td>
<td>Mother and Child Health Nutrition Day</td>
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<td>MLALAD</td>
<td>Member of Legislative Assembly Local Area Development Fund</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NRHM</td>
<td>National Rural Health Mission</td>
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<td>PHC</td>
<td>Primary Health Center</td>
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<td>PRIA</td>
<td>Society for Participatory Research in Asia</td>
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<td>SC</td>
<td>Sub Center</td>
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<td>SGRPR</td>
<td>Strengthening Gender Response of Panchayats in Rajasthan</td>
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<tr>
<td>SHG</td>
<td>Self Help Group</td>
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<td>SSJWC</td>
<td>Social Justice and Social Welfare Committee</td>
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<td>TFC</td>
<td>Twelfth Finance Commission</td>
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<tr>
<td>TSC</td>
<td>Total Sanitation Campaign</td>
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<td>UNFPA</td>
<td>United Nations Fund for Population Control</td>
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<tr>
<td>VHSNC</td>
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Vibrant VHSNC and Strong Voices of Community Pressurize Government to Improve Primary Health Care Facilities

Chauth Ka Barwada Gram Panchayat (GP) falls in the district Sawai Madhopur, and is about 30 kms away from the district headquarters. Total population of the Panchayat is about 14896. The health services available in the GP till the year 2010 included 1 Primary health care center (PHC), 5 Anganwadi Centers and 1 Village Health Sanitation and Nutrition Committee (VHSNC).

Society for Advocacy Research and Action (SARA) is the partner organisation of PRIA, working in the district on engaging and strengthening Gram Panchayats on gender, health and governance issues since 2010. During the project interventions, lack of basic health facilities at the PHC was one of the major issues raised by the GP. Maternal health services in the Panchayat were very dismal due to lack of material and human resources including doctor and trained para-medical staff. There was no provision of a lady doctor at PHC level. For community planning and monitoring of the health services, there is a provision for constitution of VHSNC at the village level, as per National Rural Health Mission guidelines. An untied grant of Rs 10,000 is provided to this committee annually for addressing the issues related to health, sanitation and nutrition at the local level. Due to lack of awareness among the elected representatives (ER’s) about constitution of these committees at revenue village level, these had not been formed in this GP. Due to this, various village specific health problems remained unaddressed.

SARA has actively worked in the GP closely with two institutional bodies – “Social Justice and Social welfare Committee (SJSWC)”, the standing committee of Gram Panchayat and “Village Health Sanitation and Nutrition Committee (VHSC)”, constituted as per the NRHM guidelines, on issues of maternal health and sex selection. Elected Representatives (ERs) and health workers in the GP were unaware about these committees and their mandates and functioning. There were initial efforts by SARA to educate and inform Sarpanch and ERs regularly on gender and health governance for constituting and strengthening these committees. Activities like identifying the names of committee members, mapping their roles and responsibilities and the mandates, regular interface with the members – during GP, Gram Sabha (GS), VHSNC, Gram Sachivalya meetings and providing regular information support were carried out by SARA. Accordingly, based on this mapping, a number of orientation and capacity building programmes were also organised with these members on regular intervals in district and state. Continued hand-holding support was provided locally in organizing the monthly meetings, regularising these meetings, maintaining the meeting proceedings, planning, and ensuring proper utilisation of the united fund. Mobilising activities like meeting with community (CBO, SHG), proper education materials (poster/pamphlet/film), street plays and rally in GP were also undertaken on gender and health.

All these efforts led to regular and informed meetings of VHSNC and SJSWC. This in turn promoted regular interface of members of Gram Panchayats and village health workers, which led to increased demands for better health services. Consequently Gram Panchayat took up the issue of lack of proper

National Rural Health Mission is an initiative of Government of India to provide effective health care to rural population throughout the country. Its being envisaged through increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and community participation.
परिषद के विपक्ष में प्राति पंचायत से मान्यता मिला है तथा यह मिला मान्यता से लगभग 30 की. में की दूसरी पर है।

पंचायत की जुड़वां संसाधन लगभग 14898 है। इस प्रांत पंचायत से में 2010 एक उत्तरदायी स्वास्थ्य सेवाओं में एक व्यापक स्वास्थ्य केंद्र (सी.एच.वी.), आयुर्विज्ञान केंद्र तथा एक उत्तरदायी स्वास्थ्य व्यवसायी पेशेवर भर्ती मिली है।

सरकारी तथा एम्बुलेंस सेवा एवं इलाज (स्वास्थ्य) पंचायत की एक संवादी संस्था है जो जरूर से ही मिले हैं। इसके साथ तथा स्वास्थ्य व्यवसायी विभाग को जोड़ने के लिए संवादी स्वास्थ्य के कारण निवडता इति. ये एच.वी.एच.वी. शारीरिक है।

एच.वी.वी. परिसर तथा विभाग एवं पेशेवर के द्वाराी मुख्य कार्य करने के लिए प्रमाणित है। 

सरकार डी सुविधाय नामक और सामाजिक कार्यकर्ता संगठन (स्वास्थ्य एवं एच.वी.) एवं एच.वी.एच.वी. पंचायत से समाज के लिए प्रांत पंचायत शाखा पर जबाबदारी चाहिए है।

इस प्रांत पंचायत के निर्देशन प्रीतिकाली एवं स्वास्थ्य कार्यकर्ताओं इन समस्याओं एवं अन्य प्रकार के समस्याओं के प्रति हुई।

सरकार की ओर से संवादी पंचायत की विभाग शीर्षस्वास्थ्य संस्थान एवं इलाज से लगभग इस प्रमाणित है।

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फलस्वरूप प्रांत पंचायत ने स्वास्थ्य सेवाओं का कुछ का मुख्य को पी.एच.वी.एच.वी. के साथ उत्तरदायी स्वास्थ्य केंद्रों की बनाई।
health care with the PHC. These issues were raised very strongly during the health planning exercise, undertaken by the GP and VHNSC with technical support of SARAP.

Visit of Mr. Ashok Bairwa, Hon’ble Minister of Social Justice and Empowerment to the GP catalysed the demand for better health services at PHC and during his visit the issue was raised vehemently by the Community and Committee members. Responding to the demand from community, the Hon’ble Minister immediately ordered for upgradation of PHC to Community Health Center (CHC), which provides health services to people of around 12 – 13 GPs. Though many are of the opinion that this change happened due to opportunistic intervention by Minister but one of the significant reasons for Ministerial intervention was also because of the strong voices from the community to demand better health care. Some of the immediate impacts post his visit have been that an additional doctor and GNM have been appointed at the center. Order for the same has been issued and other facilities like X-ray, laboratory facility, 24 hour delivery service including normal and assisted, referral transport services besides other basic facilities have been approved for the CHC as per the standards.

On other hand, raised awareness of ERs and health workers about the purpose and mandates of VHNSC committee facilitated formation of 5 VHNSC’s in the Panchayat. Each committee gets an untied grant of Rs 10,000 annually, which is used to meet the immediate local demands for health. The people of this Panchayat will be treated by specialists and will not have to travel distances for better care.

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Gram Panchayat Hasteda in Govindgarh block is located 65 KM from Jaipur. The Panchayat consists of four revenue villages including Hasteda, Noupura, Vijaynagar, and Lalpura. Total population of Panchayat is around 6693, with male population of 3448 and female population of 3245.

The health services available in the Panchayat include a PHC and an Ayurveda clinic. In the year 2010, there were 6 Anganwadi centers (AWC) in the Panchayat including 4 in Hasteda, 1 in Vijaynagar, 1 in Lalpura but Noupura village had no AWC. The nearest Community health center (CHC) and the district hospital fall in Chomu block, which is approximately 27 kms away from the Panchayat.

The major concern of the health workers and ANM was the lack of an anganwadi center in the Noupura revenue village as it was affecting the outreach of health services. The center was being informally run in the middle school of village. There were many hurdles in running the anganwadi center in school. One room provided for the center was highly insufficient to run a proper health care center. Along with scarcity of space, the roof and walls of the room were in a dilapidated condition. This created insecurity among the health workers and they ran the center outside the room on the verandah of the school. Moreover, the timing of the center and the school were same, with former opening from 8 - 12pm while latter from 7 – 12pm. Women used to feel shy of getting vaccines in the school, since teachers and students would roam around the school causing inconvenience for these women.

The construction of anganwadi was sanctioned to Noupura revenue village in 2009 – 10 by the then Panchayat body. The then head of the village (Sarpanch) was Smt Sharda Prajapati but due to political rivalry and opposition to the same construction of Anganwadi could not happen. The money sanctioned for the same remained unspent during her leadership. During the various training programmes conducted by PRIA, the issue was time and again raised by health workers and even the

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1. Figure provided by village development plan 2031 of Hasteda Village; Town Planning Department, Jaipur.
community especially women. It was remarkable that women in the village on being informed that the money is available for Anganwadi center, pressurized the health workers for setting up the same. Ms. Rekha Kumawat, social mobiliser, PRIA, realising the people's demand raised this issue in the VHSNC meetings, where members of Panchayat were also present. It took a series of meetings with the current Sarpanch, Smt. Bhagwati Devi and the other members of Social Justice and social welfare committee to sensitise them on the impact of lack of a proper anganwadi center on the women health. Ms. Sushma Yadav, ASHA worker of the village informs that the individual meetings and regular interface between the community and leaders of the village promoted their sensitivity towards the health issues. The construction for Anganwadi center was started in November 2011. The most significant achievement has been that the Panchayat contributed around 1 lakh from its own untied fund since the money sanctioned was falling less to complete the construction. The construction of the anganwadi center of Noupura was completed by June 2012.

Ms. Nandu Swami, Anganwadi Worker shares that the anganwadi center covers a population of around 1345, with 165 households. Sharing some of the figures, she stated that in September – October, 2012 the coverage has increased in newly constructed center, with vaccinations provided to 35 infants in the age group of 1-3; 15 children in the age group of 3-5; food and other health services provided to 10 lactating women; ante-natal checkup of 11 pregnant women; and healthy food provided to 30 adolescent girls.

The enthusiasm and ownership towards the center among the community is quite high. The community has started taking ownership towards timely opening of the center and provision of basic health facilities to the women of the village. Women are also more comfortable in undergoing timely check-ups and vaccinations in their own proper Anganwadi center.
community especially women. It was remarkable that women in the village on being informed that the money is available for Anganwadi center, pressurized the health workers for setting up the same. Ms. Rekha Kumawat, social mobiliser, PRIA, realising the people's demand raised this issue in the VHSNC meetings, where members of Panchayat were also present. It took a series of meetings with the current Sarpanch, Smt. Bhagwati Devi and the other members of Social Justice and social welfare committee to sensitise them on the impact of lack of a proper anganwadi center on the women health. Ms. Sushma Yadav, ASHA worker of the village informs that the individual meetings and regular interface between the community and leaders of the village promoted their sensitivity towards the health issues.

The construction for Anganwadi center was started in November 2011. The most significant achievement has been that the Panchayat contributed around 1 lakh from its own untied fund since the money sanctioned was falling less to complete the construction. The construction of the anganwadi center of Noupura was completed by June 2012.

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Gram Panchayat Hasteda in Govindgarh block is located 65 KM from Jaipur. The Panchayat consists of four revenue villages including Hasteda, Noupura, Vijaynagar, and Lalpura. Total population of Panchayat is around 6693, with male population of 3448 and female population of 3245.

The health services available in the Panchayat include a PHC and an Ayurveda clinic. In the year 2010, there were 6 Anganwadi centers (AWC) in the Panchayat including 4 in Hasteda, 1 in Vijaynagar, 1 in Lalpura but Noupura village had no AWC. The nearest Community health center (CHC) and the district hospital fall in Chomu block, which is approximately 27 kms away from the Panchayat.

The major concern of the health workers and ANM was the lack of an anganwadi centre in the Noupura revenue village as it was affecting the outreach of health services. The center was being informally run in the middle school of village. There were many hurdles in running the anganwadi center in school. One room provided for the center was highly insufficient to run a proper health care center. Along with scarcity of space, the roof and walls of the room were in a dilapidated condition. This created insecurity among the health workers and they ran the center outside the room on the verandah of the school.

Moreover, the timing of the center and the school were same, with former opening from 8 – 12pm while latter from 7 – 12pm. Women used to feel shy of getting vaccines in the school, since teachers and students would roam around the school causing inconvenience for these women.

The construction of anganwadi was sanctioned to Noupura revenue village in 2009 – 10 by the then Panchayat body. The then head of the village (Sarpanch) was Smt Sharda Prajapati but due to political rivalry and opposition to the same construction of Anganwadi could not happen. The money sanctioned for the same remained unspent during her leadership. During the various training programmes conducted by PRIA, the issue was time and again raised by health workers and even the

### Community Demand Leads to Construction of the Anganwadi Center

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1. Figure provided by village development plan 2031 of Hasteda Village; Town Planning Department, Jaipur.
Gram Panchayat ETAVA Mobilized Resources from Community to build Maternity Ward

Gram Panchayat Etava in Govindgarh block is located 42 KM from Jaipur. Etava has 17 wards with about 9,000 population. It has one Primary Health Center (PHC) and 11 Anganwadi Centre to provide health services in the Panchayat. PRIA is working directly in the Gram Panchayat and providing continuous support to the Panchayat representatives and health workers in meeting the health demands of people. One of the major health issues affecting the Panchayat was that of poor health service provided at the PHC, especially to women.

Etava Gram Panchayat is headed by young woman Sarpanch named Mrs. Mamta Barala. She is actively involved in addressing the health problems of Panchayats, especially of women. Getting sensitized and encouraged by Panchayats efforts, families started to approach PHC for institutional delivery. However, Etava PHC has only one common ward for male and female, which was not comfortable for women. Mrs. Mamta Barala, Sarpanch of Etava GP recalls, “During one family planning camp, electricity went off and women were made to lie in open on the ground. There was no boundary wall for PHC and the PHC lies opposite to a general bus stand and tea-stall. This created a huge embarrassment for the women and triggered Panchayat for setting up a separate maternity ward”.

Under SGRPR project ‘Social Justice and Social Welfare Services’ (SJSWS) standing committee have been capacitated to execute key issues like health, sanitation and welfare of weaker sections. With the continuous efforts of PRIA, Gram Panchayat members including Sarpanch got sensitized and capacitated to provide quality health services especially for women and girls. The continuous engagement with various stakeholders at the Panchayat level prompted them to take gender sensitive actions. SJSWC is headed by Mr. Kishan Singh, ward panch of Etava GP. The chair and other members of SJSWC, especially, Mr. Kishan Singh and Mr. Babul Lal played their roles proactively to improve health services by raising women health issues in GP and Gram Sabha meetings. They also regularly monitor and supervise the works of Anganwadi Centre and the PHC. While on the other hand through intense mobilizations, community also started to raise the demand for appropriate health services. Due to its earlier bad experiences, community especially women raised the demand for a separate maternity ward at the PHC. But unfortunately in Rajasthan there is no provision for separate wards for male and female at the PHC level. This issue was highlighted during various meetings with the community.

The gender sensitive GP was also concerned about this issue and wanted to address it but did not have sufficient fund under schemes/own resources to construct the female ward. Eventually in
various standing committee meetings, the SJSWC members decided to collect the fund from some private donors. The Panchayat body on its own efforts mobilised some private donors and community leaders to donate for Maternity ward while some amount was utilised from Panchayats own fund (under MLALAD scheme). In August 2011, the PHC of Etava GP got success in mobilising appropriate resources to construct separate ward for female.

An eight bed female ward has been constructed in Etava PHC. A boundary wall has also been constructed around the PHC for ensuring safety and privacy to patients especially women. GP is also in the process for generating more funds from public contributions to improve facilities in newly constructed female ward. Dr Kailash Kumawat head of PHC Etava played major role in supporting Panchayat to generate funds for separate female ward. Dr. Kumawat is also getting proactive supports from local government to deliver desired services timely and qualitatively. This initiative developed a sense of ownership among GP members to improve health services and provide supportive role to the health department.

A participatory ‘Health Plan’ has also been developed by Gram Panchayat, involving all stakeholders - Ward Panches, Gram Sabha members, Panchayat Secretary, VHNSC and other Health Functionaries (ANM, ASHA etc.) – the joint constructive meeting of all of whom is rare.

Some of the components in this plan reflect the gender responsive planning:

- Separate women toilets in school, in PHC and at bus stand from Total Sanitation Campaign (TSC), the grant for which is available at Panchayat level.
- Cleanness and construction of drainage from Twelfth Finance Commission (TFC) and TSC grants at Panchayat level.
- Regular Water and electricity supply to Anganwadi centers and sub-center from GP’s untied fund.

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Community Supports Health Worker to Improve Health Services

Society for All Round development (SARD) is the partner organisation of PRIA in District Sirohi to engage Panchayats on gender and health issues and capacitate them to address these at the local levels. The organisation has been actively working in Reodhar Panchayat Samiti since last 3 years towards improving the health services for women at local levels by making community especially women aware about their health rights and promoting capacities of Panchayats to address the gender issues locally. Regular information support was provided to Panchayats and Village Health Sanitation and Nutrition Committee (VHSNC) on health, gender and governance.

Reodhar Panchayat Samiti consists of total 37 Gram Panchayats. One of the Gram Panchayat Saelwada is also among the intervened area in this Panchayat Samiti. While working on the issue of maternal health and sex selection, the organisation found that the Gram Panchayat is performing poorly in the health indicators and there was irregular registration of pregnancies and births. There was a lot of criticism against the ANM as everybody from government officials to community was criticising her services. SARD staff intervened with both the health worker and the community to understand the problem and found that the issue is something else. On going deeper in the issue, they found that the reason of poor development indicators of GP is not ANMs casualness. The
रसायनकर्मी की सामूहिक सहायता से सेवाओं को बेहतर बनाने में मदद मिली

किसी चौथी समस्या एस.एस.ए.सी. के सामने आए जब उसे एक नवजीवनीय समस्या शरीर पर लगाए जाती है। जब उसे एक रूपरेखा के लिए भूमिका निभाने की कल्पना करते हैं। यह समस्या इस तरह हो सकती है कि एक सामाजिक ग्रुप का एक सामाजिक समाज पर असफलता का कारण करती है। 

एक समाज का एक क्षेत्र में पहुंचने वालों, जिन्हें एक समुदाय निरूपण उन्नति और समाजवादी काम के लिए भूमिका निभाते हैं। इनमें से कोई ही क्षेत्र में एक व्यक्ति उस रूप में उन्नति के क्रमांक का सामाजिक समाज के लिए निरूपण उन्नति में काम करने का कारण बन सकता है।

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स्वास्थ्यकर्मी को सामुदायिक सहायता से
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हिंदी की सहाय्यी संस्था एच.ए.डी.जी. से कार्यकर्ता को मनोकामना प्रदान करने के लिए सबसे महत्वपूर्ण विषय स्वास्थ्य मुद्दों से जुड़े हुए इस समस्या को स्वास्थ्य सरकार द्वारा पर लिया जाना चाहिए करने का काम करती है। यह समस्या फिर से बढ़ावा दिया गया है जिसके लिए वह स्वास्थ्य सरकार को हमले के नेतृत्व में पंचायतों की राजनीतिक मुद्दों को हार करने में सहायता करने एवं समुदाय विकासकर्मी महिलाओं को उनके स्वास्थ्य अधिकारों के बिना जागरूकता करने के लिए काम करती आ रही है। पंचायतों एवं प्रांत स्वास्थ्य तथा स्वास्थ्य समिति के स्वास्थ्य संहिता का स्वास्थ्य अधिकार उपलब्ध कराने जाने रही है।

रेखांकन पंचायत संस्थान में कुल 37 पंचायत हैं। इनमें से सातपुखा पंचायत यह प्रशंसा करने का विषय में हस्तिलुत्स्त विषयों में से एक है। गांव स्वास्थ्य हवा न्याय या बुरे न्याय का प्रयोग करने से काफी। इस समस्या के प्रमुख कारण के रूप में पंचायत को विकास करने का मनोरंजन अन्वेषित है। ए.ए.डी.जी. के मुत्थ बुरे न्याय आरोप करने वालों का शामिल होना आवश्यक है द जन-जन अधिकारी द्वारा संयुक्त प्रयासों का कारण नए एवं ए.डी.जी. की लागत सहिती नहीं है। पंचायत पंचायत का उप-स्वास्थ्य के स्वास्थ्य अधिकारों में सिक्का है। तथा स्वास्थ्यकर्मी के रूप में मिलने वाले स्वास्थ्य क्षेत्र में उनकी सहायता करने वाले व्यक्ति अधिकारी संचालित है। तथा जन-जन अधिकार के बीच उत्कृष्ट होने तथा उन महत्त्वपूर्ण नीति सिखावे चाहिए।

सहायता के लिए तथा स्वास्थ्य के लिए देखी जाती है। तथा अधिकार के रूप में लागत सहिती नहीं है। तथा स्वास्थ्य के लिए देखी जाती है। तथा अधिकार के रूप में लागत सहिती नहीं।

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The sub-center of GP is located in a very remote area and the health worker, Ms. Mandeep Kaur (Name changed) appointed is an unmarried woman. She was being harassed by a group of young men, who would stay outside the sub-center and make lewd comments on her. They visited the center every 2-3 times a day, which was mentally harassing her. Adding to it, they would come drunk and mis-behave with her. This created a lot of frustration and angst even in the health worker and she made up her mind to resign from the job. All this hampered her work and her movement within the village since these men would follow her. Being an outsider in the village, she did not have the courage to raise her voice against this since she thought that the community would be against her and call her “characterless”.

The organisation informed this issue to the women group (Mahila Jagruk Manch, constituted by the organisation), responsible for addressing the local gender issues. The group discussed over the issue at the revenue village level in Haathal, Dhandhpur and Saerva revenue villages, with other women groups. The problem of ANM was recognized and they offered voluntarily to extend support to the health worker. It was decided that a woman from the group, belonging to that revenue village will stay with the ANM during working hours on rotation basis. They also requested women ward-panches to extend support to the health worker. This continued for some days, thereafter, Gram Panchayats enforced that anyone who harasses the health worker will be socially boycotted from the village and a letter of shame will be issued to that person by the Panchayat. This created a pressure on the perpetrators in the Gram Panchayat and the issue was addressed.

The support of women group and Gram Panchayat helped Ms. Mandeep Kaur, ANM to perform and deliver her services efficiently and effectively. Over a period of time, she has been able to complete her targets and is also being now recognized by Panchayat Samiti for award and recognition in providing effective services against all odds.
Society for All Round development (SARD) is the partner organisation of PRIA in District Sirohi to engage Panchayats on gender and health issues and capacitate them to address these at the local levels. The organisation has been actively working in Reodhar Panchayat Samiti since last 3 years towards improving the health services for women at local levels by making community especially women aware about their health rights and promoting capacities of Panchayats to address the gender issues locally. Regular information support was provided to Panchayats and Village Health Sanitation and Nutrition Committee (VHSNC) on health, gender and governance.

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Society for Advocacy, Research and Action (SARA), the partner organisation of Society for Participatory Research in Asia (PRIA) has been working in the Sawai Madhopur district to promote community awareness on the maternal health and sex selection issues since the year 2010. This process has led to sensitivity and strengthening of two most important committees of Village Health, Sanitation and Nutrition Committee (VHSNC, constituted under NRHM) and Social Justice and Social Welfare Committee (SJSWC, the standing committee of Gram Panchayat) on the local gender issues. The revenue village, Himmatpur of Gram Panchayat Khatupura is located at a distance of around 15kms from the district headquarters. The village has a population of around 2000, as per the figure informed by ANM.

The VHSNC of this revenue village is very active due to technical support provided by SARA. As per the NRHM guidelines, this committee receives an untied grant of Rs 10,000. In the past, various health and sanitation related issues were resolved through this fund of Rs 10,000 received by the committee, based on the needs of people. Some of the significant tasks undertaken included construction of a common tank for drinking water, cleaning of drains, and regular spray of medicines in the open drains etc. However since 2011, no fund was received by the VHSNC committee. And in absence of the funds, regular maintenance of village health and sanitation had become a problem. This issue was raised by committee members at block and district level. However, they did not receive any significant response from the officials.
SARA organisation established regular interface meetings of the committee with the people locally. Though this, organisation has been mobilised and sensitis the demand as well as supply side on the various health issues concerning the village. During one interaction meeting facilitated by SARA, the committee members discussed the issue of absence of funds with the community and the Panchayat body. Understanding the need of maintenance of health and hygiene of the village, the sensitive and concerned community extended support and took an initiative of contributing some amount from every household, with which the pending tasks were completed.

Some of the tasks done through the community contribution included - The tank of drinking water was cleaned and medicines were sprayed in the drains for curbing the seasonal diseases due to heavy rainfall. These activities used to be carried out by the VHSNC through the untied fund. However, without any money, these works did not stop, as community realised the importance of these small efforts for the welfare of village. This village has been keeping very low on the spread of seasonal diseases, compared to the surrounding villages. It has been possible only due to the timely and prompt action and support by the villagers to the service providers.

Sara संस्थागत निधि के आकार में स्वास्थ्य और
स्वास्थ्य जरूरतों को पूरा करने में
समुदाय के लिए योगदान

सोसाइटी कार एक्सेसेंसी निष्ठा एंड एफका (सरा) का एक सहयोगी संस्था है जो वर्ष 2010 से ही सवाई माधोपुर जिले में स्वास्थ्य, लिंग चयन से मुर्दा पर समानाधिक जागरूकता प्रोत्साहित करने का कार्य कर रही है। यह प्रभावित में ग्राम की दो सबसे महत्वपूर्ण समितियों - गांवी स्वास्थ्य, स्वास्थ्य एंड धोयरण समिति (वी.एस.एंड.पी.सी.), - एन.एनए.एन.एन., अंतर्क्षेत्र गतिविधियों तथा सामाजिक यात्रा एन.सी.एन.एन. विभाग पंचायत की स्वाती समिति) को इन दो महत्वपूर्ण लीग के लिए सरकार एवं संवेदनशील ठिकार। प्राम पंचायत वादन का नजदीक प्राम हिन्दुस्तान नियम मुहूर्त से लगभग 15 फिलेतीर की दूरी पर स्थित है। एन.एनए.एन. द्वारा दिया गया ऑर्डर के अनुसार प्राम की जनसंख्या लगभग 2000 है।

सरा संस्था की तकनीकी सहयोगता के माध्यम से इस राजनय प्राम की वी.एस.एन.एन.सी. समिति बहुत सक्रिय है। एन.एनए.एन.एन. के दिशा मंडिलों के अनुसार इस समिति को प्रतिवर्ष दस हजार रुपये की निर्माण गिथिय किसी ही नहीं। इस संगठन को प्राम हुई दस हजार की रकम के माध्यम से लोगों की जरूरतों पर आधारित स्वास्थ्य एवं स्वास्थ्य का सुनिश्चित किया गया। प्रामत्तल के लिए स्वास्थ्य टैक्ट बनाए, जो की साइड कला तथा खुदे नागद में दोनों का निर्माण विकलीय किया गया। आदि के लिए हो महास्त का जाना है। पक्षि वर्ष 2011 से ही वी.एनएन.एन.सी. समिति को काफी शाहिन नहीं समिति थी। समिति के अनुसार गांवी स्वास्थ्य एवं स्वास्थ्य का निर्माण रख पाना एक रतन भवन बन गया थी।

सरा संस्था के स्वास्थ्य राष्ट्रीय पर लोगों के साथ समिति की निर्माण बैठकों को रुपसल्टर कराता। गांव से संबंधित विषय स्वास्थ्य का मान को वातावरण रहन, सधा ही आपूर्ति था जो इन मुद्दों से अपना करण एवं संवेदनशील बनने में भी सफल रहा है। इस पुरुली का प्रकट द्वारा निजी राष्ट्र पर समिति की सदस्यों द्वारा उठाया गया। हालांकि उनमें प्राथमिकता के लिए महास्त का प्रतिकृतियां नहीं समिति। सरा द्वारा कच्ची वैश्विक एक संघर्ष बैठक के दरोन समिति के सदस्यों ने समुदाय विभाग पंचायत की स्वाती पुरुली पर चर्चा की। प्राम के स्वास्थ्य एवं स्वास्थ्य के रूप-रूपान्तर की जरूरत को समझने हुए, संवेदनशील.
SARA organisation established regular interface meetings of the committee with the people locally. Though this, organisation has been mobilised and sensitise the demand as well as supply side on the various health issues concerning the village. During one interaction meeting facilitated by SARA, the committee members discussed the issue of absence of funds with the community and the Panchayat body. Understanding the need of maintenance of health and hygiene of the village, the sensitive and concerned community extended support and took an initiative of contributing some amount from every household, with which the pending tasks were completed.

Some of the tasks done through the community contribution included - The tank of drinking water was cleaned and medicines were sprayed in the drains for curbing the seasonal diseases due to heavy rainfall. These activities used to be carried out by the VHSNC through the untied fund. However, without any money, these works did not stop, as community realised the importance of these small efforts for the welfare of village. This village has been keeping very low on the spread of seasonal diseases, compared to the surrounding villages. It has been possible only due to the timely and prompt action and support by the villagers to the service providers.
Community Contribution for Health and Sanitation Needs in Absence of Institutional Funds

Society for Advocacy, Research and Action (SARA), the partner organisation of Society for Participatory Research in Asia (PRIA) has been working in the Sawai Madhopur district to promote community awareness on the maternal health and sex selection issues since the year 2010. This process has led to sensitivity and strengthening of two most important committees of Village Health, Sanitation and Nutrition Committee (VHSNC, constituted under NRHM) and Social Justice and Social Welfare Committee (SJSWC, the standing committee of Gram Panchayat) on the local gender issues. The revenue village, Himmatpur of Gram Panchayat Khatupura is located at a distance of around 15kms from the district headquarters. The village has a population of around 2000, as per the figure informed by ANM.

The VHSNC of this revenue village is very active due to technical support provided by SARA. As per the NRHM guidelines, this committee receives an untied grant of Rs 10,000. In the past, various health and sanitation related issues were resolved through this fund of Rs 10,000 received by the committee, based on the needs of people. Some of the significant tasks undertaken included construction of a common tank for drinking water, cleaning of drains, and regular spray of medicines in the open drains etc. However since 2011, no fund was received by the VHSNC committee. And in absence of the funds, regular maintenance of village health and sanitation had become a problem. This issue was raised by committee members at block and district level. However, they did not receive any significant response from the officials.
Despite Right to Education Act, thousands of children in India are deprived of the basic right of education. Girls are most vulnerable due to many reasons of poverty and patriarchal mindset that household work, childcare are the only responsibility of women. The insecure and unsafe environment for girls is a triggering reason due to which girls especially adolescents are forced to leave or discontinue school. This discrimination towards education is one of the most primary cause of other forms of discrimination which makes women internalize oppression as a way of life. Despite these constraints, there is a ray of hope.

Gram Panchayat Ekram is 16 km away from the Sever block near Bharatpur district. Kevaladev Research Foundation is a partner organisation in implementing the programme on engaging Panchayats with gender and health issues with support from PRIA and UNFPA in 5 Gram Panchayats of Sever block, Bharatpur district. Under the project Gram Panchayat members have been oriented on the gender and health issues through various trainings, regular interfaces and sensitisations through relevant IEC material. Smt. Pushpa, activist of the organisation has written songs on gender issues to sensitise the community and make them aware about the series of discriminations against women.

Smt. Anguri Devi the village head, Sarpanch of Ekram GP is an old aged woman and she performs her duties as Sarpanch with the help of her son Saheb Singh. Earlier the political leadership of the Sarpanch and her credibility on one hand was questioned due to her dormant leadership. However during various orientations, Sarpanch Anguri Devi and Up Sarpanch Meera Sharma were made to reflect upon the gender issues, which sensitised them and helped them address various issues of women such as child marriage, domestic violence, girl education apart from maternal health and sex selection in their Gram Panchayat.
One of the significant impact is that Panchayat initiated to promote gender sensitivity and girl child enrollment in schools. There is a Government higher secondary school in the Ekram Gram Panchayat. Total enrollment in the school in year 2012-13 was 389 in which enrollment of girls was 170. Yet, presence of girl students in the school was usually low especially in higher classes (9-12). When sarpanch came to know of this she discussed this concern with teachers and children. She was informed by children that some rowdy boys used to eve tease girls in the school and pass lewd comments on them. This was the main reason that girls did not want to attend the school. Girls did not tell this to their families due to hesitation and neither were families interested in their education. Chanchal, Geeta, Kamlesh and Phulwara besides other girls had stopped attending the classes in the school.

She told her son, Saheb Singh to intervene in the matter. Saheb Singh identified these boys. He sternly told them to behave properly with girls in school. After some days Saheb Singh during a sudden visit to school found that situation had not changed. Then he warned them for rustication from the school. Sarpanch Anguri Devi intervened with the families of these boys. She met with families of the boys and talked regarding this. As a result thereof, incidences of molestation of girls stopped due to Panchayat intervention and pressure. Up-Sarpanch Meera Singh inspired and counselled the girls to attend classes in the school.

Sarpanch Ms. Anguri Devi said, “Girls do not attend the school despite one in village due to incidences of eve-teasing. It not only hinders their education but also harasses them mentally. It is our responsibility that women feel protected and safe in public places.”

This sensitive action of Panchayat promoted the gender friendly environment in schools. Sarpanch along with Saheb Singh visited the school time and again so that such incidences of molestation could not reoccur. Adolescent girl's presence in the school became regularized due to responsible act of Gram Panchayat and dutiful act of Sarpanch and antisocial elements have been reminded of their acts.
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CEDAW (Convention on the elimination of all forms of discrimination against women- 1979) is a resolution adopted by United Nations Organisation in the year 1979 and it talks about prevention of any kind of violence and gender discrimination against women. With the signing of CEDAW, India is committed to creation of gender equality based society. Deprivation of education to women is the most common gender based discrimination.

Bhadsiya Gram Panchayat falls in the Parbatsar block situated in Nagaur district and is around 35 Km. away from Parbatsar Block. Population of Bhadsiya village is nearly about 2100. There are total 3 schools including a Government Primary School, middle school and a Government Girls high Secondary School in the GP.

Social Action & Mobilization Participatory Rural Community (SAMPARC) organisation has been working towards “Strengthening gender response of Panchayats in Rajasthan” with support from PRIA and UNFPA. The organisation worked with Gram Panchayats on issues like maternal health and gender selection. It has constituted a monitoring committee in the intervened villages consisting of 8 members including active citizen leaders, health workers and Panchayat representatives. This committee was constituted in Bhadsiya village.

Shri Sharvan Lal is one of the members of monitoring committee. He has shown his commitment to eliminate gender based discrimination in village. During one of his visits to Government Girls Higher Secondary School he observed that some girls were carrying water to mid-day meal kitchen through the buckets from hand pump. He observed the same girls carrying water during his other visits too. He felt hurt about it since it was unfair to make girls do any non-academic work in school and two workers had already been appointed for the mid-day meal work. Realising this and with an attempt to improve the girls' condition, he went to school and talked about it to the Principal, Smt. Sailesh Tripathi. She informed about the incident to monitoring committee members and the Sarpanch. The next day Sarpanch and all other members of monitoring committee went to school and the incident was raised collectively by all the members including Sarpanch. Ms. Radha Devi, the Sarpanch of village is an active woman Sarpanch and she takes keen interest in acts of Gram Panchayat. Sarpanch
Radha Devi informed headmistress that, “Fetching water was not the matter of school only but village as a whole was involved in it. If girls work in school alike home how can they spare time for their study and this would affect their mind set and interest towards studies”. Munni Devi, a member of the monitoring committee talked with the girls who informed her that a day had been fixed by head mistress and the day, on which any girl has her turn to fill water, she does not attend the school. A girl named Asha said, “We don’t like to fill water but due to fear of madam we cannot say anything. We are afraid of madam for getting us failed or giving lesser marks”.

Sarpanch Smt Radha Devi said that an action would be taken against the Principal by the Panchayat if girls are made to work again. Realising the Panchayat pressure, Smt Saisalesh promised that the girls will not be forced to fill water. At present there are around 129 girls on rolls, out of which 90-100 girls are seen present in the school regularly.

Another incident took place in Bhasdiya village, which was quite dis-heartening yet encouraging. 6 girls of Babri caste from Bhasdiya village were not attending the school despite their age to study. The people of this caste migrate in search of work at kiln for 4 to 6 months every year thereby making their children’s education irregular and this affects the education of girl children adversely because they are not enrolled again in schools by the parents. The monitoring committee identified these girls and built pressure on Gram Panchayat to get the girls re-enrolled in school. Sarpanch Radha Devi ensured that she would talk to Babri caste from Bhadsiya village were not attending the school despite their age to study. The parents agreed to get their girls enrolled in the school. With efforts of Panchayat, these girls were enrolled in bridge courses at the commencement of session in school and after completion of bridge course they were enrolled in Government Higher Secondary School. Although these girls are bound to move out of village with their families in this regard. The parents agreed to get their girls enrolled in the school. With efforts of Panchayat, Panchayat to get the girls re-enrolled in school. Sarpanch Radha Devi ensured that she would talk to Babri caste from Bhadsiya village were not attending the school despite their age to study. The people of this caste migrate in search of work at kiln for 4 to 6 months every year thereby making their children’s education irregular and this affects the education of girl children adversely because they are not enrolled again in schools by the parents. The monitoring committee identified these girls and built pressure on Gram Panchayat to get the girls re-enrolled in school. Sarpanch Radha Devi ensured that she would talk to Babri caste from Bhadsiya village were not attending the school despite their age to study. The parents agreed to get their girls enrolled in the school. With efforts of Panchayat, Panchayat to get the girls re-enrolled in school. Sarpanch Radha Devi ensured that she would talk to Babri caste from Bhadsiya village were not attending the school despite their age to study. The parents agreed to get their girls enrolled in the school. With efforts of Panchayat, these girls were enrolled in bridge courses at the commencement of session in school and after completion of bridge course they were enrolled in Government Higher Secondary School. Although these girls are bound to move out of village with their families due to work but Sarpanch Radha Devi urged upon to head mistress to continue their academic activities till they are present in the village.

Following girls have been enrolled due to joint efforts of community monitoring committee and Gram Panchayat:

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<thead>
<tr>
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<tbody>
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<td>11yrs</td>
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Realising this and with an attempt to improve the girls' condition, he went to school and talked about it to the Principal, Smt. Sailesh Tripathi. She informed about the same and requested her that the girls should not be made to work during school hours.

The next day Sarpanch and all other members of monitoring committee went to school and the issue was raised collectively by all the members including active citizen leaders, health workers and Panchayat representatives. This committee was constituted in Bhadsiya village.

Community Monitoring Committee and Gram Panchayat Promotes Enrollment of Girls in School
Matoriya Wali Dhani Gram Panchayat falls in the constituency of Hanumangarh Block Panchayat. The present woman Sarpanch of ‘Matoriya Wali Dhani’ Usha Godara is playing the leadership role since year 2010. Usha Godara is an educated and able Sarpanch. Being a woman, she takes utmost care of women cause.

Society for Human Dignity and Rights (SHDR) is implementing a project named “Strengthening Gender Response of Panchayats (SGRP) with the support from PRIA and UNFPA intensively in the 5 Gram Panchayats of Hanumangarh District. During the project period, training was imparted to representatives of Gram Panchayat gender sensitization and enhancing their capacities which resulted in enhanced gender awareness among the representatives. Usha Godara is very sensitive to women issues and she admits contribution of SHDR towards her gender sensitivity and greater awareness. She states that gender training programme conducted by SHDR has not only spread awareness about maternal health and gender selection but also various issues related to gender such as domestic violence, sexual harassment of women were highlighted through facts and figures. Realising her potential, she was also chosen as chairperson of ‘Sarpanch Association’.

Ms. Usha Godara decided to give up veil system (Ghunghat) in her own life and she vehemently raises her voice on violence against women in village.

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revealed to Usha Godhara that she had been asked for sexual favour by her father-in-law. She said that she did not disclose this to anybody owing to hesitation and fear. Realising the seriousness of the situation, Usha Godhara intervened in the matter and threatened her father-in-law on phone. Usha Godara encouraged her and informed her family about the truth as well as made them understand that sending her back to that family will only spoil her life further and it would be better to opt for divorce.

Shushila’s father was hesitant for divorce and wanted to keep her relationship intact with that family at any cost due to his belief that a life of divorcee is very complicated and is not good in Indian society. Usha Godara made the family understand and appraised them of the consequences of sending her back there. The Sarpanch told them that society consists of people like us and it is not the question of Shushila alone. There were many girls like her in the society. She encouraged the family that one step of Shushila would encourage for all of them and she assured her support in this regard.

With the resolution of Usha Godara and Sushila, the family made up its mind to get divorce. Sushila’s father put proposal of divorce before her husband. The very next day Sushila’s father-in-law threatened and forced for Sushila to return. Her father informed this to Usha Godhara. She went to Shushila’s-in-law village Chaiyan alongwith Sushila’s parents and threatened them that if they do not give divorce in peaceful manner, a case against the whole family would be filled under domestic violence act and all would be punished. Ms. Sushila got divorce in November 2011 in district court with mutual consent with the intervention of Panchayat. Shushila is living a happy life now in Usha Godara meets her often. She encouraged her to restart her higher study and Sushila is now studying further.

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राज्य के सहयोग से महिला को मिला घरेलू हिंसा से छुटकारा

मदोरिया बाली दारिया हनुमानगढ़ पंचायत समिति की एक प्रमुख पंचायत है। मदोरिया बाली दारिया की जगती महिला सर्वे प्रथम गोदारा 2010 में पहली बार चुनाव जीत कर आयी। उन्होंने गोदारा एक पड़ी लिखी योग्य महिला सर्वे है और एक महिला होने के नामे महिलाओं को ध्यान देती है।

संसार की विकास हितिदाती एक राहत (एस.एच.डी.आर) हनुमानगढ़ की मदोरिया बाली दारिया सहित 5 प्राम पंचायतों में नोडल संस्था के रूप में जिम्मेवार एवं एक जिम्मेवारी पंचायतों में “सहयोग को जेजर सख्तीकरण” परियोजना का क्रियान्वयन विभाग 3 वर्षों से कर रही है। परियोजना के दौरान प्राम पंचायत प्रतिनिधियों का जेजर मुद्दों पर प्रश्नात्मक एवं सामीत वक्ता का कार्य किया गया है जिससे फलस्वरूप पंचायत प्रतिनिधियों में जेजर के प्रति जागरूकता आई है। उन्होंने गोदारा कम उम्र की उत्तराधिकारी, कार्यवाही एवं सरकार समिति की पहचान बढ़ाए “सहयोग एशियाई पंचायत” की अवधि कुली से। उन्होंने गोदारा महिला मुद्दों को जेजर अवधारणा संबोधित करना है।

उनका कहना है कि जेजर जालकक्ता और जेजर समझ भारी में एस.एच.डी.आर का बहुत गोदारा रहा है। एस.एच.डी.आर के बारे में जेजर प्रश्नात्मक कार्यकर्ता से निर्देश मुद्दा सावित्री व सिंया कार्य के मुद्दों बराबर जेजर समस्त मुद्दों जित चुका हैं। गोदारा है Sushila जीवन उपचार आदि पर समय बर्तन है। उन्होंने गोदारा ने मिली जीवन में पूर्ण का परिवर्तन किया है व गाँव में भी पूर्ण प्रत्यय आदि परिवर्तन के पूर्ण प्रत्यय किया जा रहा है।

‘मदोरिया बाली दारिया’ गाँव में रहने वाली 21 वर्षीय सूषिला की शादी फरवरी 2011 में गाँव से 20 किलोमीटर दूर रथवास ससुराल के बाढ़ों में इसे रहने वाली गांव जीवन से हुए थी। गांव में सोशियल अपने ससुराल में रहने के लिए, हिंसा का विकास हुआ। विवाह के 20-25 दिन के अंदर ही गणेश में सूषिला के साथ परिवार दोस्त बने और परिवार दोस्त बने या ससुराल बंद दुःखी थी। सूषिला ने परिवार का सारा कम करवाया जाता था और नौकरी जीवन बाधा किया जा रहा था।

सर्वच उन गोदारा ने सूषिला की समस्या को अपने संबंध में लेते हुए उन पर कार्यवाह करने का निर्णय किया, उन गोदारा सूषिला और उनके परिवार से मिलों और सूषिला की पूरी आप बीची तुलना। उन गोदारा ने सूषिला के परिवार के आप सूषिला के सुसंगत में कहा किया। सूषिला के पीत ने फोन पर जवाब नहीं की थी एवं सुरुआत के नहीं का पता लगा। सूषिला को मान-लाल नहीं बाहर ही थी क्योंकि सूषिला अपने ससुराल जा रही थी। सूषिला ससुराल नहीं जाना बाहर थी। उन गोदारा ने सूषिला से बात की थी बात थी कि सूषिला का ससुराल इस तरह से सुरु किया जाएगा। सूषिला ने बात संभव नहीं से किसी को नहीं बताई थी। उन गोदारा ने मामले की गणना को समझते हुए मामले में हारक्षेप किया और सूषिला को
Sarpanch Counsels and Supports a Woman to Get Rid of Domestic Violence

Matoriya Wali Dhaní Gram Panchayat falls in the constituency of Hanumangarh Block Panchayat. The present woman Sarpanch of ‘Matoriya Wali Dhaní’ Usha Godara is playing the leadership role since year 2010. Usha Godara is an educated and able Sarpanch. Being a woman, she takes utmost care of women cause.

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Lunole Gram Panchayat is located around 25 Km from Revdar block in Sirohi district. Society for All Round Development (SARD) organisation is working for last three years on the issue of maternal health and sex-selection in five Gram Panchayats of Sirohi district with the support of PRIA and UNFPA. The main purpose has been to orient and capacitate Panchayats, so that it is able to address violence against women at local level. Gram Panchayat is the most potent body to address the local social issues including gender based discriminations. SARD has worked very intensively with Ward members, Sarpanches and health workers and they have been regularly trained on health, gender and governance. Smt. Dheli Devi belongs to scheduled caste and has been elected on a reserved seat. Smt. Dheli Devi, Sarpanch of Lunole GP; Sri Ganpat Singh Vice-sarpanch and other ward members are taking strict steps against the female foeticide.

In January 2011, villagers found a female embryo at ‘Bhilo ka Vaas’ hamlet in Lunole GP. When Sarpanch Dheli Devi got to know of this incident, she filed a report in Anadara police station and requested a thorough investigation in this regard. She promptly called a meeting in the village and informed all villagers about this heinous incident and she investigated to find out the family responsible for such a horrible act. Villagers were shocked by the incident as they were involved in the movement of GP to ‘save the girl child’. After investigation it was found that people of this village were not involved in this act. But the seriousness and immediate action and support of Panchayat and people is very appreciable and encouraging.
Shocked with this incident and to control such incidents in future Lunole Panchayat planned for promoting the birth of girl child. With efforts of Sarpanch and Vice-Sarpanch, a campaign was started to provide congratulatory letter to the parents of girl child, called ‘Beti Jamnotsav Badhai Patra’. This congratulatory letter is awarded by the GP to the family on occasion of a birth of a girl baby.

‘Badhai Patra’ proved a strong medium that has spread a healthy message for promotion of birth of girl child. Having been encouraged with Lunole gram panchayat, other GPs of Revdar block have also begun to give ‘Badhai Patra’. Not a single incident of female foeticide has come to notice in the GP since last 15 months. 24 boys and 27 girls’ child were born in Lunole from January 2012 to October, 2012. As per the ANM records in 2010, 28 boys and 25 girls were born, while 32 boys and 30 girls were born in 2011. This clarifies that the target of equal sex-ratio must be achieved with the efforts made at Gram Panchayat level. Smt. Dheli Devi works in close contact with Sunita, the staff of SARD and latter provides regular information and knowledge support to the Panchayat.

GP also provides a copy of this “Badhai Patra” to Pradhan at block level, so that Pradhan may utilize the same mechanism in other Panchayats and a healthy example can be spread in the society. Badhai Patra is issued by sarpanch publicly. Vice-sarpanch Shri Ganpat Singh is of the view that “save the girl child movement should be kept alive in the GP continuously so that the imbalance in sex-ratio and cases of sex selection are curbed. It is necessary to bring necessary transformative changes in the society and challenge the traditional practices”.

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Nangal kalan Gram Panchayat is situated about 6 km away from Govindgarh Block. 'Strengthening gender response of Panchayats in Rajasthan' is a programme being implemented in 10 GPs including Nangal Kalan with support from PRIA and UNFPA. Prior to the programme, a pre-election voter gender awareness campaign in the year 2010 concerning four important issues of gender selection, child marriage, dowry system and domestic violence against women was conducted in the state. During this campaign, pledge letters were filled by the nominated members, committing to address gender related issues after their election to Panchayat. Later on, training was imparted to Panchayat representatives and health workers on such issues for enhancing their capacities, making GP more sensitive and aware.

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meeting asked his fellow members to get information about registered pregnant women in their respective wards from Asha activists and keep vigil on those families having two girl children.

While actions towards promoting gender response were taken on one hand by the Panchayat, on the other hand one of the neighbours of Ward Panch - Ashok Kumar Choudhary, was planning to undergo sex determination test. He and his wife already had two daughters and both wanted that third child should be no one else but son. He sought help of ANM Shyamlala for this purpose who in turn talked to the Asha worker, Manju Devi about this. Asha and ANM counseled them that sex determination test is a crime so they should refrain from doing so. Ashok Kumar resented and said that he will get the tests done from Chomu block. Manju Devi informed Sarpanch and Ward Panch about it.

Mahesh Devnanda, the Ward Panch being his neighbour spoke to Ashok that there is no difference between son and daughter. He also shared that its their upbringing that makes them able or unable. Both are equal. He also told him sex determination is a crime and if he goes for it, he will be strictly punished by the Panchayat and brought under the purview of PCPNDT Act. The pressure exerted by Panchayat prevented a case of sex selection. Regular monitoring was done by Panchayat and health workers to check if there is adherence to the laws and procedures. This forced Ashok Kumar to not get any test done nor go for abortion of his wife. Today, they have a daughter as their third child. The laudable initiative of GP has given recognition to the right to life. Awareness of GP on gender related issues and taking timely actions to check social evils at village level will put an end to such evils.

लिंग चयन एक अपराध : ग्राम पंचायत की आलाज

शी शंकर (सरपंच नीतलकला) ने ग्राम पंचायत नागरिक कला में घटनी लिंगपुलार पर ध्यान केंद्रित करते हुए इसे चयन करने के प्रक्रियाओं को बदलने के लिए अपने आप की प्रतिकृति की है। नीतलकला ग्राम पंचायत के वार पंच महेश कुमार देवनन्दा ने सामाजिक न्याय व समाजिक सेवा समिति के सदस्य हैं, जो गांव में घटनी लिंगपुलार को दूर रखने के लिए झांकी देता है। महेश देवनन्दा व शंकर लाल ग्राम पंचायत की देखभाल में पंच महेश पुलार को परिवार के बारे में बताने को मजबूर किया। शंकर ने गांव में इस चयन की लिंगपुलार पर रोकेंदर की कार्यवाही नहीं की। उन्होंने उन्हें लिंगपुलार के लिए आम-पास व गांव में काम की भूमि हवा व लिंग जीव नहीं काम दिये। ग्राम पंचायत की मौतके में सरपंच शंकर ने अपने जन प्रतिकृतियों से कहा कि अपने-अपने बाहर में लिंगपुलार की जानकारी आराम अंबार व ए.ए.ए. से ले और जहां परिवार में दो बेटियां हैं वहां किसी भी ध्यान नहीं।

जिन्हें एक और पंचायत लिंगपुलार जांच एवं चयन की रोकथाम की प्रयास कर रही थीं, वही दूसरी अंच वार पंच महेश देवनन्दा के पहले अंचक मुख्य कार्यकर्ता अपनी मौत की लिंग पुलार करने की सीमा रखने से बहुत अंचक मुख्य कार्यकर्ता की पहले से दो बेटियों हैं और उन्हें नहीं खिलाया जाएगा यह बचपन है। दक्षिणी तीरों संस्कृति रूप में बेद बह रहे थे और दम जमा से वह
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District Sirohi is situated in the southern-western part of Rajasthan and is located near the Gujarat border. It is one of the backward and remote districts of Rajasthan. High consumption of liquor among men is very common in the district. Being an adjoining district, smuggling of liquor is frequently done from here to Gujarat because of prohibition of liquor in the state. Apart from 27 licensed liquor shops, more than 500 such illegal shops are also being operated in the district of Sirohi. One of the main reasons of insecurity among women is the addiction ridden men. Anti-alcoholic movements hold in India have drawn a lesson to us that change can happen if women come forward and oppose addiction vehemently.

Pairwa is a ward of Lunole Gram Panchayat of district Sirohi and has a population of near about 1200 people. Two illegal liquor shops were being run by Mahesh Tank & co. in the village and the same has about 25 liquor shops in the entire district. The liquor shops was located in the middle of village which created a problem for the women in village as they had to pass through this shop frequently. The liquor shops was lying in the vicinity of temple and Anganwadi Center. There had been many incidences of addicts molesting women and passing lewd comments on them.

Women would visit in low numbers for immunization and accessing basic services as they would feel uncomfortable in going to Anganwadi center, which was close to liquor shop. This became evident when Society for All round Development (SARD) was implementing a programme on strengthening gender responses of Panchayats in 20 GPs of Ravdher block of Sirohi district in the state of Rajasthan. The cases of domestic violence were also increasing in the village.

To address the women issues locally, a women collective was organised in the form of 'Jagruk Mahila Manch' by the organisation. The Manch organises regular monthly meetings on the gender and health issues concerning women. Realising the affect on poor maternal health in the village due to liquor...
shops, a meeting of Manch was held by the organisation on 12.12.2011 in the Gram Panchayat building. The members of VHSNC also attended the meeting. The issue of illegal liquor shops and the problems arising due of them were discussed thoroughly in the meeting. Mahila Jagruk Manch and other women shared that efforts will be made to spread awareness on this issue in the village through small rallies and meetings. The women collective also wrote a letter to department and vigilance department, Revdar block for removing illegal liquor shop from the village at the earliest. Panchayat members including Sarpanch, Dheli Devi asked the liquor shop dealers, Hansaram and Belaram to close down illegal shop, to which the latter declined. Hansaram and Belaram also threatened the organisation workers and even members of Mahila Jagruk Manch including Gairey Devi, Kanta Devi, Champa Devi, to withdraw application from department.

On realising that neither shops are being closed down nor any action is being taken, women and concerned male members of the village and members of the Manch decided to stage dharna in front of department. The pressure was also built by Gram Panchayat on the department to address the issue. The Excise department urged upon villagers not to resort to such measures and assured them adequate action would be taken in this. Realising the gravity the case, Mr. Devendra Dushora from Excise department visited the liquor shop in Pairwa village with his team and ordered for its closer immediately otherwise stringent actions would be taken. In view of the pressure from villagers and strictness of department, Hansaram and Belaram had to close their shop on January 2012 for ever.

The people now have to walk 2 KM distance from the village to fetch liquor which resulted in limited consumption. Healthy atmosphere was created with the removal of liquor shop from village. Now women are making movements without any fear and immunisation programme is going on smoothly. Thus the courage mustered by the women ensured administration active and response.
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11

Women Collectively Force Closure of Illegal Liquor Shops in the Panchayat: Step Towards Healthy Environment

District Sirohi is situated in the southern-western part of Rajasthan and is located near the Gujarat border. It is one of the backward and remote districts of Rajasthan. High consumption of liquor among men is very common in the district. Being an adjoining district, smuggling of liquor is frequently done from here to Gujarat because of prohibition of liquor in the state. Apart from 27 licensed liquor shops, more than 500 such illegal shops are also being operated in the district of Sirohi. One of the main reasons of insecurity among women is the addiction ridden men. Anti-alcoholic movements held in India have drawn a lesson to us that change can happen if women come forward and oppose addiction vehemently.

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Lunole Gram Panchayat is located about 25 Km away from Revdar block of Sirohi district. The population of this panchayat is 3500-4000. Revdar block is one of the most backward and remote area of Rajasthan. Sarpanch Dheli Devi won the election in year 2010 on reserved seat and is performing her duty actively with the cooperation of other members of Lunole gram panchayat.

There is a provision for sub-center at the village level, which should be opened regularly so that regular immunisation and health facilities can be provided to pregnant women and infants locally. There is a sub-center in this GP, but it is of no use. A male nurse named Shri Durga Ram who was appointed in the Community Health Center was in-charge of this sub center also. Shri Durga Ram did not give proper attention to Lunole sub-center, due to which this center would open only one or two days in a month. Due to sub-center remaining closed, women in the village had to undergo vaccination in the open. They felt ashamed and hesitated to undergo vaccination and this was resulting in many women not accessing the sub center. Nainu Chipa an anganwadi worker, states, “Many pregnant women do not come for vaccination due to scorching sun and vaccination in open space and irregular nature of distribution of medicines.” Inspite of having a sub-center, women had to face the problems.

With support of PRIA and UNFPA, Society for All Round Development (SARD) is implementing a project on strengthening gender response of Gram Panchayats in five gram panchayat of Revdar block of Sirohi district. In Lunole GP, SARD has worked on the issue of maternal health and sex-selection. Society for All Round Development (SARD) regularly orientated Asha, ANM, Anganwadi workers on maternal health, resulting in their enhanced awareness and sensitivity on gender and health issues. The local level issues were also discussed in the meetings of Gram Panchayats. To solve the problem of irregular opening of sub-centre Sarpanch Dheli Devi organised a GP level meeting, where she invited the staff of SARD to attend. The problems of delivering effective maternal health was discussed in detail. After meeting it was proposed that the sub-center should be regularly opened and an ANM should be appointed. With the consent of all the members, this proposal was approved by the Gram Sabha. Later on, approval was taken from Panchayat Samiti and Zila Parishad on the said proposal. Sarpanch Smt. Dheli Devi made a close contact with administration constantly. She made a constant pressure on District Health Department for appointment of ANM. District Health Department took action on the proposal of GP. It resulted in appointment of an ANM Sunita, at Lunole sub-center in December, 2011. GP requested Sunita to reside at the center. This sub-center is open...
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With the appointment of an ANM who sits full time at the center, women are now coming regularly for vaccination and check-ups. The number of safe institutional delivery has increased due to the delivery facility available in village. The new ANM informed that 3 deliveries have been done at the sub-center in last three months. The availability of 24 hour health facility at sub-center has ensured that the women's health in rural and inaccessible areas is provided utmost care and attention. With this effort of GP, the better health care of women and children in the Panchayat has been ensured.
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Ensuring 100% Immunisation in Muslim Community: A Tireless Effort

Gram panchayat Rodawali falls in Hanumangarh block of Hanumangarh district and is situated around 5 KM away from the Block Panchayat. More than 60% population in this Panchayat is of Muslim community. Generally, Muslim community does not undergo family planning. Muslim women in the Panchayat did not avail the benefit of health facilities due to their low levels of awareness about vaccination, pre-natal and post-natal care, religious belief systems and illiteracy.

With the support of PRIA and UNFPA, the Society for Human dignity and Right (SHDR) is working as a nodal agency in five GPs including Rodawali in Hanumangarh district. It is working on strengthening Gram Panchayats to address the gender and health issues locally for last three years. During the project, the representatives of gram panchayat were provided capacity building which led to their increased sensitivity and awareness on the local health and gender issues.

In Rodawali GP, Smt. Panama Mohammad won the election on a reserved seat in 2010. She belongs to a Muslim community. Sarpanch Smt. Panama has ensured that the meetings of VHSNC are held regularly in the GP to bring reforms in health facilities. GP developed the village health plans with support of SHDR, wherein mainly maternal health was focused—100% vaccination, use of iron tablets, pre-natal and post-natal care etc. The total population of Rodawali GP is 9284, but there is only one sub-center in Rodawali. The health needs of majority of poor Muslim community members were thus being neglected. Due to the efforts of organisation in Rodawali, vaccination and institutional delivery have increased.

ANM Gurmeet Kaur informs that awareness among people in village regarding health issues and services increased. She informed that in past, women hesitated to undergo vaccination and family also used to be skeptical about it. But since past few years women in village have been availing the health services facility. The process of preparation of village health plan and multi-stakeholder dialogues on the health issues facilitated greater sensitivity and awareness among the members and community on health issues and services. During pregnancy, family now extends its assistance to women.
Total 172 institutional delivery were done in 2011-12 at Rodawali sub-center

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Though 100% institutional delivery is still a distant dream in reality, yet Panchayats are working in their spaces to bring health reforms.

This Gram Panchayat has also adopted methods to ensure family planning. Kuraisha bibi and Himamuddin have set an example for other spouses by adopting family planning on 30th May, 2012, while they have only two daughters - Jubaida is 3 years old and Rajiya is 1 year old. With increased awareness and participation of people, the vaccination, pre-natal and post-natal check-ups and family planning have become possible at local levels.

**Mūrīlīm sāmudāyā mē shat prātiṣṭhāt ṭīkākārānā kī suhitānātā: ākā ukṣa prāyaś**

Gram Panchayat Rodawali, Hunaunagaon wōnd kī grām pānchāyata hā nā vōnd kī 5 kī. 30th May, 2012, while they have only two daughters - Jubaida is 3 years old and Rajiya is 1 year old. With increased awareness and participation of people, the vaccination, pre-natal and post-natal check-ups and family planning have become possible at local levels.

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### Vaccination, Prenatal, Postnatal Check-Ups

With increased awareness and participation of people, vaccination, pre-natal and post-natal check-ups have become possible at local levels.

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### Notes

- **Panchayats** are working to bring health reforms.
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**Note:**

- The table shows data for institutional deliveries, pre-natal check-ups, and post-natal check-ups.

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**Table Legend:**

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- **Institutional delivery**

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- The table shows data for institutional deliveries, pre-natal check-ups, and post-natal check-ups.

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Ensuring 100% Immunisation in Muslim Community: A Tireless Effort

Gram panchayat Rodawali falls in Hanumangarh block of Hanumangarh district and is situated around 5 KM away from the Block Panchayat. More than 60% population in this Panchayat is of Muslim community. Generally, Muslim community does not undergo family planning. Muslim women in the Panchayat did not avail the benefit of health facilities due to their low levels of awareness about vaccination, pre-natal and post-natal care, religious belief systems and illiteracy.

With the support of PRIA and UNFPA, the Society for Human dignity and Right (SHDR) is working as a nodal agency in five GPs including Rodawali in Hanumangarh district. It is working on strengthening Gram Panchayats to address the gender and health issues locally for last three years. During the project, the representatives of gram panchayat were provided capacity building which led to their increased sensitivity and awareness on the local health and gender issues.

In Rodawali GP, Smt. Panama Mohammad won the election on a reserved seat in 2010. She belongs to a Muslim community. Sarpanch Smt. Panama has ensured that the meetings of VHSNC are held regularly in the GP to bring reforms in health facilities. GP developed the village health plans with support of SHDR, wherein mainly maternal health was focused—100% vaccination, use of iron tablets, pre-natal and post-natal care etc. The total population of Rodawali GP is 9284, but there is only one sub-center in Rodawali. The health needs of majority of poor Muslim community members were thus being neglected. Due to the efforts of organisation in Rodawali, vaccination and institutional delivery have increased.

ANM Gurmeet Kaur informs that awareness among people in village regarding health issues and services increased. She informed that in past, women hesitated to undergo vaccination and family also used to be skeptical about it. But since past few years women in village have been availing the health services facility. The process of preparation of village health plan and multi-stakeholder dialogues on the health issues facilitated greater sensitivity and awareness among the members and community on health issues and services. During pregnancy, family now extends its assistance to women.
Better health care is provided to a pregnant woman and her child through 100% vaccination, pre-natal and post-natal care. However the condition of maternal health is very unfortunate in rural Rajasthan due to low awareness among women and traditional practices which deny appropriate health care to women. Adding to this, inadequate supply of medicines, shortage of doctors and ANM, lack of quality health services and dearth of resources etc are some other reasons that a pregnant women and child do not get adequate health attention. The health department was devolved to Panchayats so that health services will be provided to all citizens and to promote outreach of services at local level. It is expected from Panchayats that it will take action at its level in appointment of ANM and health workers, monitors the service providers, ensures institutional delivery facility, establishes building for effective health service delivery, 100% vaccination etc. However in doing so, assessment of local needs is important and the local needs can be best understood through participatory planning process, which does not happen at the local levels.

Ridmalsar GP is located 12 km away from Bikaner block. Raisar is a village of Ridmalsar GP and is located 7 KM away from the GP. The population of Raisar village is about 1200-1300. This village has a sub-center. A GNM (General Nursing Midwifery), Shri Himanshu has been appointed in the centre. Women hesitated to undergo vaccination by the male nurse. However children were vaccinated. Inspite of having a sub-center, pregnant and child bearing mother were not undergoing timely vaccines resulting in unsafe deliveries and higher risk to health. In Bikaner, the IMR is 54/1000; pre-natal maternal mortality rate is 18/1000 and post maternal mortality rate of 37/000 (As per the data of National Health Survey, 2011).

Sangam Matri Sansthan has been addressing maternal health and sex selection issues in Bikaner district with support from PRIA and UNFPA. Small group discussions were undertaken with health workers and panchayat representatives. Gender and health issues and services were discussed with people resulting in their enhanced understanding. Participatory village health plans...
were also developed in Ridmalsar GP in consultations with the GP representatives, health workers and the community. Under the leadership of Sarpanch Narayan Singh, when the health plans were being framed, Smt. Manju and Smt. Saroj - ward panch of Raisar village raised about the problems of vaccination to women in village and they proposed to appoint an ANM. Gram Panchayat included the proposal of appointing an ANM in Raisar in the health plan. After getting approval of GP on 3.5.2012, Sarpanch Narayan Singh contacted and followed up with block and district level Panchayats for appointment of ANM. The rigorous follow-ups led Shri Devendra Chaudhary, Chief District Health Medical Officer to order for appointment of ANM at sub-center in Raisar village of Ridmalsar GP. Ms. Jyoti Solanki was appointed as an ANM at sub-center in July, 2012. Vaccination was given every first Thursday of a month in the village and the number of women getting vaccinated increased without any hesitation.

Health plans formulated at the local village level by the Gram Panchayat representatives are the best examples of decentralization. When problems of villages are assessed and addressed through the local government structures, they are solved quickly and timely. Sarpanch Narayan Singh makes regular visit to sub-center and anganwadi center and checks the progress of vaccination schedule due to which the health services in sub-center has become better.
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Shikhit Rojgar Kendra Prabandhak Samiti (SRKPS) in coordination with PRIA and UNFPA has been working on maternal health and sex selection issues in 5 GPs including Dhandhuri GP of Alsisar block in Jhunjhunu district for the last 3 years. Under the programme, orientation of GP representatives and health workers was done on gender and health issues and they were sensitised and capacitated to work on these issues on priority basis. The organisation worked to develop the institutions of Village health sanitation and nutrition committee (VHSNC) and Social Justice and Social Welfare Committee (SJSWC) by organising their regular monthly meetings, ensuring attendance of all the members in meeting, setting up monthly agendas including the effective use of untied fund, discussions on the health needs of women and girl child.

Gram Panchayat undertook a participatory health planning process, in which health of women and girls was taken on priority. Rajasthan Government has introduced schemes like Balika Sambhal Yojana, Balika Samridhi Yojana, Kishori Shakti Yojna which focus on raising the awareness of girl child and adolescent girls towards their body and health. The responsibility to implement these schemes lies on both GP and ANM but due to the lack of awareness at the grass root level, the benefits of these schemes were not provided to the needy.

Smt. Munni Devi of SRKPS organisation discussed the issues for better maternal health including necessary tests, immunization, importance of institutional labour. The committee members also discussed the importance of healthy adolescence. Various members of VHSNC including ASHA worker Smt. Shabina Bano, ANM Smt. Suman Sharma and Sarpanch Shri Taruchand shared the concerns related to poor adolescent and maternal health. Sarpanch Shri Taruchand asked the members of VHSNC to implement the ongoing schemes for adolescent girls with effective planning. The outcome of meeting was that ANM Smt. Suman Sharma and the VHSNC members planned to conduct blood test of the adolescent girls in Dhanduri village and tested the blood of 10 adolescent girls at the Anganwadi Center. After the test it was found that the percentage of haemoglobin in blood of six girls is low. Suman Sharma informed them about the

Healthy Adolescence Significant for Healthy Motherhood
importance of balanced diet and they were told to visit the Anganwadi regularly for meals, provided under Kishori Shakti scheme of the government. The adolescent girls were also provided folic acid tablets.

ANM Smt. Suman Sharma stated that if the health is normal in young age and adequate quantity of iron and blood in the body is present, the conditions during the conception remain normal. Panchayat has started to give due focus on health of women and adolescent girls are the focus. This has encouraged the girls to regularly visit the Anganwadi and family also supports them. Gram Panchayat Dhandhuri has thus given due attention to the healthy adolescence. If such efforts are initiated in every Gram Panchayat, there will be a deficit improvement in women’s health certainly.

### लेखकर किशोरी स्वास्थ्य लेखकर मातृ स्वास्थ्य की पूर्व कड़ी

किशोरी रोजगार केंद्र प्रबंधक सहभागी (एनएम.एच) म्यूजे और और एक नेहारा है। इनमें से जिला हुजूमुदु के बारे में काम करते समय, ग्रामीणों के लिए सुविधाएं प्रदान करता है। मातृ स्वास्थ्य व लिंग बचने के मुद्दों पर “बच्चा” का जोड़ा सहभागीकरण (विश.लक्षणों का) जोड़ा सहभागीकरण के तहत सामान्य रूप से कार्य करता है। कार्यक्रम के तहत ग्राम पंचायत का जोड़ा मुद्दों को बताता है जोड़ा सहभागीकरण (बच्चा) का जोड़ा सहभागीकरण (लिंग) पर आमूर्करण किया गया। जोड़ा प्रक्षेपण से ग्राम पंचायत प्रतिनिधियों, सरकारी से स्वास्थ्य कमिशन की जोड़ा मुद्दों पर बातें नहीं है। संपर्क छात्र और जितनी सहयोगियाँ तो सत्यांत्र किया गया। उन तरह के कार्य के कारण, जोड़ा मुद्दों पर आमूर्करण किया गया।

ग्राम पंचायत द्वारा स्वास्थ्य जोड़ें बनाए गए थे। इनमें से स्वास्थ्य महत्वपूर्ण और किशोरी की स्वास्थ्य को ध्यान में रखा गया। राज्य की सरकार द्वारा किशोरी क्षेत्रों के लिए किशोरी स्वास्थ्य, बालिकाओं का जुगाद जोड़ा, किशोरी क्षेत्रीय जोड़ा जोड़ों नहीं है। फिर से वहाँ है कि किशोरी एक क्षेत्रीय कृषि के साथ सहभागी से में जाने लम्बे व स्वास्थ्य के प्रति सहभागी है। इन जोड़ों के जिम्मेदारी के जिससे प्रमाणित जोड़ा है। एनएम.एच के जिम्मेदार है स्वास्थ्य पर आमूर्करण के तहत स्वास्थ्य की स्वास्थ्यीय जोड़ों को जोड़ा मुद्दों सहभागीकरण (लिंग) व जोड़ा मुद्दों के रूप में उच्चीयाँ की एसीसी में लेखा जाता है।

### अन्य जानकारी

ANM Smt. Suman Sharma stated that if the health is normal in young age and adequate quantity of iron and blood in the body is present, the conditions during the conception remain normal. Panchayat has started to give due focus on health of women and adolescent girls are the focus. This has encouraged the girls to regularly visit the Anganwadi and family also supports them. Gram Panchayat Dhandhuri has thus given due attention to the healthy adolescence. If such efforts are initiated in every Gram Panchayat, there will be a deficit improvement in women’s health certainly.
नेह्दर भिज्ञारी स्वास्थ्य नेह्दर मातृ स्वास्थ्य
की पूर्व काली

नेह्दर भिज्ञारी कंडी प्रकटत सामग्री (एचएसएसके-पीएचए) हिम्मत दी गई व यूएसएएम के साथमैन्य से निजी घरों के भरों अन्तर्गत में उनकी ग्राम पंचायत सहायता 5 ग्राम पंचायतों में निगराना 5 क्षेत्रों में मातृ स्वास्थ्य व शिक धमन के मुद्दों पर “पंचायत का जेंडर सामर्थ्यशक्ति” परियोजना के तहत साधन रूप से कार्य कर रही है। पारंपरिक में तहत ग्राम पंचायत का जेंडर मुद्दों विवेचना मातृ स्वास्थ्य व शिक धमन पर आयुर्विज्ञान किया गया। जेंडर प्रशासन से ग्राम पंचायत प्रतिरोधियों, सदस्यों व स्वास्थ्य कमिटी की जेंडर मुद्दों पर समझ बनी है। संस्था द्वारा दीएसएसएच को सहयोग करने हेतु हमारा विभाग किया गया। दीएसएसएच दी के निर्माण बैठकों का आयोजन, सभी सदस्यों की मैटिंग में उपस्थिति, अन्तराइंट कंडी का उपयोग, जेंडर नज़रिया से महिला व फिशनी हमेशा स्वास्थ्य पर चर्चा हेतु आयाम कर रहा।

ग्राम पंचायत द्वारा स्वास्थ्य में उन्नयन किए गये विषयों की घोषणा तथा किरदारों को ध्यान में रखा गया। संस्था में सरकार के सामने लेखित कार्यवाहकों के लिए कार्यक्रम साप्ताहिक योजना, कार्यक्रम साप्ताहिक योजना, किरदारी शरीर में उन्नयन का लक्ष्य गई है जिसका उल्लेखन वह के सूचना बूंद के सहारे से मातृ व श्वास्थ्य के प्रभाव बताते है। इन योजनाओं के विकास के लिए विशेष शिक्षा के स्लीपिंग व एएसएएम के स्लीपिंग में स्वास्थ्य के स्लीपिंग पर जनरल कार्यों के कारण व दोहरी उत्तम शरीर के प्रभाव बताते है। मातृ स्वास्थ्य पर चर्चा के तहत एएसएएम, शरीरी सुधार शरीर के किरी शरीर के मुद्दों को भी समझाया जाता है। सरकार के साथ चर्चा ने दीएसएसएच के स्लीपिंग से अनुशासन किया जिसे किरी बालिकाओं के लिए योजनाओं का अन्तर्गत लाकर साथ के विकास करने। मैटिंग का प्रयोग वह चर्चा की एएसएएम, शरीरी सुधार शरीर ने स्वास्थ्य के मुद्दों में शिक्षा के लिए किरी जीवित शरीर के हेतु की सीमाएं। इसके बाद पालन की 6 शिक्षाओं के स्लीपिंग में होस्टलरकियों की मातृ स्वास्थ्य से कहना है। सुधार शरीर के स्लीपिंग की मातृ में शामिल और पीड़ित आवाज के साथ में दर्शाया गया।

एएसएएम, शरीरी सुधार में कमांड है जिसे भविष्य में मातृ स्वास्थ्य सामाजिक रिकॉर्ड शरीर, लाइन में अपनाया, शरीर की परिप्रेक्ष्य मात्रा और गर्भाशय के चरण परिप्रेक्ष्य शरीर के साथ समायोजन रहती है।

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Healthy Adolescence Significant for Healthy Motherhood

Shikhit Rojgar Kendra Prabandhak Samiti (SRKPS) in coordination with PRIA and UNFPA has been working on maternal health and sex selection issues in 5 GPs including Dhandhuri GP of Alsisar block in Jhunjhunu district for the last 3 years. Under the programme, orientation of GP representatives and health workers was done on gender and health issues and they were sensitised and capacitated to work on these issues on priority basis. The organisation worked to develop the institutions of Village health sanitation and nutrition committee (VHSNC) and Social Justice and Social Welfare Committee (SJSWC) by organising their regular monthly meetings, ensuring attendance of all the members in meeting, setting up monthly agendas including the effective use of untied fund, discussions on the health needs of women and girl child.

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Dausa District is a district of Rajasthan in Western India. The statistical data suggests that this is the smallest district of Rajasthan according to area. However, the small area has no positive influence on the spread of seasonal diseases and better management to curb the same. The frequent rain in the district during July – August, 2012 was a boon but it also brought many unprecedented consequences like seasonal diseases (Malaria, Dengue, Jaundice etc.). The rains led to flood like condition and water-logging, causing stagnancy in the water and waste accumulation. These seasonal diseases were leading to a series of deaths in the districts. There have been around 30 deaths in a single month’s time in the district. However, timely action by Center for Dalit Rights helped to curb the spread of diseases in intervened 5 Gram Panchayats, under the SGRPR programme.

Centre for Dalit Rights (CDR) is working in Dausa district of Rajasthan on maternal health and sex selection with support from PRIA and UNFPA. During the implementation process, health planning exercise was undertaken with support from GP and VHSNC. Spread of seasonal diseases was reported by community and other stakeholders in the plan. People were very angry since no preventive action was being taken towards curbing the spread of seasonal diseases, which was bound to happen due to excessive rain. People was unaware about whom to approach timely for taking appropriate action in this regard.

On 4th August, 2012 Center for Dalit rights shared the problem with District Collector, Shri R.S Jhakhad and Block CMHO. It was suggested that DDT, malaria curbing medicines (Tetifos medicine) and appropriate
medicines should be sprayed timely in the water logged areas, open drains and near sources of drinking water for curbing the spread of mosquitoes.

A letter in this regard was also written by the organization to the DC and BCMHO. An immediate action was taken in this regard by the District collector and Block CMHO and health workers were ordered to take the necessary steps. This has led to a remarkable difference and there has not been a single death in the intervened 5 Panchayats, whereas the total deaths in Dausa district have risen to 30 in a month’s period. It was only due to concern raised by community timely, owing to local knowledge and timely action by a civil society group that an incident of fatal deaths in the intervened area could be curbed.
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Letter by CDR organisation to Health Officers
Community Action and Advocacy Helped in Curbing the Seasonal Diseases

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People usually criticise Government for its failure in providing timely basic services. Many times the problem continues because of lack of community engagement with the supply side. News is heard commonly related to planning and budgeting sessions of the Government, which are mostly, closed door meetings of government officials who are either sleeping or fighting but in no spirit to brainstorm about the grassroots issues. This raises the questions as much on Community as on the Government because in a largest democracy like India, people are responsible for the constitution of their own Government. However depressing it may sound, experiences suggest that such situation can change if community engagement and commitment to social responsibility is increased and supply side becomes responsive about the grassroots issues.

Gramrajya Vikas Evam Prashikshan Sansthan (GVPS) played that facilitors role in Jhalawar district. While working on the project in collaboration with PRIA and UNFPA on engaging Panchayats with issues of maternal health and sex selection, it found that the Gram Panchayat Rojhana faces problems in service delivery to the people. In Village Rojhana of Gram Panchayat Rojhana the Anganwadi would not open regularly and mostly used to be locked. Anganwadi helper did not distribute meals to pregnant women, children and adolescent girls and mostly remained absent from the center. This was affecting women and children of the village people had no information about the services available at the Anganwadi center.

During the implementation of programme on engaging Gram Panchayats with gender and health issues, GVPS organisation and its staff made regular visits to the community and conducted small group discussions in the hamlets of the village on maternal health and sex selection. The major aim of these meetings was to make community aware about the services to be offered at Anganwadi and by other institutions, sensitize them about the gender and maternal health and assess the problems and needs of community. Regular information support was also provided to the defunct Village Health Sanitation and Nutrition Committees (VHSNC) on their roles and responsibilities, mandates and functions etc. in order to activate these committees and support them in utilizing the untied amount towards health
services to the people. On every MCHN day, community used to monitor the services provided by health workers, which raised their trust in them.

The health planning process was undertaken in the village Rohijana, which helped community to understand the various resources available with the Panchayats and plan them judicially. Continued hand-holding support was provided to the community through regular engagement and exposure of some key members in Jaipur in various workshops. The issue of Anganwadi center remaining closed was pursued by the community after everyone unanimously raised that regular health services should be offered to women and children at the center. They forced Anganwadi worker and helpers to remain available at the center for providing the due services. Women participants from the community very strongly raised the issue of absence of Anganwadi worker and other services not being offered at the center with the Gram Panchayat during the joint planning exercise.

The issue was advocated at the block level and CDPO ordered for timely opening of Anganwadi center. A letter to the Anganwadi worker was issued by CDPO for remaining present at the center and carrying out her roles/responsibilities and to ensure timely distribution of the mid-day meals. Panchayat regularly monitored the Anganwadi center after the issue of order and ensured that it remains open timely and provides the adequate services to women and children. This is perfect example of community engagement and monitoring for betterment of health services.

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The sumudaya et al. Apurbiy paksho ko biich ladha talamol

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People usually criticise Government for its failure in providing timely basic services. Many times the problem continues because of lack of community engagement with the supply side. News is heard commonly related to planning and budgeting sessions of the Government, which are mostly, closed door meetings of government officials who are either sleeping or fighting but in no spirit to brainstorm about the grassroots issues. This raises the questions as much on Community as on the Government because in a largest democracy like India, people are responsible for the constitution of their own Government. However depressing it may sound, experiences suggest that such situation can change if community engagement and commitment to social responsibility is increased and supply side becomes responsive about the grassroots issues.

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People's Health Plan Rewarded Sub-Centre to Umrai Panchayat, Banswara District

Banswara is a tribal district of Rajasthan, consisting of Bhil, Meena, Charpota, Garasia, Damor, Ninama and Bamaniyas, the most common tribes residing in significant proportions. Gram Panchayat Umrai is 17 km away from district headquarter. Total population of Panchayat is 3251 consisting of 1656 male and 1595 female. The main occupation of the people in Umrai is agriculture which is mostly dependent on monsoon. The educational status of the people is low and illiteracy among women is high. The health status of people residing in the panchayat especially women and children is a big cause of concern.

One of the villages in Umrai panchayat is Chaubisa ka Parla, where there is no sub-centre. The nearest sub-centre is 6 Kms away from Panchayat headquater. The Primary Health Centre (PHC) is at village Thalwara, which is at a further distance. There was a stern demand for having a sub-centre in the village, but it never got materialized because there was lack of consensus different stakeholder on the issue. However, the absence of it was affecting women and children the most as they were more vulnerable during travel to distant PHC/CHC especially in cases of emergency.

Pragati Gramin Vikas Sewa Sansthan (PGVS), which works as a nodal organization from Banswara regularly provided information and capacity building support to the Panchayat representatives and health workers around the issues affecting women's health. PGVS played a crucial role in institutionalizing community demand for Sub-center by facilitating a dialogue between community and service providers. The demand of community for subcenter was put in the agenda of Panchayat through a “Participatory Health Plan”. Sarpanch Mr. Lala Bhai Damor who is also a president of Sarpanch Sangh, ANM Rekha Devi and a social activist Mr. Dinesh Chandra Dodiyar facilitated this process of health planning at the panchayat level. The issue of sub-centre in Chaubisa ka Parla was raised and discussed during this process. Finally the health plan was approved by Gram Sabha too.

The health plan so prepared was put in the general body meeting of Panchayat Samiti for approval and the active members of Gram Panchayat kept on following up with the department and Panchayat Samiti for approval of the plan. These efforts of Gram Panchayat were further supported through a multi stakeholder dialogue (MSD) organised at district level, where in all stakeholders and district officials were invited for dialoguing on the health plans and discussing ways ahead.
The efforts of Panchayat were recognized and the Government on the occasion of population day sanctioned a new mini sub-centre in Chaubisa ka Parla and ordered the construction of new building on priority. Till it gets constructed, an old building of Sarv Siksha Abhiyan (SSA) was ordered to be utilized as a sub-centre. However this old building required some repair work and a boundary wall, which immediately got constructed by Panchayat through Backward Region Grant Fund (BRGF). Sri Arjun Singh Bamaniya Member of Legislative Assembly (MLA), also appreciated the efforts of Panchayat and Gram Sabha for preparing their own health plan. The demand constantly raised at different forums got finally approved and the people’s health plan played a pivotal role in materializing it.
रसार्थ योजना से हुआ उमरई पंचायत, बांसवाड़ा जिले में उप रसार्थ केन्द्र का निर्माण

बांसवाड़ा किला राजस्थान का जननाथ बहुत जिला है जहां भील, मीना, बंसरपा, तागलिया, भोटर, निलाई तथा बड़निलाइया नामक मुख्य जननाथहै। उमरई प्रायः पंचायत किला मुख्यपालन से 17 किलो मीटर दूर है। पंचायत की कुल जनसंख्या 3251 है जिनमें 1656 पुरुष एवं 1595 महिलाएं हैं। उमरई में लोगों का मुख्य वेश व्रत कुष्ठ है। राजस्थान में मानसून पर निर्भर है। लोगों की शैक्षिक स्तर कुप मनाया है। महिला समस्तता कुप मनाया है। पंचायत में यह रहे लोगों स्वास्थ्य महत्वाकांक्षी एवं बच्चों की स्वास्थ्य स्तर गहरी। दिन का वातावरण ।

उमरई पंचायत में एक ऐसा गांव है – चौकिया का पर्व, जहां उप-रसार्थ केन्द्र नहीं है। गठबंधन उप-रसार्थ केन्द्र पंचायत मुख्यपालन से 6 किलो मीटर दूर है जबकि राजस्थान 100 किलो मीटर दूर है। यह भी बहुत दूर है। गांव में उप-रसार्थ केन्द्र काढने की जरूरत गड़ख की गई थी। यह क्षेत्र का वांछित। लोगों को।

इसके कारण महत्वाकांक्षी एवं बच्चो में अधिक प्रभावित हुए। क्षेत्रिय विशेषकर आम स्तर में कृषि निर्माण एवं आयुश नौकरी में लिप्त हो गए। इसके बाद नए एवं अन्य जीवनशैली भवनों को निर्माण करने के लिए वर्तमान दृष्टि के रूप में उप-रसार्थ केन्द्र के लिए आम स्तर को साइकिल करने में महत्त्वपूर्ण भूमिका निभाया। 

प्रभावित क्षेत्र के सरकारी किला संचालन (भी.जी.अभी.एड), जो बांसवाड़ा से नोड हाई साइड के रूप में कार्यवाह करता है, ने “राजस्थान में पंचायत का जोड़े परिवर्तन प्राक्कलित” (एड.एड.आई.एड.एड) के हस्तक्षेप के माध्यम से पंचायत एवं सरकारी वाल विकल्प पंक्तियों (आई.जी.एड) को निर्मित रूप से बुद्धिमत्ता प्रदान किया है। राजस्थान 100 किलो मीटर एवं स्कूल के लिए आपराजित की जानकारी नई जननाथ की लागत। वह भी बहुत दूर है। गांव में उप-रसार्थ केन्द्र काढने की जरूरत गड़ख की गई थी। इसके बाद नए एवं अन्य जीवनशैली भवनों को निर्माण करने के लिए आम स्तर में कृषि निर्माण एवं आयुश नौकरी में लिप्त हो गए। इसके बाद नए एवं अन्य जीवनशैली भवनों को निर्माण करने के लिए आम स्तर में कृषि निर्माण एवं आयुश नौकरी में लिप्त हो गए।

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The New Boundary wall constructed at Sub-centre

42, Tughlakabad Institutional Area, New Delhi - 110 062
E-mail : info@pria.org  Website : www.pria.org
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The status of rural health infrastructure in Rajasthan can be assessed by the situation that many anganwadi centres still don’t have their own infrastructure and are being run in school buildings. Sub-centres at many places are without boundary walls, many old Primary Health Center buildings are too small to cater too many patients. Sub-centres are devoid of basic facilities like furniture and medical equipment. Moreover, most of these health centres or hospital buildings are not friendly to the needs of physically challenged as these are without ramps. Panchayats and the VHSNC representatives remain unaware about the health provisions and due to unawareness, these become defunct to support the basic health needs of people. However Bhuteda Gram Panchayat of Govindgarh district serves an example to follow. This Panchayat has resolved many doable works by themselves and it became possible due to preparation of participatory health plan of the GP.

Gram Panchayat Bhuteda is 57 km away from Jaipur and has a population of around 8000. Animal husbandry is the main occupation followed by daily wage labour. It has five revenue villages and only one sub-centre. Although most of the revenue villages are nearer to the Community Health Center (CHC) of Govindgarh and one Primary Health Center is also located in the village, Cheta ka Bas. The status of infrastructural facilities at the sub center is not very different from the general situation in rest of the state. There is no boundary wall and ramp for physically challenged and pregnant women. Stranded animals used to roam in the premises of sub-centre creating a mockery of health institutions and deterring patients specially women and children to visit sub center.

In the month of July, health planning process was initiated by Village Health Sanitation and Nutrition Committee (VHSNC) members, Panchayat, and Community together. Ms. Rekha Kumawat, a civil society representative played a catalyst role in making the participatory health planning a reality. In the meeting all health issues of grave concern were discussed and placed into the health plan. One of the issues raised was lack of basic facilities at the sub center. The health plan was approved by the Gram Sabha.

Active members of VHSNC regularly followed up with Panchayat head, Meera Devi regarding her assurances in the planning meeting. Meera also took all the issues included in the plan with sincerity and immediately presided the next meeting of VHSNC and decided to purchase two covers for the open tanks in the school premises. She also raised the issue of boundary wall and ramp for sub-centre in the Block Panchayat and Zila Parishad. Her efforts brought new hope to the panchayat and tender for the construction has already been issued.
Covers for the water tanks have already been purchased from untied funds available under NRHM, which is quite unusual in the context of non-utilization of this fund across the state. Students also are now happy as they need not to drink dirty water anymore. The leadership provided by Sarpanch Meera Devi, and support provided by ANM, Prem Devi Sharma and panchayat Secretary, Shankar Lal is critical in bringing this change. But, above all collective voice of gram sabha has played the most crucial role in preparation and implementation of the health plan. Panchayat has learnt the power of knowledge and participation. They all acknowledge the fact that these minor issues became severe only because there are no collective efforts and community participation.

Cover of tanks get purchased
मूल्यग्राहय पंचायत में ली.एफ.एस.पुल.शी की निर्देशन निधि का हुआ उपयोग

राजस्थान में स्वास्थ्य परिसंरचना के स्तर का अनुमान यहाँ की कई अंगनवाड़ी केंद्र से लगाता जा सकता है। अंगनवाड़ी केंद्रों की काम भी ग्रामीण अनुसंधान नहीं है तथा उन्हें स्वच्छ भवनों में बदलाव जा रहा है। कई स्थानों पर स्वास्थ्य केंद्र तो बर्बर चार्ट्रीकरण के सी है, कई पुराने शी.एफ.एस. भवन तो इलाज के क्षेत्र में कोई है क्योंकि इनमें ज्यादा महत्वकी को लेकर प्रदान नहीं हो रहा है। कई अंगनवाड़ी केंद्रों की चार्टर की विविधता और हिपिया उपकरणों जैसी मुलुकता की सुविधाओं ने मिला है। और तो जो, इसमें से स्वास्थ्य सेवा केंद्र या अंगनवाड़ी भाग शारीरिक रूप से नियमित लोगों की जरूरतों के अनुसार नहीं है क्योंकि उनमें उत्तर (शी) नहीं है। दशक लेखाद्वारा तथा काम करने वालों की प्रतिकृत वस्तु की अभाव में लिखित यह बदलता है जानी है। पंचायत के पास राज्यीय ट्रांसफर स्वास्थ्य मिशन (एन.आर.एच.एस.पी.) जानकी का इतिहास भरें करने के योग्य कोई बात नहीं है। एक नया फ्लाइर जलाने वाले गांव में तहसील स्वास्थ्य के लिए कोई तीन नहीं है। उन्हें बड़े बदल के जाने वाले कार्य की छूट ही संभव किया है तथा वह वह स्वास्थ्य केंद्र की सहायता से स्वास्थ्य योजना पेश करने के बाद ही संभव हो पाए गए है।

प्राम पंचायत भूभूः जमानुर - से 67 किलो मीटर दूर स्थित है। इसकी जनसंख्या 1,500 है। यहां का मुख्य शाखा पशुपालन है।

इसके अलावा लोग मजबूत भी है।

इसमें पांच शासन भवन हैं जो स्वास्थ्य और कला के लिए उपलब्ध हैं। इतिहास भरहै जो नवीन भवन है। जो नवीन भवन है। जो नवीन भवन है। जो नवीन भवन है।

यहां जो कोई ग्रामीण है तो क्षेत्र में अधिक भागीदार नहीं है।

उठाए रहे वर्ष के लिए नवीन भवन है। जो नवीन भवन है। जो नवीन भवन है।

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यहां कोई ग्रामीण नहीं है।

उठाए रहे वर्ष के लिए नवीन भवन है।
The status of rural health infrastructure in Rajasthan can be assessed by the situation that many anganwadi centres still don’t have their own infrastructure and are being run in school buildings. Sub-centres at many places are without boundary walls, many old Primary Health Center buildings are too small to cater too many patients. Sub-centres are devoid of basic facilities like furniture and medical equipment’s. Moreover, most of these health centres or hospital buildings are not friendly to the needs of physically challenged as these are without ramps. Panchayats and the VHSNC representatives remain unaware about the health provisions and due to unawareness, these become defunct to support the basic health needs of people. However Bhuteda Gram Panchayat of Govindgarh district serves an example to follow. This Panchayat has resolved many doable works by themselves and it became possible due to preparation of participatory health plan of the GP.

Gram Panchayat Bhuteda is 57 km away from Jaipur and has a population of around 8000. Animal husbandry is the main occupation followed by daily wage labour. It has five revenue villages and only one sub-centre. Although most of the revenue villages are nearer to the Community Health Center (CHC) of Govindgarh and one Primary Health Center is also located in the village, Cheta ka Bas. The status of infrastructural facilities at the sub center is not very different from the general situation in rest of the state. There is no boundary wall and ramp for physically challenged and pregnant women. Stranded animals used to roam in the premises of sub-centre creating a mockery of health institutions and deterring patients specially women and children to visit sub center. In the absence of boundary wall, many people used to defecate in the centre premises. Children of the school had to drink non-potable water from the open tanks in the premises of school.

In the month of July, health planning process was initiated by Village Health Sanitation and Nutrition Committee (VHSNC) members, Panchayat, and Community together. Ms. Rekha Kumawat, a civil society representative played a catalyst role in making the participatory health planning a reality. In the meeting all health issues of grave concern were discussed and placed into the health plan. One of the issues raised was lack of basic facilities at the sub center. The health plan was approved by the Gram Sabha.

Active members of VHSNC regularly followed up with Panchayat head, Meera Devi regarding her assurances in the planning meeting. Meera also took all the issues included in the plan with sincerity and immediately presided the next meeting of VHSNC and decided to purchase two covers for the open tanks in the school premises. She also raised the issue of boundary wall and ramp for sub-centre in the Block Panchayat and Zila Parishad. Her efforts brought new hope to the panchayat and tender for the construction has already been issued.
Banswara is a southern district of Rajasthan, where tribals share the major part of the population. In Tamatia Ara Gram Panchayat, several tribes reside like Gayari, Kalal, and Bhoi etc. Total Population of Panchayat is around 2164, out of which 50% are Rajputs, 20% hail from Other Backward Class and 30% represent Scheduled caste and Scheduled Tribes. In the Gram Panchayat meetings, representation of women is quite low. There is only one revenue village having one sub-centre in this Panchayat. This Panchayat has three Aanganwadi Centre. Two Village Health Sanitation and Nutrition Committees (VHSNC) have been formed in this Panchayat.

Besides these health facilities available, Tamatia Ara Panchayat was facing many health challenges, especially by women and children. Panchayat elected representative were not sensitive on gender issues. Sarpanch Amreg Katara came to know about the Gender when he got associated with Pre Election Gender Voter Awareness Campaign (PEGVAC) in 2010. Issues of maternal health were considered the alien subjects in the Panchayat meeting. Health services at Tamatia Ara was at its low, as there were no facilities at sub-centre and people usually preferred to go to PHC in Thalwara and CHC in Badrel, which is far away from the Panchayat headquarters. Sub-centre of Tamatia Ara was lacking various infrastructural requirements like boundary wall, water facilities, electricity etc. Due to these problems, it has become the last option of the people. Women and children were the most affected of all.

Pragati Gramin Vikas Sansthan (PGVS), a voluntary organization from Banswara played a facilitators role by preparing the health plans of Panchayat. In doing so, orientation and trainings were provided to ANM and other animators like ASHA Sahyoini, Aanganwadi workers etc on maternal health. Communities were also oriented on these issues. All the health problems in the villages were identified and later prioritized with intense discussion in the Panchayat meeting. These health plans were approved by the Gram Sabha. The problems, their probable solution and responsibilities owned were followed up by PGVS. Sarpanch and other PRI members put this health plan in Panchayat Samiti (PS) for final approval. Just after one month few major problems of Sub centre were resolved with the effort of all -
टमरिया पंचायत में स्वास्थ्य योजना से प्राप्त हुई बेहतर सुविधाएँ

बांसवाड़ा राजस्थान का एक गांव है जहां जनसंघ की अधिकांश जनजातियां हैं। टमरिया क्षेत्र में गांवी, गणशरीर तथा तहसील जनजातियों के लोग रहते हैं। पंचायत की संस्थान रजनी तहसील 2144 है जिसमें से 50 प्रतिशत रजनी और 20 प्रतिशत अन्य जनजाति के लोग हैं। पंचायत के वेबसाइट में महिलाओं की प्रतिशतियों में बहुत कम है। इस पंचायत के स्वास्थ्य क्षेत्र में एक उप केन्द्र है। इस पंचायत में तीन अंगणवाड़ी केंद्र है। भोजन स्वास्थ्य सवारा और बच्चों के लिए (1-5 वर्ष) भी इस पंचायत में मज़दूर की गरीबी है।

टमरिया अनुसार पंचायत कई स्वास्थ्य सुविधाओं में जुड़ा हुआ था। स्वास्थ्य सुविधाओं के लिए महिलाओं एवं बच्चों को बहुत कम दान देना पड़ता था। महिलाओं की रैली के साथ संलग्नता भी प्रमाण की गई थी। पंचायत के नियमाधिकृत प्राधिकृत भी लॉकडाउन दौरे पर सहाय्यी नहीं हो पाये थे। सरकार ने अगर काटा को जेतिया के बारे में तभी गूढ़ हुआ जब वर्ष 2010 में, वर्तमान में वर्तमान के बारे में जानकारी अधिनायक (पी.सी.जी.शी.टी.) से सोचा गया। पंचायत बैठकों में मात्र स्वास्थ्य संबंधी मुद्दे अंजुमे विषय मात्र होते थे।

टमरिया ने स्वास्थ्य सेवाएं बहुत संघर्ष की क्योंकि उप केन्द्र में कोई सुविधा उपलब्ध नहीं थी। लोग स्वास्थ्य के रूप में जानते थे लेकिन भाग नहीं करते थे। प्रांतीय ऑफिस में वातावरण में स्वास्थ्य संबंधी मुद्दों की ताकत बढ़ाने के लिए निकाली गई तथा गूढ़ मात्र होती थी। वर्तमान में महिलाएं एवं बच्चों इसी स्वास्थ्य सुविधा से फायदा हिसाब से लायी। टमरिया अनुसार स्वास्थ्य केन्द्रों में भाषाओं में, पत्रभाषा, विद्यार्थी और जन की स्वास्थ्य सुविधाओं की कमी थी। उन समस्याओं के कारण यह लोगों की अधिक अविश्वसनीय जरूरतों की कमी थी।

प्रांतीय स्वास्थ्य संस्थान (पी.जी.शी.एस.) नामक बांसवाड़ा के रूपवार संगठन २२२ नंबर पंचायत के स्वास्थ्य योजना में रेखांकित मुद्दे को सुझाव देकर बांसवाड़ा में कार्य किया। इससे लगभग कार्यरत लोग उनकी स्वास्थ्य सुविधाओं की मांग करते थे। उन्हें ए.एच.एस. के अनुमोदन करने और प्राप्त सिद्धांत दिया जा सकता था। इसके अलावा सरकार उनका सहयोग भी बढ़ाने का अनुमोदन किया।

टमरिया में बांसवाड़ा के बांसवाड़ा, देशबंधन और आयुक्त स्वास्थ्य योजना के कारण बांसवाड़ा में स्वास्थ्य सुविधाएं बढ़ीं। टमरिया ने स्वास्थ्य योजना को जारी रखा और अनुमोदन कर दिया।
A handpump has been installed in the Sub-Centre; Boundary wall has also been constructed. The drainage system has been repaired in the village. Public toilet has been constructed. Electricity connection to the sub-center was made possible. So, single health plan managed to sort out many problems related to health and hygiene. They are now quite happy as they are aware and can use the tool or exercise of Health plan in future as well.
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Mallickpur Gram Panchayat falls in the Chamu Tehsil of Jaipur district. District headquarter is around 42 km away from Jaipur. This Panchayat is situated about 2 km away from National Highway no. 11. Its population is around 10368 as per the census of 2011 and has four revenue villages namely Mallickpur, Sitarampura, Ugariawas and Narsinghpura. Most of the people are involved in Agriculture and labour work. This Panchayat has only one sub-center, since other revenue villages are nearer to the Community Health Centre (CHC) at Govindgarh.

Despite of being near to the CHC, Mallickpur Gram Panchayat was suffering from various problems related to Integrated Child Development Services scheme (ICDS) and general health - Poor sanitation was one of the main problems in the village. Drainage system was very poor as the drains were closed at one end causing waterlogging on the passages. Immunization was good but 5-7 families in a hamlet did not come for vaccination due to superstition and other reasons. Aanganwadi Centre was running in a dilapidated room of school. Aanganwadi worker had demanded for shifting of centre in other room, but to no avail. ASHA usually plays a role of pivot in sensitizing people, but the vacant post of ASHA in Mallickpur was also affecting the health services. People of Govindgarh were getting fed up but never took action on these issues. There was no awareness about the Panchayat resources for tackling these issues.

Strengthening Gender Responses of Panchayats in Rajasthan is a joint initiative of PRIA and UNFPA to capacitate Panchayats for providing better health services to women and become responsive towards their health needs. Ms. Rekha Kumawat, a social activist has been working to orient community and health workers to make participatory health plans at the revenue village level. She conducted an orientation and training program for around 50 ANM, ASHA and Aanganwadi Workers (AWW) including Panchayat representatives on the decentralised planning process. Many issues of health and service delivery at the local levels were discussed in the meeting. Sarpanch Nand Ram Yadav also actively participated in the meeting and assured of resolving many problems that were raised by the community.
the health workers. Issues of sanitation, appointment of ASHA, shifting of Aanganwadi, vaccination of reluctant families were raised in this meeting on health planning. Later, it was approved by Gram Sabha also. However the implementation of this plan was a big challenges.

The Panchayat and community members including Rekha regularly followed up for the commitments made in the plan. Rekha also met with 5-7 families who never used to come for vaccination and sensitized them regularly. When education did not work, Ms. Rekha scared them and said that they will not get the ration card if they don’t go for vaccination. This trick of Rekha worked and once they started availing the benefits of vaccination, they got aware that there is no harm in the same. One of the women, Kantia Devi from this hamlet now informs other people about the benefits of vaccination.

The proposal for shifting of Aanganwadi center was given to Block Elementary Education Officer (BEOO). He agreed with the proposal and ordered the school management to shift the Aanganwadi to the new room. The Panchayat also wrote a letter to development officer and CDPO regarding appointment of ASHA on vacant position. New ASHA has also been nominated for the training at district level.

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Mallickpur Gram Panchayat falls in the Chamu Tehsil of Jaipur district. District headquarter is around 42 km away from Jaipur. This Panchayat is situated about 2 km away from National Highway no. 11. Its population is around 10368 as per the census of 2011 and has four revenue villages namely Mallickpur, Sitarampura, Ugariawas and Narsinghpura. Most of the people are involved in Agriculture and labour work. This Panchayat has only one sub-center, since other revenue villages are nearer to the Community Health Centre (CHC) at Govindgarh.

Despite of being near to the CHC, Mallickpur Gram Panchayat was suffering from various problems related to Integrated Child Development Services scheme (ICDS) and general health. Poor sanitation was one of the main problems in the village. Drainage system was very poor as the drains were closed at one end causing waterlogging on the passages. Immunization was good but 5-7 families in a hamlet did not come for vaccination due to superstition and other reasons. Aanganwadi Centre was running in a dilapidated room of school. Aanganwadi worker had demanded for shifting of centre in other room, but to no avail. ASHA usually plays a role of pivot in sensitizing people, but the vacant post of ASHA in Mallickpur was also affecting the health services. People of Govindgarh were getting fed up but never took action on these issues. There was no awareness about the Panchayat resources for tackling these issues.

Collaborative Efforts Lead to Improvement of Health Services in Mallickpur Gram Panchayat, Govindgarh

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Strengthening Gender Responses of Panchayats in Rajasthan is a joint initiative of PRIA and UNFPA to capacitate Panchayats for providing better health services to women and become responsive towards their health needs. Ms. Rekha Kumawat, a social activist has been working to orient community and health workers to make participatory health plans at the revenue village level. She conducted an orientation and training program for around 50 ANM, ASHA and Aanganwadi Workers (AWW) including Panchayat representatives on the decentralised planning process. Many issues of health and service delivery at the local levels were discussed in the meeting. Sarpanch Nand Ram Yadav also actively participated in the meeting and assured of resolving many problems that were raised by
Gram Panchayat Nangal Kalan is located in the north west of capital Jaipur. Distance of the Panchayat from Jaipur district headquarter is around 51 km. This Gram Panchayat has two revenue villages, Nangal Kalan and Rai Singh ka Bas, the latter being 5 km away from former. There is only one sub-centre in the Panchayat headquarters. Rai Singh ka Bas village falls nearer to Govindgarh block, so people visit the community health center, in spite of going to the sub-centre of Nangal Kalan. Rajasthan Government has devolved five departments to PRIs, but Sarpanch of Nangal kalan was not happy with the decision and wished to get it withdrawn with immediate effect. He believed that most of the Sarpanch in Rajasthan are not much educated to handle the working of these five departments. This ideology of village head was affecting the overall development of GP.

People of Rai Singh ka Bas which is far away from Panchayat headquarter were facing an acute water problem. There was no supply of water and people were forced to drink open water. They used to go to their respective fields for fetching water from the wells. It was mostly women who collected the water from far-off distances. People used to get ill due to impure water. Another health problem affecting the people was non-availability of generic medicines at the village level. Although Government of Rajasthan has instructed all sub-centres to keep 25 kinds of Generic medicines, which should be distributed free of cost, but people of Rai Singh ka Bas had to travel five Kilometres for having medicines of simple illness like fever, diarrhoea, headache etc. They wished that the few most usable medicines should remain at local level i.e on the Aanganwadi centres.

During health plan preparation at the local level, VHSNC and PRI members initiated the process by identifying the problems of health in general and women health in particular. Finally all the problems were assembled and prioritized at the Panchayat level. The issues of water connection...
and non-availability of generic medicines at local level were also raised by many people in the Panchayat meeting of health planning. These two issues were put in the agenda of health plan and Gram Sabha approved this plan.

It was due to this health plan that both the issues were implemented in the Panchayat. Sarpanch Shankar Lal Yadav took the issue of water seriously and installed a boring near a river passing from the village. For this he roped in an MLA to provide funds for installing Boring. With his personal contacts and proper follow-up he succeeded in pooling funds from MLA. He drew a pipeline into the village and villagers took the personal connection of water. Around 40 households of Rai Singh ka Bas are now availing the water connection in their house. They are quite happy as people now need not go to their fields for fetching water which was not potable at all.

Sarpanch with other members of PRI also contacted Block Chief Medical Officer (BCMHO) regarding the provision of availability of generic medicines at Aanganwadi centre of revenue village. BCMHO appreciated the thought and instructed ANM for providing medicines to the Aanganwadi centre of Rai Singh ka Bas. Now, 13 kinds of Generic medicines are available in Aanganwadi centre for curing general ailments. ANM provided general information to Aanganwadi workers (AWW) regarding medicines of particular illness. ANM also told AWW regarding the expiry date of medicines and instructed her to spoil the medicines which get expired.

Sarpanch Shankar Lal Yadav, Mahesh Devanda ward panch, ANM Shyamla, senior citizens like Murlidhar Sharma and Sita Ram Sharma played a crucial role in resolving the problems of Panchayat. They have now belief in themselves as they aware that for many issues they need not see towards Government and could be solved indigenously.

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राय सिंह का बास गांव में स्वास्थ्य लियोजन और
गर्मी चर्चा से उपलब्ध हुआ जलकुप जल तथा
जोशियल दलाओं का सेवन

राय सिंह का बास गांव, राजस्थान, जयपुर के पश्चिमोत्तर में स्थित है। यहां से जयपुर जिला मुख्यालय की 51 किलो मीटर दूर है। इस गांव में सीट एवं जारी दो दंबकोवाली जातियों का निवास करते हैं। पंचायत में दो सरकारी में है - एक तथा सांस्कृतिक कार्य दो सरकारी में है। राजस्थान मुख्यमंत्री एक ही उप केंद्र है और कृन्तक राय सिंह का बास मुख्यमंत्री के ज्यादा समय है। इसलिए लोग नामक कार्य के उप केंद्र की सारणी के बिना डीएसएस० नहीं जाते हैं। राजस्थान सरकार ने पंचायतों को पांच विभाग बनाने के लिए राजस्थानी एक की सारणी के बिना जाते थे।

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Gram Panchayat Nangal Kalan is located in the north west of capital Jaipur. Distance of the Panchayat from Jaipur district headquarter is around 51 km. This Gram Panchayat has two revenue villages, Nangal Kalan and Rai Singh ka Bas, the latter being 5 km away from former. There is only one sub-centre in the Panchayat headquarters. Rai Singh ka Bas village falls nearer to Govindgarh block, so people visit the community health center, in spite of going to the sub-centre of Nangal Kalan.

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Health Planning and Informed Discussion led to Availability of Boring Water and Generic Medicines in Rai Singh ka Bas village
Munda Gram Panchayat of Hanumangarh District is blessed with a woman Sarpanch Krishna Godara, who proved that ‘There is a will, there is a way’. Munda Gram Panchayat is situated around 35 Km away from Hanumangarh. Population of Munda Gram Panchayat is about 2500 to 3000. There are two revenue villages under Munda Gram Panchayat - Munda and Shergarh. People have to rely upon one sub-centre because the nearest PHC is about 15 km away in Naurangdeshar which is quite far. Sub-centre in Munda Gram Panchayat is centrally located in the village. ANM Manisha ji is quite sensitive and polite to the community. During participatory health planning exercise, lack of boundary wall around the centre was raised as a serious issue by the VHSNC members. They had a concern that big stranded animals roam around in the sub-centre and create nuisances to the patients. Cow dung and shit of animals made the condition worse for everyone. ANM Manisha raised that she was left with no option but to clean the floor herself because there was no cleaning staff in the centre. Security of the sub-centre was also a concern.

Society for Human Dignity and Rights (SHDR) has been sensitizing community as well as Panchayat representatives since last three years on the maternal health and issues of sex selection. The issue of lack of boundary wall was raised during the health planning exercise and the plan was approved by Gram Sabha. During the health plan preparation, Sarpanch Krishna Godara acknowledged to construct it with the funds available in Panchayat. In the meantime, Krishna tried to find out possibilities of getting the funds from other resources. She also succeeded in roping in an MP and getting funds from MPLAD.
उप-स्वास्थ्य केन्द्र में चार्डावारी का निर्माण:
मुंडा पंचायत, हनुमानगढ़ में स्वास्थ्य योजना का माध्यम से एक पहल

हनुमानगढ़ में मुंडा प्राम पंचायत में कृष्णा गोदारा एक ऐसी महिला राजपंथ है जिन्होंने साफ़ किया कि “जब वहाँ ताल है”। मुंडा प्राम पंचायत हनुमानगढ़ से लगभग 35 किलो मीटर दूर स्थित है। मुंडा प्राम पंचायत की जनसंख्या लगभग 2500 से 3000 के बीच है।

सस्त्रीय स्वास्थ्य योजना ने अवधि के दौरान केंद्र के वायर ओर चार्डावारी की कला को एक गम्भीर मुद्दाओं के कूल में दी। उप-स्वास्थ्य केंद्र में जनबोर्डिंग परिचालन होता था जिसने महिलाओं को बड़ी परेशानी से बचाया। ग्राम के लोग तथा जनावरों के पास से हर व्यक्ति के लिए स्वास्थ्य अस्थयी पूर्व-पूर्व थी।

सस्त्रीय स्वास्थ्य योजना का उद्देश्य था कि उप-स्वास्थ्य केंद्र की सुरक्षा की एक गम्भीर विषय का विषय था। महिलाओं के लिए उप-स्वास्थ्य केंद्र दी जाती है जो आयाम में आया जा सके और वकीलों के साथ-साथ केंद्र सेवा को लिए निर्माण करने की आवश्यकता नहीं है। उप-स्वास्थ्य केंद्र की सुरक्षा की एक गम्भीर विषय का विषय था।

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She kept this thing in priority and moved ahead; finally the bricks for the wall were purchased in September 2012. After the prompt follow-up and moral pressure the wall got constructed within stipulated time frame.

Motivated with the community development, Sarpanch Krishna Godara also participated in multi stakeholders dialogue (MSD) organised by the facilitating organisation and used this opportunity by demanding for inverter in the sub-centre, from Chief Medical and Health Officer (CMHO) since due to power cut, emergency pregnancies were not possible. CMHO Sri S. P. Singh also took this issue sincerely and keeping in view of the gravity of concerned he sanctioned the inverter within no time immediately.

Health Plan of Munda led to betterment of health services of Panchayat. Sub-centre is about to become a model sub-centre with inverter and other facilities. Overall perception regarding health plan seems to be changed now.

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Scattered population and scorching heat are some of the common terms used to describe the district Jaisalmer. The revenue villages are approximately 25 km away from the Panchayat headquarters. Health delivery system in Jaisalmer is quite poor. Total Population of Salkhan Gram Panchayat of District Jaisalmer is 2290 which consists of 1401 male and 889 female. The Panchayat comprises of four revenue villages. There are two sub-centres in the Panchayat and an Aanganwadi centre. The condition of health in Damodara village of Salkhan panchayat was not very good. Malaria and vector borne diseases were spreading in the village due to garbage and unclean drainage systems. There was a position vacant for an ASHA which led to low awareness among the community about basic health services. This was also the reason for low turn out on MCHN day for vaccination. The condition of sub-center was very bad as the walls and floors were damaged. One ANM had to cover two sub-centres and they did not utilise the untied funds to renovate the centres.

Simant Kissan Sahyog Sangathan (SKSS) with the support from PRIA and UNFPA is working to address the gender and health issues in 5 Gram Panchayats including Salkhan GP. It sensitized and capacitated the community especially women to raise demand for their health rights as also trained the Panchayat representatives and health workers to address their grievances appropriately. SKSS also facilitated preparation of health plan for Salkhan Panchayat, which brought together different stakeholders together for discussion on health issues and ways forward. After synthesizing the problems at revenue village, the health plan was compiled in the fortnight meeting of Panchayat.

On 2nd August 2012, in the Panchayat meeting on health planning, various issues like malaria, poor condition of sub-centre and garbage disposal in the village were raised stringently by community and other stakeholders. With proper timeline set for every problem and respective responsibilities of the representatives, a full fledged health plan was prepared by them. ANM Ms Jassi Choudhary vowed to take the issues seriously and utilize untied fund for repairing the sub-centre. It was decided to renovate the sub-centre within one month on priority basis. Similarly Sarpanch also promised to use TFC funds to dispose off the garbage from village. Once the
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As a result of the decisions taken during this consultative process, sub-centre was repaired with untied funds. However it was not as easy as there were no untied funds available. ANM Jassi Choudhary kept following up with the health department for funds. Due to continuous follow up, health department provided her Rs. 10,000 from Annual Maintenance Grant (AMG). The sub-centre was repaired within 15 days of preparation of health plan. Likewise DDT was sprayed in the village and it was enforced that garbage should get disposed within one month.

This overhauling of health delivery institution has definitely brought hope among the people in Damodara; however there is still a long way to go for complete reform of health service and efficiency in the systems to deliver responsively.
Scattered population and scorching heat are some of the common terms used to describe the district Jaisalmer. The revenue villages are approximately 25 km away from the Panchayat headquarters. Health delivery system in Jaisalmer is quite poor. Total Population of Salkhan Gram Panchayat of District Jaisalmer is 2290 which consists of 1401 male and 889 female. The Panchayat comprises of four revenue villages. There are two sub-centres in the Panchayat and an Aanganwadi centre. The condition of health in Damodara village of Salkhan panchayat was not very good. Malaria and vector borne diseases were spreading in the village due to garbage and unclean drainage systems. There was a position vacant for an ASHA which led to low awareness among the community about basic health services. This was also the reason for low turn out on MCHN day for vaccination. The condition of sub-center was very bad as the walls and floors were damaged. One ANM had to cover two sub-centres and they did not utilise the untied funds to renovate the centres.

Simant Kissan Sahyog Sangathan (SKSS) with the support from PRIA and UNFPA is working to address the gender and health issues in 5 Gram Panchayats including Salkhan GP. It sensitized and capacitated the community especially women to raise demand for their health rights as also trained the Panchayat representatives and health workers to address their grievances appropriately. SKSS also facilitated preparation of health plan for Salkhan Panchayat, which brought together different stakeholders together for discussion on health issues and ways forward. After synthesizing the problems at revenue village, the health plan was compiled in the fortnight meeting of Panchayat.

On 2 August 2012, in the Panchayat meeting on health planning, various issues like malaria, poor condition of sub-centre and garbage disposal in the village were raised stringently by community and other stakeholders. With proper timeline set for every problem and respective responsibilities of the representatives, a full fledged health plan was prepared by them. ANM Ms Jassi Choudhary vowed to take the issues seriously and utilize untied fund for repairing the sub-centre. It was decided to renovate the sub-centre within one month on priority basis. Similarly Sarpanch also promised to use TFC funds to dispose off the garbage from village. Once the

Health Planning led to Complete Overhauling of Sub-Centre in Damodara, Jaisalmer
Jaisalmer, a 'Golden City' on one hand attracts tourists from across the world, whereas the inhabitants of the place have no easy life. It becomes even more difficult administratively when a revenue village is located at a farthest distance from its panchayat headquarter. Gram Panchayat Sonu is 50 Km away from district headquarter Jaisalmer. Total Population of Panchayat is around 3010, out of which 1610 are male and 1400 are female. There are two sub-centres serving the health needs of Panchayat at local village level. Two ANM and three ASHAs are looking after the health issues in the villages. There are two Aanganwadi centres with four Aanganwadi workers. There are total three revenue village in Sonu Gram Panchayat. Hema is the revenue village of Sonu GP, which is around 24 km away from Panchayat Headquarter Sonu.

While interacting with the community it emerged that ANM found it difficult to go for vaccination on MCHN day, because she said that there is no provision as such in NRHM for bearing the cost of travel. Hema village remained bereft of all health facilities from department. Simant Kissan Sahyog Sangathan (SKSS) has been working since last three year on ‘Strengthening Gender Response of Panchayat in Rajasthan (SGRPR). With the support from PRIA, SKSS has done tremendously well in this difficult region. Apart from sensitizing Panchayat on gender issues, SKSS also facilitated Panchayat to prepare health plans in five Gram Panchayats. The VHSNC members were oriented about the health planning process. The health issues were discussed at every revenue village level and a plan was made. On 1st August 2012, health plan for the entire Gram Panchayat was compiled in the Panchayat meeting. Sarpanch Mr. Poonam Singh headed the planning meeting in Panchayat and all the issues were discussed. Problems of Hema village were also raised during the meeting. ANM Radha Bhagoura raised this issue in front of the Panchayat. Sarpanch Poonam Singh also put the issue of mobility in the village in Health Plan on priority basis.

Initially Sarpanch found it difficult to arrange a vehicle from the internal funds of Panchayat. But, keeping in view the severity of the problem, Sarpanch Mr. Poonam Singh showed his generosity and
decided to provide his own vehicle to take ANM to village Hema on vaccination day. Sarpanch also vowed in the meeting that he would bear the cost of travel unless health department resolves the issue.

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अनुशूचित जाति बसती में शौचालयों का निर्माण:
चौमहला ग्राम पंचायत, आलावड जिला

चौमहला ग्राम पंचायत जिला मुज़फ्फराबाद से लगभग 80 किलोमीटर तथा आलावड जिले का अंतर्गत चौमहला की जनसरकार 10092 है। यहां दो उप-स्वास्थ्य केंद्र हैं – एक गांव फिल्मी में ती दुसरी फिल्मी में। यह ग्राम पंचायत चौमहला रेलवे स्टेशन से नज़रदार होने के कारण स्टेशन का संस्करण दिल्ली एवं मुंबई से है। लेकिन इस पंचायत के अंतर्गत गांवों की स्थिति अच्छी नहीं है। नवजात लोग कृपया पर निम्नांकित है तथा लोगों खासकर महिलाओं की शिक्षित निर्मल अच्छी नहीं है। स्वास्थ्य सुरक्षित प्राप्ति नितंबर और सत्र हैं कह एक महत्वपूर्ण स्वास्थ्य केंद्र (पी.एच.टी.) हैं लेकिन गांव में महिला विधिमान न होने के कारण लोगों में दबाव है।

स्वास्थ्य सुरक्षित प्राप्ति के संदर्भ में चौमहला की स्थिति बहुत फ़ुलानी थी क्योंकि गांव में सच्चित्र एवं स्वास्थ्य के संदर्भ में अज्ञानता की कमी थी। कुछ भी भागों के रूप में मार्ग जगह होता था जिसे सशक्तिकरण परंपरा हो जाती थी और शिक्षित शैक्षिक अपने पर पहले बोली थी। इसके अलावा महिला विधिमानल निर्माण की कमी के कारण शैक्षिक महिलाएं सहायता कम लोग एवं लोगों लोगों का उपलब्ध नहीं करती थीं। इसलिए वह बाल इसकी गांव की गांव के उन लोगों को सहयोग नहीं करते।

विदेशीकरण एवं लोगों में भी विभिन्न स्वास्थ्य अवसरों के होने के बीच कौतुक हैं। लोग खुद में रखे पत्थर की गांव से बीच कौतुक कर जाते थे। शायद रूप से स्वास्थ्य से दूर लोग एवं उन पर निर्धारण गांव में नज़रदार थी।

पंचायत चौमहला, आलावडे में प्रांमध्य प्रांक्षेपण एवं प्रांक्षेपण संस्थान (पी.पी.एच.एच.) है। प्रांक्षेपण के बाद जुड़कर स सरकार (एच.एच.एच.एच.) विभाग में अंतर्गत स्वास्थ्य सरकार एवं पंचायत है। सविधाय के अंतर्गत जा में पंचायत में उनके द्वारा स्वास्थ्य योजना तैयार करने की जाती थी। इस प्रक्रिया के दौरान उन गांवों के सांस्कृतिक निर्माण के संबंध में वग़ैल एवं सहभागि बच्चों के के लिए पंचायत की बैठक बुलाई गई। पी.एच.टी. में महिला विधिमानल की कमी, एच.एच.एच.एच. बैठक में सार्वजनिक शैक्षणिक के निर्माण की गई। गांव में महिला विधिमानल की कमी, एच.एच.एच. बैठक में सार्वजनिक शैक्षणिक के निर्माण की गई। गांव में महिला विधिमानल की कमी, एच.एच.एच. बैठक में सार्वजनिक शैक्षणिक के निर्माण की गई। गांव में महिला विधिमानल की कमी, एच.एच.एच. बैठक में सार्वजनिक शैक्षणिक के निर्माण की गई। गांव में महिला विधिमानल की कमी, एच.एच.एच. बैठक में सार्वजनिक शैक्षणिक के निर्माण की गई।

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इस समय के लक्ष्यों का पूरा होने के लिए विभिन्न पत्थर ने राजनीतिकों को गांवों में निर्माण तथा एच.एच.एच. बैठक में सार्वजनिक लाभों का निर्माण कराया। इसलिए पत्थरों के कारण के मुद्दे को शर्तों श्रीमती को लेकर तथा इस मुद्दे को
पूर्वाचल प्रांत पंचायत के समंथ में पौड़ी परिस्थिति की विशेषज्ञता व विशेष हो; जिसके गांव में सच्चाई एवं स्वास्थ्य के नियम में अवकलन का कमी थी। कृपया अपनी तस्करी के बारे में गांव में सत्यास्थ करने वाले उपचारकों को स्वास्थ्य के नियमों की कमी और स्वास्थ्य के नियमों का अनुशासन की जानकारी दीजिए। इसके अतिरिक्त, गाँव भोजन का नियम स्वास्थ्य के नियमों का अनुशासन की जानकारी दीजिए। गांव भोजन का नियम स्वास्थ्य के नियमों का अनुशासन की जानकारी दीजिए।

पंचायत और ग्रामीण योजना के माध्यम से स्वास्थ्य के नियमों का अनुशासन की जानकारी दीजिए। इसके अतिरिक्त, सारणी के माध्यम से स्वास्थ्य के नियमों का अनुशासन की जानकारी दीजिए।

सरपांच सुरेश पसी ने सारणी के माध्यम से स्वास्थ्य के नियमों का अनुशासन की जानकारी दीजिए।
Chaumehla Gram Panchayat is situated around 80 km from the district headquarters and 25 km from Block Panchayat of Jhalawar. Population of Chaumehla is around 10682. There are two Sub-centres, one in Para Peepli and the second one is in Ranayra. This Gram Panchayat is connected to Chaumehla railway station which has the connectivity to the metropolitan cities of Delhi and Mumbai. However, the condition of rural villages under this Panchayat is not very good. Most of the people are dependent on agriculture, and the educational status of the people, especially women, is quite low. Health delivery system is also not adequate, as there is one Primary Health Centre (PHC), but people had concerns over non-availability of a lady doctor in the PHC.

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Improving maternal health is among the eight goals described in Millennium Development Goal (MDG), but the current scenario of anemia among pregnant women in India is quite deplorable. In India, incidence of anemia in pregnancy has been noted to be as high as 40-60%. About 4-16% of maternal deaths are due to anemia. It also increases maternal morbidity, feto and neonatal mortality and morbidity significantly.

The condition of Rajasthan towards anemia is very disappointing. As per the findings of the National Family Health Survey-III, 53.1% of the women aged 15 - 49 years are anaemic in Rajasthan. Moderate anemia increases the risk of maternal death by 1.35 times, and severe anemia by 3.5 times. Among the children of illiterate mothers, 44% are stunted and underweight. The example of Gangdhar Gram Panchayat in Jhalawar has showed that with great determination and better planning issues can be resolved at local levels.

The population of Gangdhar GP is 5028 as per the census of 2011. Health Infrastructure is good as, it has one Primary Health Centre located on the road and five Aanganwadi Centre in the Panchayat. There is only one VHSNC in the Panchayat. The condition of maternal health in all Panchayat of Dag block was not good. Gangdhar Panchayat was also facing this problem severely. Most of the pregnant women in Panchayat were anaemic. This issue was also been raised many times in Panchayat meetings. Gramrajya Vikas avum Prashikshan Sansthan (GVPS) with support from PRIA and UNFPA has been working to address the issue of maternal health and sex selection in the Panchayat. It created awareness among women on consumption of folic acid and availing the nutritious meal provided to adolescent girls at Aanganwadi Centres. It has been noticed that adolescent girls do not wish to have these free of cost meals due to pungent smell.

GVPS with support from the Panchayat representatives and initiatives from few active members of Village Health Sanitation and Nutrition Committee (VHSNC) drafted a health plan, which finally was compiled during the Panchayat meeting. In that meeting issue of anemia (lack of hemoglobin) among pregnant women and adolescent girl was raised. They all unanimously showed their concern regarding the high risk of deliveries of anemic mothers. Sensing the gravity of issue this issue was put in the priority.

A Stride to Fight Against Anemia:
Gangdhar Gram Panchayat
This health plan was also presented in Gram Sabha and approved by it. Medical Officer Representative Dr. Vikas Sharma, LHV Ms. Janki Devi and ANM Shakuntala Meena worked together on the issues. In every VHSNC meetings all the ASHAs were oriented to motivate and educate people regarding anemia. ASHA was instructed to keep track record of such women who is supposed to be anemic. Special counseling of such women was done regularly by ANM, ASHA, LHV and Medical Officer and personal attention has been given to those pregnant women. With the proper follow-up, 30-35 pregnant women have been referred to higher medical institutions for better treatment. However 10-12 pregnant women have been provided blood through drip. Apart from this after getting information from field staff, Medical Officer in Charge (Medical Officer in Charge) visited regularly and provided medicines and advices regarding anemia.

The health planning process has initiated not only measures to curb anaemia, but safe institutional delivery at PHC level in intervened 5 Gram Panchayats has also been established. ANM and ASHA regularly sensitise people regarding the ill effect of anemia and started a sensitization drive for providing nutritious meal to adolescents in all Aanganwadi centres. Every village under Gangdhari PHC is taken care of properly, get referred if necessaries and safe institutional deliveries have now become a practice.
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A Stride to Fight Against Anemia: Gangdhar Gram Panchayat

Improving maternal health is among the eight goals described in Millennium Development Goal (MDG), but the current scenario of anemia among pregnant women in India is quite deplorable. In India, incidence of anemia in pregnancy has been noted to be as high as 40–60%. About 4-16% of maternal deaths are due to anemia. It also increases maternal morbidity, foetal and neonatal mortality and morbidity significantly. The condition of Rajasthan towards anemia is very disappointing. As per the findings of the National Family Health Survey-III, 53.1% of the women aged 15 - 49 years are anaemic in Rajasthan. Moderate anemia increases the risk of maternal death by 1.35 times, and severe anemia by 3.5 times. Among the children of illiterate mothers, 44% are stunted and underweight. The example of Gangdhar Gram Panchayat in Jhalawar has showed that with great determination and better planning issues can be resolved at local levels.

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Health of community largely depends on various factors, which need to be deeply addressed for having an ideal healthy society. Unfortunately the causes and effects of these factors are not assessed locally e.g. In villages, poor sanitation is one of the common reasons for poor maternal health. Panchayati Raj Institution is the most potent local government body to address issues of sanitation, safety, domestic violence, hygiene etc and plan towards resolving these serious issues locally, which are paid very less attention. It is the negligence of one department that has an acute effect on the others. Anatpura Gram Panchayat has given us the hope that Panchayats can prepare their own health plan and can prioritise local issues for having an ideal health condition in the Panchayat.

Anatpura Gram Panchayat is 39 km away from district headquarter Jaipur and 6 km away from Govindgarh Panchayat Samiti. It has three revenue villages namely Anatpura, Chimanpura and Balekhan respectively. Most of the people are from scheduled caste community; however other castes like Yadav, Kumawats and Rajputs also reside in the panchayat. Major occupation is agriculture and labour. In terms of education, the status of Panchayat is far better than others as the enrolment and retention rate in primary schools is quite good. Girls of Anatpura are pursuing higher education from Choumu or Jaipur. There is one sub-centre in the panchayat. PHC and CHC are also very near from the Gram Panchayat.

Sarpanch Badrinarayan Parihar is highly respected by all as he is not only qualified but even concerned for the development of Panchayat. However during initial community level meetings, it emerged that people were disappointed with ANM, as she did not take her responsibility seriously. In addition to it there was no furniture in the sub-center and patients had to sit on the ground on MCHN day, due to which check-ups could not be done properly. Apart from this there was too much garbage in the center premises. People did not prefer to come to centre due to the lack of sanitation and basic amenities. Incidence of disease like Malaria was on rise due to poor sanitation and garbage. These were several issues which needed the attention of Panchayat immediately, but Panchayat did not know how to address these issues.
“Strengthening Gender Response of Panchayat in Rajasthan” is an initiative of PRIA with support from UNFPA to capacitate and promote Panchayats to address the issues of gender and health issues locally since last three years. Rekha Kumawat is the nodal person from PRIA to implement the programme, capacitating and providing regular information support to the health workers and Panchayat representatives. In Anatpura, after getting support from Sarpanch, she motivated VHSNC members to prepare a Gram Panchayat health plan. Through the process she along with health workers (ANM, ASHA and other VHSNC members) identified the health problems and other related issues. In the final health planning meeting at panchayat, all the stakeholders including Sarpanch, ward panch, ANM, ASHA and people from community did an intense discussion on the issues directly or indirectly related to health facilities in the villages. The issues related to furniture and sanitation were raised during the meeting by health workers, besides various other issues. Members also complained about the absenteeism of ANM. Sarpanch, at first reprimanded ANM for her attitude and warned her for disciplinary action in future. He also raised the issue of absenteeism in front of Block Chief Medical Health Officer (BCMHO) in the monthly meeting at Chaumu. After getting a stringent instruction from BCMHO, she assured that she will remain present on every working day in the Panchayat.

To resolve other health problems raised during the planning exercise, Sarpanch Badrinarayan Parihar released the tender for sanitation drive in newspaper within few days. Panchayat also received a security sum of Rs 40000. This sum was taken from the bidder in lieu of the default. The fund of Twelfth Finance Commission (TFC) was also utilised for the maintenance purposes. Within few weeks of tender, garbage from all places has been removed; drainages were cleared and a drive to make the Panchayat neat and clean with the help of JCB machine was launched. Furniture was purchased within a month after the preparation of the plan. Now community seems to be quite happy with the amenities provided at sub-centre. In the near future, Public toilets are also going to be constructed as this is also in preference list of villagers as per the health plan.

The Panchayat Anatpura has experienced a great change and witnessed the collaborative effort of all stakeholders. It was the effect of health plan which is now widely acclaimed by all in the panchayat. Sarpanch also do acknowledge the power of planning and meetings at regular interval.

**Furnitures purchased for Sub-centre**

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**Annapurna Gram Panchayat में स्वच्छता अभियान: स्वास्थ्य योजना के माध्यम से एक प्रयास**

स्वास्थ्य का स्वास्थ्य विभिन्न करों पर निरंतर करता है जिनके समाधान में अर्थात स्वास्थ्य परिषेद का एक सरकार के लिए काम करते है की जगत करती है। कारण और प्रभाव को इस मजबूत एक ही बौद्धिक मान जाता है। प्रदेश के पीढ़ी वर्षों में मूल स्वास्थ्य का सबसे बड़ा कारण गर्मी और राजस्थान का अध्ययन है। पंचायत की विशेषता स्वास्थ्य, सुरक्षा, परिवेश हिंसा, स्वास्थ्य आँधी जैसे परिस्थितियों को एक अन्य क्षेत्र के रूप में रखने से जोखिम करता है और उसके से अनुप्रयोग करना बाहिर है। यह समझने की जगत है कि एक निर्माण में ताराकाश में करना अन्य बिगाड़ों पर खूब प्रभाव उत्पन्न है। आनपुरा पंचायत ने इसी क्षेत्रों को अंतर समझकर सहायता दियाचा है आते उसी के अंतराल अन्य स्वास्थ्य योजना तैयार की है। उन्होंने पंचायत में अदालत अदालत के सप्ताह में पुष्प का रूप से काम किया है।

अन्नपुरा ग्राम पंचायत निकट स्वास्थ्य जगत में जैसे कितने मीत्र की पूरी पर ध्यान है, तो निर्माणक मंड़न पंचायत समय से 6 मीत्र की मौजूदा की पूरी पर। इसमें अन्नपुरा, निर्माणक मंड़न समय से जीता स्वास्थ्य प्राप्त हो गया है। यह अधिकतम लोग अनुप्रयोग जगत सरकार के से पूरी मात्रा वायु, समुद्र और राजस्थान जीता अन्य जीवन भूमि पंचायत में जाता है। यह का मुख्य पूरी का के और जीवन है। इसके माध्यम से एक निर्माण की विशेषता अन्य पंचायतों में तुलनात्मक रूप में अध्ययन है। अन्नपुरा का जीवन रूपीय बीमारी जमते से उच्चता लक्षित कर रहें हैं।

पंचायत में एक-जीवन के कंटेंट के सप्ताह है। पीएच-एच-टी पीएच-एच-गैंडी पीएच-एच-से चोड़ी दूरी पर स्थित है।

सरकार बैठानेवार पंचायत परिषद का भी लोग बहुत समय करते हैं। यह पूरे एक समय लगता है जब पंचायत का तुलना करता। यहाँ तीन ऐसे परिस्थितियों को जीता जाता है। उन्होंने ऐसे परिस्थितियों को जीता जाता है जब पंचायत का तुलना करता। यहाँ तीन ऐसे परिस्थितियों को जीता जाता है।

पुरातात्त्विक कंटेंट के रूप में है। इसके माध्यम से तुलनात्मक रूप में अध्ययन है। अन्नपुरा का जीवन रूपीय बीमारी जमते से उच्चता लक्षित कर रहें हैं।

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Strengthening Gender Response of Panchayat in Rajasthan

Anantpura Gram Panchayat में स्थापित अभिव्यक्ति: स्वास्थ्य योजना के माध्यम से एक प्रयास

स्थापना का स्वास्थ्य विभाग कारकों को परिवर्तन करता है जिससे समाज में अटकी स्वास्थ्य परिस्थि कबड़ा रखने के लिए काम करने की जरूरत होती है। कारण और रोग की हर जगह भुगतान का एक शीर्ष माना जाता है। व्यक्ति के साथ परीक्षण एवं राम ग्राम का एक लंबी बार ग्रामीणी और साथ सकारात्मक का अभाव है। अंतरराष्ट्रीय की स्वास्थ्य व्यवस्था से जुड़े मामलों को एक अलग क्षेत्र के रूप में समझने की जरूरत है और उसकी के अनुपस्थिति का कारण नहीं है। यह समझने की जरूरत है कि एक विभाग में नाराजी का कानून अन्य विभागों पर बहुत भावना आती है। अंतरराष्ट्रीय पंचायत ने यह क्षेत्र को अलग मानक रहाता रखता है तथा उसी के अनुसार अपने स्वास्थ्य योजना तैयार की है। उन्होंने पंचायत में अपने स्वास्थ्य सिद्धांत के लिए, प्रतिवर्ती अलग कारणों की तरह पर युक्त रूप से आम किया है।

अंतरराष्ट्रीय कारण पंचायत ने मुख्य योजना जमूकर्ता से 35 किलो मीटर की दूरी पर जीवन तथा मोटरसाइकिल पंचायत सर्विस से 6 किलो मीटर की दूरी पर। इसके अलावा, अंतरराष्ट्रीय एवं बालकर्मी तीन स्वास्थ्य योजना आती है। यहाँ अभिक्रिया लोग अनुपस्थिती, नाराजी स्वास्थ्य के हैं बादशाह वापस, कुकुला एवं घाटपुर जीवन अंतरराष्ट्रीय, अंतरराष्ट्रीय में रहती है। यहाँ का मुख्य कृषि एवं जंगली है। जिसने मानने में एक पंचायत की हिंदी का अनुपस्थिती के प्रकारों से पुनरुत्थान तौर पर अधिक है। व्यक्ति की लक्जिमा भूमि या जमूकर्ता से उच्च हिंदी जमूकर्ता कर सकता है।

पंचायत एवं स्वास्थ्य तंत्रज्ञ है। है। पी.ए.ए. शी. एच. दूसरी ते विप्लवी में स्वास्थ्य संस्थान परिषद की सभी लोग बहुत साधारण करते हैं। वादप्राप्त जीवन में घट का अधिकतम तीन नहीं था। पी.ए.ए. इन गतिविधियों को कारण बनते हैं अनुपस्थिती, तीन नहीं था। इसके तरीके पंचायत में घट का अधिकतम तीन नहीं था।

सरकार बड़ी मार्गदर्शन परिषद की सभी लोग बहुत समय करते हैं। वादप्राप्त तीन अधिकतम तीन नहीं था। पी.ए.ए. इन तीनों नहीं था। इसके तरीके अधिकतम तीन नहीं था।

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Health of community largely depends on various factors, which need to be deeply addressed for having an ideal healthy society. Unfortunately the causes and effects of these factors are not assessed locally e.g. In villages, poor sanitation is one of the common reasons for poor maternal health. Panchayati Raj Institution is the most potent local government body to address issues of sanitation, safety, domestic violence, hygiene etc and plan towards resolving these serious issues locally, which are paid very less attention. It is the negligence of one department that has an acute effect on the others. Anatpura Gram Panchayat has given us the hope that Panchayats can prepare their own health plan and can prioritise local issues for having an ideal health condition in the Panchayat.

Anatpura Gram Panchayat is 39 km away from district headquarter Jaipur and 6 km away from Govindgarh Panchayat Samiti. It has three revenue villages namely Anatpura, Chimanpura and Balekhan respectively. Most of the people are from scheduled caste community; however other castes like Yadav, Kumawats and Rajputs also reside in the panchayat. Major occupation is agriculture and labour. In terms of education, the status of Panchayat is far better than others as the enrolment and retention rate in primary schools is quite good. Girls of Anatpura are pursuing higher education from Choumu or Jaipur. There is one sub-centre in the panchayat. PHC and CHC are also very near from the Gram Panchayat.

Sarpanch Badrinarayan Parihar is highly respected by all as he is not only qualified but even concerned for the development of Panchayat. However during initial community level meetings, it emerged that people were disappointed with ANM, as she did not take her responsibility seriously. In addition to it there was no furniture in the sub-center and patients had to sit on the ground on MCHN day, due to which check-ups could not be done properly. Apart from this there was too much garbage in the center premises. People did not prefer to come to centre due to the lack of sanitation and basic amenities. Incidence of disease like Malaria was on rise due to poor sanitation and garbage. These were several issues which needed the attention of Panchayat immediately, but Panchayat did not know how to address these issues.
Center for Dalit Rights (CDR) is a partner organisation of Society for Participatory Research in Asia (PRIA) in Dausa district of Rajasthan. CDR is working intensively in 5 Gram Panchayats (GPs) to strengthen Gram Panchayats to address gender and health issues. This 3 year long project of “Strengthening Gender Response of Panchayats in Rajasthan” aims to engage Panchayats and health service delivery agencies around women’s health issues, specifically on maternal health and sex selection. In doing this various district and state level actors and structures have been brought together for convergences between Panchayats, People, VHNSC, NGOs/CBOs and line departments.

Through continuous efforts of CDR in one of the Gram Panchayats - Bhandarej, the community has become more aware and responsive towards health and gender issues in their village and raised their concerns to the organisation. One of the disheartening examples can be seen in the Ward Number 22 (Padliya ki Dhani). CDR initiated a process of social mapping in the ward to identify the pregnant women and issues faced by them in accessing the health services. It emerged during discussions that this ward remains bereft of any health service by either ASHA or Anganwadi worker. Women of the ward raised that the health workers make no visit to the village and they are unaware about the health services provided by these workers. Concerns were also raised regarding the registration of pregnancy by the ANM.

During the process of social mapping, Ms. Anita was identified being pregnant by the organisation. She, at the age of 20 years, was expecting her first child. She is an educated woman in this ward and is doing her B.A finals. During the discussions, she questioned the non-availability of basic health services at the village level, while better services are available in urban areas. According to her, “I, being an educated woman, went on my own to the primary health center, Bhandarej GP for registering myself. I came to know about MCHN day from the CDR and went on every MCHN day to get guidance and suggestion from the ANM and health workers available. However, the outreach of health services to the poor and needy is very appalling. Even after continuously visiting the PHC and Anganwadi center, i did not receive any proper medication and nutrition from the center”. 

Questioning as a First Step to Initiate System Response: Case of Ms. Anita
Citing an example, Ms. Anita says that she underwent complication during her pregnancy and wanted to go for Sonography to see if her baby is normal. She went to PHC for getting the Sonography done, but she was referred by Medical Officer (Dr. Wadhawan) to the District hospital in Dausa. She was refused for the same even at the district hospital since she did not have the voters ID card as a necessary identity proof. She had her college ID card and her husband's voter ID card along with marriage registration, which she showed in the district hospital but these did not work for her. On the other hand, her complications were worsening and she was facing excessive bleeding. She informed of the same to CDR and sought support from the organisation.

Seeing her condition, Mr. Gopal Verma of CDR along with her husband, Mr. Prem Chand Bairwa went to meet medical officer, PHC Bhandarej and even Deputy Chief Medical Health Officer (Dr. O.P Bairwa). The condition of Anita and criticality of the case was explained to both of them, and upon much insistence, Mr. O.P Bairwa wrote a letter to the Radiologist, Smt. Abha Jain for doing the Sonography test of Anita. Ms. Anita took this letter and went for the necessary test, which was possible now. She was also satisfied with the advice given by doctor post-test. Ms. Anita says that when a woman in urban area can have easy access to the crucial health services like Sonography, without any requirement of ID card, why is there a discrimination with the women in rural areas?

It was possible for Ms. Anita to avail timely service since she kept questioning the system and demanded response from the same. When system did not respond, she found alternative sources to raise her relevant questions and meet the demands. It is when people like Anita raise their relevant demands, that the system is bound to respond.
निता दीना की बर्बरता प्राम पंचायत टंड कर दिनता राहूस संस्था के हस्तक्षेप के में से एक क्षेत्र है। निता एवं मुलन,एक एक, प्राम के संस्थान के सिद्धान्त में पंचायतों के संघ अंतरांतर संगठन के कार्यक्रम चला है। इस प्राम राहूस तीन लोक निकायों नाम के व्यवस्था उस संगठन के व्यवस्था से सच्ची संबंध मात्र व्यवस्थाएं एवं विकल्प व्यवस्थाओं के व्यवस्थाएं र्घर निर्माण करना है।

सी.एम.एस. भारत चौधरी के बारे में दीना जा सकता है। सी.एम.एस. ने निकटतम जिला सरकार के स्वास्थ्य सेवाओं को कृतिकारिता के लिए गया है तथा उन्होंने संस्था के अन्य कई चिंताएं जल्दी ही। कई उपयोगकर्ताओं में से एक, उपयोगकर्ता 22 (पंडित नरेन्द्र मोदी) में दीना जा सकता है। 

निता की दोस्त कहती है कि वह देश के मुख्य अध्यक्ष के हस्तक्षेप की व्यवस्था से निरक्त है। इस व्यवस्था के मुख्य अध्यक्ष के हस्तक्षेप की निरक्त की निरक्त की व्यवस्था से निरक्त है। इस व्यवस्था की महिलाओं के लिए निरक्त की निरक्त की व्यवस्था से निरक्त है। इस व्यवस्था की महिलाओं के लिए निरक्त की निरक्त की व्यवस्था से निरक्त है। इस व्यवस्था की महिलाओं के लिए निरक्त की निरक्त की व्यवस्था से निरक्त है।
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**Questioning as a First Step to Initiate System Response: Case of Ms. Anita**
Udaypuria Gram Panchayat is around 40 kilometer away from Jaipur headquarter and 10 kilometer from Chauma Tehsil. Its population is around 11500. This Panchayat mostly comprises of scheduled caste. There are 17 wards and present Sarpanch Shri Ram Swarup Saukariya is elected on a general seat. He pays attention on the development of village especially that of public health. Before the Panchayat elections, condition of sub-health center was not good roof was leaking in rainy season, and there was no arrangement of electricity.

PRIA organised orientation of Panchayat representatives and members of Village Health Sanitation and Nutrition Committee (VHSNC), and there was discussion on the health issues in Panchayat and gender based discriminations. This motivated the Sarpanch and he started attending meetings VHSNC every month. He even appointed two women ward panches as the members of the committee. Utilization of untied fund has been possible due to regular meetings and prioritisation of issues during these meetings. Weight measuring machines, blood pressure machine, Chair-table, mat etc to four Anganwadi Kendra have been purchased by the untied funds of VHSNC. This has helped ANM in immunization and services related to pre and post delivery.

VHSNC and Panchayat Collaborated to Improve Health Services

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List of VHSNC Members
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In one other incidence, a ward of the village comprises of majority of scheduled castes and used to urinate in open due to lack of toilets. This issue was discussed in community meeting and decision was taken to construct a community toilet in the ward. It was decided that community should be involved in the construction and asked for some contribution. With the efforts of Panchayat and VHSNC; toilet was constructed in the SC hamlet. Almost hundreds of families are taking the service. It involved an expenditure of Rs. 18,000 out of which 8000 rupees were contributed by community and the rest was borne by Panchayat.

Services of maternal health and child nutrition etc. are being provided by the committee members which has significantly improved the services such as:-

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<tr>
<td>Total ANC</td>
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<td>170</td>
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The above mentioned data show that services have been improved. The sarpanch has taken commendable initiatives. He also directed Aganwadi workers and ASHA to provide regular information to Panchayat about total ANC, PNC, Marraige, boy-girl birth and death. Immunization has also been achieved 100% here due to this collaborative efforts. Shrimati Chandra Kanth Vyas, ANM has become more sensitive and aware to render her services with the support of VHSNC members and Panchayat.

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Converging Actions to Improve Maternal Health Services

Role of Panchayats in Rajasthan

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