Preface

Patriarchy and Caste based discriminations have historically been two of the most concerning concerns in achieving desired levels of socio-economic development in India. Rajasthan is a state where Caste and Gender issues have much influencing powers. Atrities 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 concern, 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 to 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
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 health systems and practices, Panchayats in their tiny spaces are striving to promote gender equities 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 Kumar, Praneeta Srivastava and Santosh Kaushal authored the cases. Finally thanks to Krishnan Tyagi, Priyanka Dale, Prakash Pathak and Naeem Khan for being part of the team who have worked on this project.

December 2012

Manoj Rai
Director - PRIA
December 2012

Manoj Rai
Director - PRIA

Committee- standing committee of GP) VHSNC (Village Health Sanitation and Nutrition Committee under the National Rural health Mission scheme of the government), Youth Groups, Women Groups, Health Workers, NGOs and CBOs.

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 systems and practices, Panchayats in their tiny spaces are striving to promote gender equity 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 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 Kumar, Praneeta Srivastava and Santosh Kaushal authored the cases. Finally thanks to Krishan Tyagi, Priyanka Dale, Prakash Pathak and Naeem Khan for being part of the team who have worked on this project.

December 2012

Manoj Rai
Director - PRIA

42, Tughlakabad Institutional Area, New Delhi - 110 062
Tel. : +91-11-2996 0931-33      Fax : +91-11-2995 5183
E-mail : info@pria.org Website : www.pria.org

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 systems and practices, Panchayats in their tiny spaces are striving to promote gender equity 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 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 Kumar, Praneeta Srivastava and Santosh Kaushal authored the cases. Finally thanks to Krishan Tyagi, Priyanka Dale, Prakash Pathak and Naeem Khan for being part of the team who have worked on this project.

December 2012

Manoj Rai
Director - PRIA

42, Tughlakabad Institutional Area, New Delhi - 110 062
Tel. : +91-11-2996 0931-33      Fax : +91-11-2995 5183
E-mail : info@pria.org Website : www.pria.org
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 concern, 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 Commission) of the state government which have played a vital role in the implementation of this project.
Pre-Election Voters Gender Awareness Campaign was launched by PRIA 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 and Social Justice and Social Welfare Committee). 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 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.

December 2012
Nishu Kaul
Programme Officer, PRIA

---

Strengthening Gender Responses of Panchayats in Rajasthan (SGRPR)

Pre-Election Voters Gender Awareness Campaign was launched by PRIA 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 and Social Justice and Social Welfare Committee). 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 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.

December 2012
Nishu Kaul
Programme Officer, PRIA

---

1 SGRPR – Strengthening Gender Response of Panchayats in Rajasthan is a collaborative initiative of PRIA and CSO Partners in almost 21 districts of Rajasthan, aiming at reduction of maternal mortality and sex selection through local governments. It’s a three year project, funded by UNFPA.

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

3 Village Health Sanitation and Nutrition Committee is a village level committee, mandated to be constituted under NRHM at every revenue village and consists of health workers (ANM, Anganwadi worker, ASHA, community health worker), Panchayat representatives (Sarpanch, Ward Panch) and active social workers to provide the health, sanitation and nutrition services to people.

4 SJSWC (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 VHSNCs, 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 VHSNC 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 VHSNCs**.

3. **Local Supply Side Active:** Regular and informed meetings of VHSNCs 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 VHSNCs.

5. **VHNSC taking lead in initiating the participatory health planning at village level in collaboration with SJSWC of Gram Panchayat.**

6. **Institutionalization of Demand:**
   - Draft plan prepared by the VHSNC and SJSWC and owned by respective Gram Panchayat.
   - Gram Panchayats ‘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.

7. **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)

8. **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.

9. **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.

10. **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.

11. **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.
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 VHSNCs, 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 VHSNC 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 VHSNCs**.

3. **Local Supply Side Active:** Regular and informed meetings of VHSNCs 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 VHSNCs.
   - VHSNC 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 VHSNC 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.
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.

December 2012

Nishu Kaul
Programme Officer, PRIA

---

**Strengthening Gender Responses of Panchayats in Rajasthan (SGRPR)**

Pre-Election Voters Gender Awareness Campaign was launched by PRIA1 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 Committees2 and Social Justice and Social Welfare Committee3). 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
राजस्थान में जेंदर उत्तरदायी पंचायतों का सशक्तिकरण—एसजीआरपीआर’ परियोजना

जेंदर (लिंग घराने, वात्सवधार, भोजर्थ और दलित महिलाओं के साथ हिस्सा) को युनाइटेड एक महत्वपूर्ण विकासात्मक मुद्दा बनाने हेतु राजस्थान में जेंदर 2010 में प्रिया द्वारा ‘पुण्य सीढ़ी मानसिक विश्वास अभियान’ चलाया गया था। इससे यह बात सामने आई कि पंचायतों के पास लोकतन्त्री उपाधि पर कार्य करने की क्षमता है तथा दीर्घकालिक उद्योग के लिए पंचायतों, नगर समाज और यहाँ तक कि सरकारि स्तर में लोकतन्त्री के हस्तक्षेप जरूरी है। यह प्रयास राजस्थान में जेंदर उत्तरदायी पंचायतों का सशक्तिकरण परियोजना के रूप में उद्घाटित हुआ।

SGPR बॉयल द्वारा नियुक्त प्रशिक्षित विभागों ने अपने लम्बवटुक इंतजार और शिक्षा (प्रामुख्य, प्रायोगिक स्वास्थ्य, उपचार और उपचार स्वास्थ्यीय विश्लेषण शिक्षा) के माध्यम से मात्र स्वास्थ्य और लिंग घराने से संबंधित सुधार पर व्यापक कार्य करने की योजना है। जेंदर पंचायतों ने अपनी सबसे पहली समाजीय लोकतन्त्री नेशन की रूप से साझेदार संस्थाओं को प्रशिक्षण दिया। इस समस्त स्वास्थ्य योजनाओं ने लोकतन्त्री सरकारों को प्रशिक्षण प्रदान, प्रतोतक बनाए और लोकतन्त्री योजना को प्रशिक्षित करने उन्हें जेंदर उत्तरदायी पंचायतों में संपादन दिया, जिससे लोकतन्त्री स्तर पर उच्चतम की तलाश है। प्रामुख्य पंचायतों में से मिली सीधे और विकासको प्रकार, जिला और रायन स्तर पर प्रतिस्थापित किया गया, जिससे अनुमोदन युग स्तर सम्बंधित थे, जैसे— रूपांतरण और उपचार विश्लेषण से संबंधित जनसंख्या हिस्टोरियां को नहीं कर जाती है, लिंग और स्वास्थ्य से मुद्दों में सरकारियों की रूप में उच्चतम सेवा।

VHNSC के लिए नियम प्रेक्षा का अभिनय दिशा, अंतर्दृष्टि और उद्योगों को भिंत हड़ताल का नियम करने जा रहा है।

इस रूप में, यह परियोजना एक टॉप पंचायतों को SJSWC, VHNSC और नगर समाज के विश्व स्वास्थ्य स्तर की संस्थाओं के साथ अपने उपस्थिति को व्यापक करने वाला लिंग पंचायत से मुद्दों पर कार्य करने हेतु संबंधित और योग्य बनाती है।

यह पूरीता तरीका, ठीक, जितना और राज की पूरी तात्पर्य की प्रति को ग्रस्त संस्थाओं/स्वास्थ्य सरकारों के बीच पतीक्षा तथा अवधारण रूप से अनेक वैकल्पिकों के अंतर्गत प्रयोग करता है।

1 राजस्थान सरकार में जेंदर उत्तरदायी पंचायतों का सशक्तिकरण परियोजना के लागरिथम 31 मई 2010 को चार हजार करोड़ रुपये के अनुसार सक्षम किया गया।
2 VHNSC के लिए विश्व स्वास्थ्य स्तर के साथ स्वास्थ्य सरकारों के साथ संबंधित योजना को प्रस्तावित करने वाला एक शासनीय स्तर है।
3 VHNSC के लिए विश्व स्वास्थ्य स्तर के साथ स्वास्थ्य सरकारों के साथ संबंधित योजना को प्रस्तावित करने वाला एक शासनीय स्तर है।
4 स्वास्थ्य उपचार और लोकतन्त्री शिक्षा।

निशु, कौल,
कार्यकर्मी अधिकारी, प्रिया

नवम्बर 2012

प्रिया
1. पंचायतों के लेखिक उत्तरदायित्व के लिए प्रशिक्षित और सहकर्मी संबंधी न्यायशास्त्र वहस्तक के लिए निर्धारित है: हराओन के व्याख्यानों में जो पंचायताओं और ग्राम निवासियों पर निर्भरित प्रशिक्षण, VHSNC NGO के साथ, स्वास्थ्यकर्मियों को लेखिक पृष्ठ पर कृतित वर्ग और वार्षिक योजना के लिए लिखित संबंधी माहौल उपलब्ध कराया।
   - 2580 निर्धारित निर्धारित को लिखित चरणों में प्रशिक्षित किया गया।
   - 3154 VHSNC सरकार
   - 700 CBOs को प्रशिक्षित एवं कार्यरत किया गया।

2. प्राम पंचायतों में सीखने वालों की प्राकृतिकता: प्राम सरकार एवं पंचायत की बैठकों की कार्यवाही (एड्डा) में मातृ स्वास्थ्य तथा लिखित प्रशिक्षण के मुद्दे पर विशेष महत्त्व प्रदान करें।
   - गोविंदानंद निम्नलिखित इंटरव्यू की तारीख पंचायत खस्तियों के एक बड़े निम्न में प्रकाशित होती है।
   - वाजस्थान के नामांकन निम्नलिखित में किया गया पंचायत घर ने नवनिम्न कपड़े के मातृ-निम्न को बाँध के पर बनायी करने की प्राम प्रारंभ की।

3. सहकर्मी स्वास्थ्यी अनुमोदन पह: प्राम द्वारा पूरा स्वास्थ्य मुद्दे के लिए हराओन के व्याख्यानों में VHSNC को निर्धारित और सुनिश्चित बैठक-विकास सिद्धांत का सम्बन्धित उपयोग, पंचायतों के साथ जुड़ना तथा स्वास्थ्य सेवा प्रदान।

4. मीन और अनुभाग पह: के बीच स्वास्थ्य संबंधी संरचना:
   - सामाजिक व्याप्त और समग्र कार्ययोग्यता निम्नांकित (SJSWPC-सामाजिक व्यापार इकाइयों के लिए उत्तरदायी पंचायत की स्वास्थ्य संरचना तथा इसके संबंध VHSNC के साथ कार्ययोग्यता संरचना।
   - SJSWPC के लिए सेवकों ने VHSNC प्रांत स्वास्थ्य नियोजन की पहल करने में आगे बढ़ाया जा रही है।

5. मीन का संस्थानीकरण:
   - VHSNC तथा SJSWPC द्वारा प्राम स्वास्थ्य वैद्यकीय की गई तथा संबंधित प्राम पंचायतों ने इसकी निम्नांकित है।
   - वर्ष के दौरान प्राम पंचायत ने स्वास्थ्य योजना की स्वास्थ्य प्रक्रिया के लिए प्राम स्वास्थ्य (सारांश प्राम पंचायत के अनुसार संस्थान द्वारा संबंधित उपजायक) ने प्राम सन्यास के साथ प्रस्तुत किया।
   - उपयुक्त संस्थान के दौरान प्राम स्वास्थ्य योजना की वैध सहभागी स्वास्थ्य योजना बनाने के लिए इन्हें स्वास्थ्य को मंगी दी गई।

6. प्राम पंचायतों में आपूर्ति का पहल की: प्राम पंचायतों ने विकिनियों योजनाओं के अन्तर्गत उपयोग स्वास्थ्य वेतनां के प्राप्त करने के लिए विषय का संस्थानीकरण आरंभ किया।

7. आपूर्ति तंत्र के साथ संबंध के लिए निर्देशित जुड़वां: प्राम पंचायतों ने जिला स्वास्थ्य समिति जैसी सरकारी स्वास्थ्य संस्था प्राप्त, जिला स्वास्थ्य एवं पंचायतों के कार्यालयों से संस्थान स्वास्थ्य के लिए मानव सेवा परिसरों से संपर्क किया।

8. पंचायत तथा स्वास्थ्य विभागों के बीच सहयोग के लिए जिला स्वास्थ्य एवं एड्डा: पंचायतों द्वारा वैद्यकीय की गई स्वास्थ्य योजनाओं के जिला के प्रारंभ में संबंधित रूप से प्रभावित किया। इसमें सहयोग के लिए एक अत्यंत महत्वपूर्ण कार्यक्रम की प्रारंभिक अनुमति किया।

9. आपूर्ति यह से स्वास्थ्यी अभियान किया: एवं एड्डा के दौरान तथा वैद्यों भी स्वास्थ्य बिक्री एवं निजी स्वास्थ्य नेतृत्व ने एवं वैश्विक एवं एड्डा अनुसार उपयोग स्वास्थ्य वेतनां के लिए विज्ञापन का दौरान प्राम स्वास्थ्य योजना के निजी माहों के कृतिक अध्ययनों का बढ़ाया।

10. लेखिक उत्तरदायी के संस्थानीकरण के महत्वपूर्ण निर्देश: निम्नलिखित निम्नलिखित की स्वास्थ्य का है जीती है कि हम ऐसे परिवार पर चुड़ौतां हैं जो स्वास्थ्य स्वास्थ्य स्वास्थ्य स्वास्थ्य क्रिया का कार्यान्वयन निर्धारित बनाने हेतु स्वास्थ्य उपयोग एवं सम्बन्धित नीति परिवर्तन के लिए राज्य स्तर पर दर्शाया गया।
राजस्थान में जेंडर उत्तरदायी पंचायतों का सशक्तिकरण-एजुजीआरपीआर' परियोजना

जेंडर (लिंग बचाव, बाल विकास, देहर और दलित महिलाओं के साथ हिस्सा) को बुनने में एक महत्वपूर्ण विकासाध्य क्षेत्र बनाने हेतु राजस्थान में जय 2010 में दिया। हालांकि पंचायतों का बनाने और स्थापित करने के लिए विभिन्न संस्थाओं ने काम किया। इस परियोजना के तहत पंचायतों का स्थापना और कार्य करने की योजना रचना की गई है।

SGRPR कार्यक्रम के द्वारा निर्मित प्रतिभागियों ने अपने लम्पोपालिक संगठनों और सरकारी (ग्राम सभा, महानगर स्वास्थ्य स्वस्थता और नगरण सरकारियों तथा सामाजिक न्याय एवं सामाजिक कल्याण संस्थानों) के माध्यम से राय ट्रस्ट और लिंग कार्य के संबंध में कार्य करने की प्रेरणा है। पंचायतों ने अपनी सरकारी सामाजिक पहलों को भी जागरूक किया।

VHSGC के लिए निर्देशन का अभ्यास करने के लिए इन प्रत्याशियों के साथ ऑफिसर कार्यक्रम ने बालपंचायतों के साथ सहयोग किया।

इस परियोजना के तहत पंचायतों का एसजीएसवी, VHSGC और नागरिक समाज को निर्माण करने के लिए लिंग और स्वस्थता के साथ कार्य करने हेतु संस्थानीय और फर्मान बनाने हेतु राजस्थान में एक समन्वय का निर्माण करने का दिशा प्रदान किया।

1. राजस्थान सरकार में जेंडर उत्तरदायी पंचायतों का सशक्तिकरण परियोजना के लिए निर्माण 21 दिसंबर के शासकीय संस्थानों में जेंडर उत्तरदायी पंचायतों के लिए पंचायत की तृतीय दृष्टि हेतु बुनने का लिंग बचाव करने के लिए उपयोगी तरीकों ने साक्षरता के लिए बुनने के लिए उपयोगी तरीके है।

2. डिप्टी, साइकसल कॉर्पोरेट प्रतिष्ठित सत्र में दिखाया लिंग चिकित्सा-वैकल्पिक और महामारी विकास का महत्वपूर्ण मार्ग बनाने के लिए आयोजित किया गया।

3. ग्रामीण स्वास्थ्य विभाग और लिंग बचाव का.

4. सामाजिक न्याय एवं सामाजिक कल्याण संस्थानों
Contributor Team

1. Ms. Nishu Kaul, Programme Officer, PRIA – New Delhi
2. Mr. Dhirendra Kumar, Programme Officer, PRIA – Jaipur
3. Ms. Praneeta Devi Srivastava, Programme Officer, PRIA – Jaipur

With supports from
Mr. Santosh K. Kaushal, Project Manager, PRIA – Jaipur

And under overall guidance of
Mr. Manoj Rai, Director, PRIA

Co-Contributors of the Case Studies:
1. Ms. Rekha Kumawat, Panchayat Resource Center, Govindgarh
2. Mr. M.P. Chodhary, Society for Human Dignity and Rights, Hanumangarh
3. Ms. Manzoor Begum, Sangam Matri Sasthan, Bikaner
4. Mr. Kodar Lal, Pragati Gramin Vikas Sewa Sansthan, Banswara
5. Mr. Rakesh Fojdar, Kevla Dev Research Foundation, Bharatpur
6. Mr. Manhoar Lal, Society for Advocacy, Research and Action, Sawai Madhopur
7. Mr. Brijmohan, Aryan Sansthan, Baran
8. Mr. C. B. Sharma, Gramin Rajya Vikas Abhiyan, Jhalawar
9. Mr. P.L. Mimroth, Centre for Dalit Rights (CDR), Dausa
**सहयोगी टीम**

1. सुनील निसर, कौंसलर, कार्यक्रम अधिकारी, प्रिया, नई दिल्ली
2. श्री पीयूष बूमर, कार्यक्रम अधिकारी, प्रिया, जयपुर
3. सुनील ग्रामीण देवी, दीर्घास्त, कार्यक्रम अधिकारी, प्रिया, जयपुर

**सहयोग**

- संयुक्त कौशल, कार्यक्रम प्रबंधक, प्रिया, जयपुर

**पूर्ण गर्भधर्म**

- मनोज राय, निदेशक, प्रिया, नई दिल्ली

**कौशल स्तरीय क्षेत्रीय सह-सहयोगी:**

1. सुनील रेखा तुम्मवाले, पंचायत संस्थान कंडेन, गोविंदपुर
2. श्री एम. नील, लोकसमाजी कार्यकर्ता, गोविंदपुर और रायहाट, हनुमानगढ़
3. सुनील मंदिर वेम्म, सांगम मैं, संस्थान, बीकानेर
4. श्री कौदर जलकार, प्रगति तोमरी विकास सेवा संस्थान, बंसवाड़ा
5. श्री राकेश कौडार, केंद्रीय डेवलपमेंट अथर्वेत, नशिक
6. श्री मनोहर लाल, सोसाइटी कार्यकर्ता, सिलेंडर और एक्सेस, सावाई तम्रपुर
7. श्री राजस्तान वेंडिंग, लीगसंस्थान सहयोग संस्थान, जैसलमेर
8. श्री बुधभूमन, सोसाइटी कार्यकर्ता, ऑस्ट्रेलिया केंद्र, बीकानेर
9. सुनील सुनील बौद्धिक, आयुक्त जलकार, आयुक्त जलकार और जलसेवा के लिए, सारसागर
10. श्री गंगा लाल, आयुक्त संस्थान, ब्राह्मण
11. श्री. भारत, मामलायों विकास एवं प्रशिक्षण संस्थान, ज्ञातिस्वार
12. श्री जयचंद्र चौहान, विशेष विशेष ज्ञातिस्वार, केंद्र प्रबंधक संगठन, झुकुश
13. श्री. प्रीति, एन्ड मामलों, रंगडर कॉर्स, रंगडर और जलकार (सी.आर.आर.), दोसा

**Abbreviations**

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

**List of Partner Organisations**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS</td>
<td>Aryan Sanstha</td>
</tr>
<tr>
<td>CDR</td>
<td>Center for Dalit Rights</td>
</tr>
<tr>
<td>GVP</td>
<td>Gramrajya Vikas Auvn Parshikshan Sansthan</td>
</tr>
<tr>
<td>KDF</td>
<td>Kevla Dev Research Foundation</td>
</tr>
<tr>
<td>PVGS</td>
<td>Pragat Gramin Vikas Sewa Sansthan</td>
</tr>
<tr>
<td>SHDR</td>
<td>Society for Human Dignity and Rights</td>
</tr>
<tr>
<td>SMS</td>
<td>Sangam Matri Sastha</td>
</tr>
<tr>
<td>SARA</td>
<td>Society for Advocacy, Research and Action</td>
</tr>
<tr>
<td>SKSS</td>
<td>Seemant Kahan Shayog Sansthan</td>
</tr>
<tr>
<td>SARD</td>
<td>Society for All Round Development</td>
</tr>
<tr>
<td>SAMPRC</td>
<td>Social Action &amp; mobilization Participatory Rural Community</td>
</tr>
<tr>
<td>SRKPS</td>
<td>Sikshiti Rogjar Kendra Prabhandak Samiti, Jhunjhunu</td>
</tr>
</tbody>
</table>
Contributor Team

1. Ms. Nishu Kaul, Programme Officer, PRIA – New Delhi
2. Mr. Dhirendra Kumar, Programme Officer, PRIA – Jaipur
3. Ms. Praneeta Devi Srivastava, Programme Officer, PRIA – Jaipur

With supports from
Mr. Santosh K. Kaushal, Project Manager, PRIA – Jaipur

And under overall guidance of
Mr. Manoj Rai, Director, PRIA

Co-Contributors of the Case Studies:
1. Ms. Rekha Kumawat, Panchayat Resource Center, Govindgarh
2. Mr. M.P. Chodhary, Society for Human Dignity and Rights, Hanumangarh
3. Ms. Manzoor Begum, Sangam Matri Sasthan, Bikaner
4. Mr. Kodar lal, Pragati Gramin Vikas Sewa Sansthan, Banswara
5. Mr. Rakesh Fojdar, Kevla Dev Research Foundation  , Bharatpur
6. Mr. Manhoar Lal, Society for Advocacy, Research and Action, Sawai Madhopur
7. Mr. Bharat Lal, Aryan Sansthan, Baran
8. Mr. C. B. Sharma, Gramrajya Vikas Auvm Parshikshan Sansthan, Jhalawar
9. Mr. Rajan Choudhary, Sikshil Rogiar Kendra Prabhandaak Samiti, Jhunjhunu
10. Mr. P.L Mimroth, Centre for Dalit Right (CDR), Dausa
सहयोगी टिम
1. सूची निर्माता, कार्यकर्म अफिकरी, प्रिया, नई दिल्ली
2. श्री पीरेंद्र कुमार, कार्यकर्म अफिकरी, प्रिया, जयपुर
3. सूची प्रणीता देवी सीमासतान, कार्यकर्म अफिकरी, प्रिया, जयपुर

सहयोग
श्री संतोष कीर्ति, कार्यकर्म प्रबंधक, प्रिया, जयपुर

पूर्ण मार्गदर्शन
श्री मनोज राय, निदेशक, प्रिया, नई दिल्ली

कृतिव रणजीत के सह-सहयोगी:
1. सूची रेखा कुमार, पंचायत संस्थान कॉन्सल्टेंट, गोविंदनगर
2. श्री एम. पी. चौधरी, सोसाइटी कीर्ति, संस्थान के विभागीय निरीक्षक, मुंबई
3. सूची मंडुर भैरो, संस्था मैं, संस्थान के दोषी, जयपुर
4. श्री कोहरा शर्मा, प्रार्थना तथा विभागीय सेवा के संस्थान, बंगाला
5. श्री राकेश कोहरा, कॉन्सल्टेंट दर्शन विचार कार्यालय, नगरपालिका
6. श्री मोहनदास शर्मा, सोसाइटी कीर्ति, एक्सेवर, राष्ट्रीय, राष्ट्रीय नवाबुद्धि
7. श्री निकाहदन देश्वर्त, तीमंत्री निमंत्रण संस्थान, जैनलम
8. श्री मेहरा शर्मा, सोसाइटी कीर्ति, ओलिय चूड़ा, देल्ही, प्रिया
9. सूची सुमिता वैष्णव, शरणार्थ एक्सिओ मोबिलिएशन पार्टिसीपेटर सरक्षित, गृहपति, जयपुर
10. श्री भरत शर्मा, आर्थिक संस्थान, ब्रज
11. श्री श्री. श्री. रामराम, वाराणसी विकास एक्सिओ प्रतिभाग संस्थान, ब्रह्मवत्ता
12. श्री राजन चौधरी, विक्रम शरणार्थ एक्सिओ सामंत, त्रिपुरा
13. श्री पी. एवं. निमंत्रण, सीमांत फॉर सेवा राजस्थान (सी.एस.एस.), दीपा

भारतीय संगठन संयोजन

List of Partner Organisations

AS
Aryan Sanstha

CDF
Center for Dalit Rights

GVP
Gramalaya Vikas Avaan Parshikshan Sansthan

KDF
Kevla Dev Research Foundation

PVG
Pragati Gramin Vikas Sewa Sansthan

SRHD
Society for Human Dignity and Rights

SAP
Sangam Matri Sansthan

SARA
Society for Advocacy, Research and Action

SKSS
Sikshat Kahan Shyog Sansthan

SARD
Society for All Round Development

SAMPREC
Social Action & mobilization Participatory Rural Community

SRKPS
Sikshat Rogjar Kendra Prabhandak Samiti, Jhunjhunu

Abbreviations

ANM
Auxiliary Nurse Midwife

ASHA
Accredited Social Health Activist

AWW
Anganwadi Worker

AWC
Anganwadi Center

BDO
Block Development Officer

CBM
Community Based Monitoring

CBO
Community Based Organisation

CDPO
Child Development Project Officer

CHC
Community Health Center

CMHO
Chief Medical and Health Officer

DC
District Collector

DDT
Dichlorodiphenyltrichloroethane

ER
Elected Representative

GP
Gram Panchayat

GS
Gram Sabha

MCHN
Mother and Child Health Nutrition Day

MLALAD
Member of Legislative Assembly Local Area Development Fund

NGO
Non-Governmental Organisation

NRHM
National Rural Health Mission

PHC
Primary Health Center

PRIA
Society for Participatory Research in Asia

SC
Sub Center

SGPRP
Strengthening Gender Response of Panchayats in Rajasthan

SHG
Self Help Group

SSJC
Social Justice and Social Welfare Committee

TFC
Twelfth Finance Commission

TSC
Total Sanitation Campaign

UNFPA
United Nations Fund for Population Control

VHSNC
Village Health Sanitation and Nutrition Committee

42, दुल्लूलालका एसटीजीप्यूर एनर्गा, नई दिल्ली – 110 062
फोन: 011-2955 5183
www.pria.org
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 been working 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 (VHSNC)”, 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 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 untied 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

Vibrant VHSNC and Strong Voices of Community Pressurize Government to Improve Primary Health Care Facilities

Chaith 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).

A 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 been working 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 (VHSNC)”, 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 untied 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 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).

A 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 been working 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 (VHSNC)”, 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 untied 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
health care with the PHC. These issues were raised very strongly during the health planning exercise, undertaken by the GP and VHSNC with technical support of SARA.

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 service besides other basic facilities have been approved for the CHC as per the standards.

Ministerial intervention was also because of the strong voices from the community to demand 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 service 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 VHSNC committee facilitated formation of 5 VHSNC’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 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 service besides other basic facilities have been approved for the CHC as per the standards.

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 service 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 VHSNC committee facilitated formation of 5 VHSNC’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 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 service 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 VHSNC committee facilitated formation of 5 VHSNG’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 health facilities. This was possible because of increased and audible community voices. 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 because of the strong voices from the community to demand 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 of Social Justice and Empowerment to the GP catalysed the Visit of Mr. Ashok Bairwa, the strong voices from the community to demand 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 of Social Justice and Empowerment to the GP catalysed the Visit of Mr. Ashok Bairwa, the strong voices from the community to demand 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 of Social Justice and Empowerment to the GP catalysed the Visit of Mr. Ashok Bairwa, the strong voices from the community to demand 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 of Social Justice and Empowerment to the GP catalysed the Visit of Mr. Ashok Bairwa, the strong voices from the community to demand 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 of Social Justice and Empowerment to the GP catalysed the Visit of Mr. Ashok Bairwa, the strong voices from the community to demand 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 of Social Justice and Empowerment to the GP catalysed the Visit of Mr. Ashok Bairwa, the strong voices from the community to demand 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 of Social Justice and Empowerment to the GP catalysed the Visit of Mr. Ashok Bairwa, the strong voices from the community to demand 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 of Social Justice and Empowerment to the GP catalysed the Visit of Mr. Ashok Bairwa, the strong voices from the community to demand 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 of Social Justice and Empowerment to the GP catalysed the Visit of Mr. Ashok Bairwa, the strong voices from the community to demand 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 of Social Justice and Empowerment to the GP catalysed the Visit of Mr. Ashok Bairwa, the strong voices from the community to demand 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 of Social Justice and Empowerment to the GP catalysed the Visit of Mr. Ashok Bairwa, the strong voices from the community to demand 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 of Social Justice and Empowerment to the GP catalysed the Visit of Mr. Ashok Bairwa, the strong voices from the community to demand better health services at PHC and during his visit the issue was raised vehemently by the community and Committee members.
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 been actively working 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 (VHSNC)”, 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 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 untied 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

---

1 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.
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 committee of the Anganwadi Centre took it up.

Community Demand Leads to Construction of the Anganwadi Center

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 committee of the Anganwadi Centre took it up.
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.

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.

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.

42, Tughlikabad Institutional Area, New Delhi - 110 062
Tel. : +91-11-2996 0931-33 Fax : +91-11-2995 5183
E-mail : info@pria.org Website : www.pria.org

Hamirpur village in Himachal Pradesh, 2011, by Usha Garg, as part of VNSC Project.
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 failing 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.

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 failing less to complete the construction. The construction of the anganwadi center of Noupura was completed by June 2012.

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.
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

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
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 (ANN, 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.
- Cleanliness 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.

42, Tughlakabad Institutional Area, New Delhi - 110 062
Tel.: +91-11-2996 0931-33 Fax: +91-11-2995 5183
E-mail: info@pri.org Website : www.pria.org
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 Kumataw 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.

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.

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.
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
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 Redhah 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.

Redhah 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 the community felt that she is not delivering the services appropriately and should be transferred.

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
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 harasing 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.
स्वास्थ्यकर्मी को सामुदायिक सहायता से
सेवाओं को बेहतर बनाने में मदद गिली

लिखित की सहयोगी संस्था ए.एस.एच.डी. (सोसाइटी फॉर ऑफ रॉयल्टेंट केमोग्राफी) निर्देशिका में प्राचीनकों को शिक्षा एवं स्वास्थ्य मुद्दों से जोड़ने एवं इन समस्याओं को स्वयंवर स्वतंत्र स्वास्थ्य प्रणाली का नियामक बनाने के लिए उनकी भूमिका बढ़ाने का कार्य करती है। यह संस्था रोगी रुकवाने के लिए शिक्षा रूप में स्वास्थ्य रुकवाने के लिए और समुदाय को संबंधित काेलों को प्रेरित करने एवं समुदाय के स्वास्थ्य अधिकृतों को अपने जीवन में स्वास्थ्य अतिक्रमण को क्रयान्दय नाकाम निरस्त करने के लिए कार्य करती आ स्थानीय है। प्राचीनकों एवं स्वास्थ्य तथा स्वास्थ्य सम्प्रदाय की स्वास्थ्य निम्न और स्वास्थ्य संस्कृति में मिलने मिलने जुड़ता सहायता उपाय करती जाती है।

रेखाकार पंचायत समिति में कुल 37 प्राचीनकों है। इसमें से सातवाकार प्राचीनकों इस पंचायत समिति के संस्थान क्षेत्रों में से एक है। संस्था स्वास्थ्य एवं लिखित प्रथम निर्मल गणना करके है। इस संस्था ने पाया कि गाँव राजनारायण का स्वास्थ्य संस्कृति के मामलों में प्रदर्शन रखते हैं तथा समुदाय स्वास्थ्य एवं पंचायत का पारित कन अभिमानित है। ए.एस.एच. ने रुकवाने दूसरे आम आदिवासी क्षेत्र का जीवन भर जीने वाले और दुरस्थकर्मी अभियान रूप से समुदाय पुरस्कार के तरह से सादृश्य प्रदान करने वाले का कार्य फिर ए.एच. की ताजावाद नहीं है। प्राचीनकों का उप-स्वास्थ्य केंद्र दूसरे क्षेत्र में सिधांत है तथा स्वास्थ्यकर्मी के रूप में मिश्रित सूची समन्वय कोर (बहादुर हुआ नाम) अधिकारिक घोषित है। स्वास्थ्यकर्मी के एक रूप से द्वीप उपर कोर शामिल किया जा रहा था। ये एक रूप स्वास्थ्य केंद्र के बाहर रहने थे तथा उस मिश्रित पर दूसरे दिन रहने थे। ये एक रूप स्वास्थ्य केंद्र में मिला है दूसरे दिन वाला अधिकारी कोर बनाया। इससे स्वास्थ्यकर्मी का घर निःशुल्क तथा रेखा उपर रहना हो गया था और उसके हमले से शास्त्र देने का मन बना लिया था।

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-pelves 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.
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 the community felt that she is not delivering the services appropriately and should be transferred.

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
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.

Community Contribution for Health and Sanitation Needs in Absence of Institutional Funds

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.
सारा संस्था की तकनीकी सहायता के माध्यम से इस राज्य का कहीं एक-एक गांव वाले भुगतान स्थीति बहुत संरक्षित है। सी.एच.एस.एन.सी. के दिशा निर्देशनों के अनुसार इस समय को प्रतिष्ठा देने वाले दान वाले युग्मन्य समिति व निर्धारण के युग्मन्य समिति के निष्पादन स्थीति निर्धारण के तत्त्व है। इस समय को अभय द्रष्टि दान होने के माध्यम से लोगों की जातीय रंग पर अभय द्रष्टि स्वस्थ्य एवं स्वच्छता से जुड़े कई मुद्दों का समाधान किया गया। परिप्रेक्ष्य के लिए सारा टैंक बनाए, जलीय केंद्र तथा खुदेे खाते में दक्षिणी का निर्धारण विधानकार किया जाए, आदि, विशेष एवं कृषि महानगर कार्यों में समाधान हैं। स्वस्थ्य व शान्ति युग्मन्य समिति को कृपया निष्पादन निर्धारण के अभय द्रष्टि में स्वस्थ्य एवं स्वच्छता का निष्पादन रख पाए एक समर्थन वाला होगा जो।

सारा संस्था ने स्वास्थ्य स्वरूप पर लोगों की साथ समिति की निष्पादन वेबसाइट को सुनिश्चित किया गया। गांव से सूचना वितरण स्वस्थ्य दूरी की तत्त्व को बाहर देने, साथ ही आयुक्त वार्ता को इस मुद्दों से अनुभव कराने एवं संचालन स्वरूप बनाने में भी आयुक्त रहा है। इस बुधवार पर स्वास्थ्य पर समिति के सदस्यों द्वारा उठाया गया। हालाँकि उन्हें वित्तीय रूप से कई महानगर प्रतिष्ठित नहीं है। सारा द्वारा कारोबारी द्वारा एक संचालन वेबसाइट, संचालन स्वरूप निकाय के साथ इस मुद्दों पर चर्चा की। गांव के स्वस्थ्य एवं स्वच्छता के विषय, स्वस्थ्य जिलों को समझाने हुए, संचालन स्वरूप
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 molestations could not reoccur.

The 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.
One of the significant impacts 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 eye 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 molestations could not recur. Adolescent girls' 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.
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. 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 creditibility 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.
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.

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 doing non-academic work during school hours. He informed the incident to monitoring committee members and the Sarpanch.

The next day Sarpanch and all other members went to school and the issue 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

<table>
<thead>
<tr>
<th>Name</th>
<th>CG</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mera</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Shweta</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Sangeet</td>
<td>09</td>
<td>4</td>
</tr>
<tr>
<td>Karan</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Ravi</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Rajat</td>
<td>14</td>
<td>8</td>
</tr>
</tbody>
</table>
Panchayat:
Following girls have been enrolled due to joint efforts of community monitoring committee and Gram mistress to continue their academic activities till they are present in the village. Bound to move out of village with their families due to work but Sarpanch Radha Devi urged upon to head of bridge course they were enrolled in Government Higher Secondary School. Although these girls are 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 schools by the parents. The monitoring committee, with efforts of Panchayat, identified these girls and enrolled them 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 around 129 girls on rolls, out of which 90-100 girls are seen present in the school regularly.

Another incident took place in Bhadsiya village, which was quite dis-heartening yet encouraging. 6 girls of Babri caste from Bhdasiya 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 school. Sarpanch Smt Radha Devi said that an action would be taken against the Principal by the Panchayat if girls are made to work or anything. We are afraid of madam for getting us failed or giving lesser marks. 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 told with tears in her eyes, "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 informed that, a girl named Asha Ashok said, "We are afraid of getting us failed and we are afraid of madam for getting us failed or giving lesser marks".

Sarpanch Smt Radha Devi informed 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, Mr. Sajal suggested 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.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matiya</td>
<td>11 yrs</td>
<td>4th</td>
</tr>
<tr>
<td>Puja Jagdish</td>
<td>10 yrs</td>
<td>4th</td>
</tr>
<tr>
<td>Saroj Baluram</td>
<td>9 yrs</td>
<td>4th</td>
</tr>
<tr>
<td>Asha Jagdish</td>
<td>13 yrs</td>
<td>7th</td>
</tr>
<tr>
<td>Rekha</td>
<td>13 yrs</td>
<td>6th</td>
</tr>
<tr>
<td>Saroj Jagdish</td>
<td>14 yrs</td>
<td>8th</td>
</tr>
</tbody>
</table>

Saroj Jagdish 14 yrs 8th, Rekha 13 yrs 6th, Asha Jagdish 13 yrs 7th, Saroj Baluram 9 yrs 4th, Puja Jagdish 10 yrs 4th, Matiya 11 yrs 4th
Panchayat: Following girls have been enrolled due to joint efforts of community conitoring committee and Gram mistress to continue their academic activities till they are present in the village.

Sarpanch Radha Devi urged upon to head of bridge course they were enrolled in Government Higher Secondary School. Although these girls are these girls were enrolled in bridge courses at the commencement of session in school and after completion 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 schools by the parents. The monitoring committee identified these girls and built pressure on Gram 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

Another incident took place in Bhadsiya village, which was quite dis-heartening yet encouraging. 6 girls of Babri caste from Bhadsiya village were not attending the school due to 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 families in this regard. 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 headmistress to continue their academic activities till they are present in the village.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matiya</td>
<td>11yrs</td>
<td>4th</td>
</tr>
<tr>
<td>Puja Jagdish</td>
<td>10yrs</td>
<td>4th</td>
</tr>
<tr>
<td>Saroj Baluram</td>
<td>9yrs</td>
<td>4th</td>
</tr>
<tr>
<td>Asha Jagdish</td>
<td>13yrs</td>
<td>7th</td>
</tr>
<tr>
<td>Rekha</td>
<td>13yrs</td>
<td>6th</td>
</tr>
<tr>
<td>Saroj Jagdish</td>
<td>14yrs</td>
<td>8th</td>
</tr>
</tbody>
</table>

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th

Saroj Jagdish 14 yrs 8th  
Rekha 13 yrs 6th  
Asha Jagdish 13 yrs 7th  
Saroj Baluram 9yrs. 4th  
Puja Jagdish 10 yrs 4th  
Matiya 11 yrs. 4th
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 him about the same and requested him that the girls should not be made to work during school hours. Ms. Sailesh did not like his confrontation. She insisted that it was school's private matter and said that he should not interfere. He 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 issue 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
Matoriya Wali Dhani’s 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 (SGRPR) 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 one of the incidents, Shushila, a twenty one year old native of ‘Matoriya Wali Dhani’ was married in February 2011 to Ganesh of Chiya village, Rawatshar Tehsil, situated around 20 kilometer away from her village. Ganesh is a teacher by profession. Unfortunately Shushila was made to do all the domestic work and she was treated like a servant. Taking cognizance of the problem faced by Shushila, Sarpanch Usha Godara intervened. She met with her family and listened to their distresses. Usha Godhara made a telephonic call to her in-laws’ home in the presence of Shushila and her family. The attitude of other members of the family was also not pleasant towards her. Shushila was unhappy with the apathy shown by Ganesh and insult meted out to her by his family. Shushila was made to do all the domestic work and she was treated like a servant.

Sarpanch Counsels and Supports a Woman to Get Rid of Domestic Violence
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 that 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 Usha Godara meets her often. She encouraged her to restart her higher study and Sushila is now studying further.

Today, Sushila is living an independent, happy and violence free life. With the courageous path shown by Sushila and much needed co-operation extended by an able Sarpanch, she has set an example for women in the village to raise their voice against domestic violence.
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 Usha Godara meets her often. She encouraged her to restart her higher study and Sushila is now studying further.

Today, Sushila is living an independent, happy and violence free life. With the courageous path shown by Sushila and much needed co-operation extended by an able Sarpanch, she has set an example for women in the village to raise their voice against domestic violence.

merchant, family and compromise of the Sarpanch which is an example for women in the village to raise their voice against domestic violence.

Sushila is now studying further. Today, Sushila is living an independent, happy and violence free life. With the courageous path shown by Sushila and much needed co-operation extended by an able Sarpanch, she has set an example for women in the village to raise their voice against domestic violence.

Sushila is now studying further. Today, Sushila is living an independent, happy and violence free life. With the courageous path shown by Sushila and much needed co-operation extended by an able Sarpanch, she has set an example for women in the village to raise their voice against domestic violence.

सरपंच के सहयोग से महिला को मिला घरेलू हिंसा से छुटाना
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 (SGRPR) 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 one of the incidents, Shushila, a twenty one year old native of ‘Matoriya Wali Dhani’ was married in February 2011 to Ganesh of Chiya village, Rawatshar Tehsil, situated around 20 kilometer away from her village. Ganesh is a teacher by profession. Unfortunately Shushila became a victim of domestic violence in her in-law’s house. Ganesh broke off his relationship with Shushila after 20-25 days of their marriage. The attitude of other members of the family was also not pleasant towards her. Shushila was unhappy with the apathy shown by Ganesh and insult meted out to her by his family. Shushila was made to do all the domestic work and she was treated like a servant.

Taking cognizance of the problem faced by Shushila, Sarpanch Usha Godara intervened. She met with her family and listened to their distresses. Usha Godhara made a telephonic call to her in-laws’ home in the presence of Shushila and her family. The husband of Shushila did not talk but her father-in-law assured that she had no complaint in case she returned back. Parents of Shushila also wanted that she should live in her in-laws house. While talking to Shushila, she said that she did not want to go to her in-laws home. Her family however exerted pressure on her and told her to call her father in-law to take her home. Shushila was not convinced. Ms. Usha Godara spoke to her individually and she...
Sirohi district falls in the south-west region of Rajasthan and is adjoining to Gujarat border. Declining sex ratio and high incidences of sex selection are some of the major challenges in the whole of Rajasthan state. Sex-ratio in Rajasthan is 926/1000 as per census data of 2011. While child sex-ratio in rural Rajasthan is 886/1000, Sirohi district shows a figure of 895/1000.

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 Anadora 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 with 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 was involved in the act. But the seriousness and immediate action and support of Panchayat and people is very appreciable and encouraging.

‘Congratulatory Letter’ for the Birth of Girl Child – Panchayat’s Efforts

Sirohi district falls in the south-west region of Rajasthan and is adjoining to Gujarat border. Declining sex ratio and high incidences of sex selection are some of the major challenges in the whole of Rajasthan state. Sex-ratio in Rajasthan is 926/1000 as per census data of 2011. While child sex-ratio in rural Rajasthan is 886/1000, Sirohi district shows a figure of 895/1000.

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 Anadora 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 with 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 was involved in the 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".

In 2011, 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.

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".

42, Tughlikabad Institutional Area, New Delhi - 110 062
Tel. : +91-11-2996 0931-33
Fax : +91-11-2995 5183
E-mail : info@priia.org
Website : www.priia.org

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".

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".

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".

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".

Smt. Dheli Devi works in close contact with Sunita, the staff of SARD and latter provides regular information and knowledge support to the Panchayat.
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 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”.

सरकारी वित्ताल के द्वारा वालिका जनजागरण के लिए उठाया गया सार्वजनिक कार्य

सरकारी वित्ताल के द्वारा वालिका जनजागरण के लिए उठाया गया सार्वजनिक कार्य

लूजुलू प्रांगण सर्वेक्षण रूपक को संतुलनीय अवस्था के लिए उपभोग किया जाता है। यह संचार, पर्यायवाची परिवर्तन इस परिवर्तन (पंड) एवं यूपु एक पिटी, के संबंध से संबंधित निर्देशों के रूप में रूपक की 5 प्रांगण में निर्देश देना एवं मान्यता उपाधि के बाद परिवार को कई और बच्चों के लिए यह उपयोगी है जिसका प्रयोग उपब्रह्मण पद्धति का क्षेत्र के लिए नोटिफ्टर एवं वस्त्रों का रूपांतरण निर्देशन करना है। निर्देश देने प्रान्त के प्रति मान्यता के लिए निर्देश देने के लिए प्रावधान परिवार की दक्षता की तरह सक्षम है। उभयेश्वर श्री गंगाधर ने प्रान्त का प्रति प्राधिकृत निर्देशक के लिए प्रावधान परिवार की मान्यता के लिए प्रावधान देने के लिए कार्यकर्ता की दक्षता की जा सकती है। उन्हें राष्ट्रीय रूप से उद्योगी प्रावधान में वहाँ में सर्वेक्षण, अनुपालन स्वीकार से हुए वर्गों का समय कृति और निर्देशक का समय संपर्क की विशेषता करना आवश्यक है। वह संचार, पर्यायवाची परिवर्तन इस परिवर्तन (पंड) एवं यूपु प्रावधान के प्रति प्रावधान परिवार की मान्यता के लिए प्रावधान परिवार की मान्यता के लिए प्रावधान देने के लिए कार्यकर्ता की दक्षता की जा सकती है। उन्हें राष्ट्रीय रूप से उद्योगी प्रावधान में वहाँ में सर्वेक्षण, अनुपालन स्वीकार से हुए वर्गों का समय कृति और निर्देशक का समय संपर्क की विशेषता करना आवश्यक है। वह संचार, पर्यायवाची परिवर्तन इस परिवर्तन (पंड) एवं यूपु प्रावधान के प्रति प्रावधान परिवार की मान्यता के लिए प्रावधान देने के लिए कार्यकर्ता की दक्षता की जा सकती है। उन्हें राष्ट्रीय रूप से उद्योगी प्रावधान में वहाँ में सर्वेक्षण, अनुपालन स्वीकार से हुए वर्गों का समय कृति और निर्देशक का समय संपर्क की विशेषता करना आवश्यक है। वह संचार, पर्यायवाची परिवर्तन इस परिवर्तन (पंड) एवं यूपु प्रावधान के प्रति प्रावधान परिवार की मान्यता के लिए प्रावधान देने के लिए कार्यकर्ता की दक्षता की जा सकती है।
Sirohi district falls in the south-west region of Rajasthan and is adjoining to Gujarat border. Declining sex ratio and high incidences of sex selection are some of the major challenges in the whole of Rajasthan state. Sex-ratio in Rajasthan is 926/1000 as per census data of 2011. While child sex-ratio in rural Rajasthan is 886/1000, Sirohi district shows a figure of 895/1000.

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 with 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 was involved in the act. But the seriousness and immediate action and support of Panchayat and people is very appreciable and encouraging.
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.

Shri Shankar Lal Yadav was elected as Sarpanch in his first election in the year 2010 in GP Nagalkalan and signed the pledge letter too. Shri Shankar has shown his commitment to take action against dwindling sex-ratio in the GP since then. Mahesh Kumar Devnanda, the ward panch of Nagalkalan GP and a member of Social Justice and Social Welfare Committee, was shocked with dwindling sex-ratio in the village. Mahesh Devnanda and Shankar Lal Yadav raised these issues in the Panchayat meetings and took the responsibility to take action to check this vice of sex-determination in the village. They stringently ordered that female foeticide and sex determination tests should not happen in and around the Panchayat. The Sarpanch in a
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 restrain 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.

नीतलकला ग्राम पंचायत गौरवितम करती से 6 की धी की पूर्व पर फिलिया है। ग्राम पंचायत नीतलकला में बी दूंगर तालाब व बांद बंगला 2010 में पाली का घर चुनाव जीत कर आए। ग्राम पंचायत नीतलकला गौरवित पीयोजना पीयोजना को 10 ग्राम पंचायतों में बिया एवं युजीएकेए के सहयोग से ‘पंचायत का जेंडर सामाजिक’ पीयोजना के तहत कार्य कर सकें है। पीयोजना के हेतु नीतलकला ‘कुमारी महादेवा जेंडर प्रोजेक्ट ऑफिसर अंतराल–2010’ का संचालन किया गया जिसमें बांगला खुशुदा देववी का समाहार किया गया — शिक्षा प्राप्त, विद्यालय भेट, प्राथमिक शिक्षा एवं शिक्षा की रिसेप्शन। कुमारी महादेवा देववी जेंडर प्रोजेक्ट ऑफिसर के पालन में नीतलकला, लाउलेफ की राय में चल रही वे जिले में बांगला जीत ने दो बेटियों के बाद लैंडिंग दुर्गों के कार्य करने वाले का जाना किया गया था। पीयोजना के तहत पंचायत देशीयीय, सरकारी, समाज की रिपोर्ट की विद्यालय एवं वस्तु का समाहार किया गया, फॉलोअप का प्रयोग करने वाले अदिक सांवलन्तीत व जाँचक हुई है।

श्री शंकर (सर्वप्रथम नीतलकला) ने ग्राम पंचायत नीतलकला क्षेत्र में घटनात्मक प्रश्न पर ध्यान केंद्रित करते हुए लिखा चाहने को प्रभावित करने के लिए अपने जेंडरप्रोजेक्ट प्राची की है। नीतलकला ग्राम पंचायत के बांद में महाशी कुमार देववी जो सामाजिक न्याय एवं सामाजिक संस्कार लगभग के संबंध में है, को बांद में घटनानुक्रम को देखने के लिए आत्मक लगा। महाशी देववी ने बांद के ग्राम चाहने का देववी में लिखा पूर्ण में दुर्गों के पार करने को लगा। श्री महाशी देववी ने बांद में लिखा चाहने की कुमारी पर सीखक की अधिकारी का निम्नान्त लिखा। उन्होंने उन्हें लिखा कि अपने आत्म–पास एवं कांपा में का भुख भांग एवं लिखा जीवन नहीं होते देखे। ग्राम पंचायत की मैटिन में सारथी पंचायत ने अन्य जे प्रतिनिधियों से कहा कि उन्होंने—अपने वाले में गौरवित महिलाओं की जानकारी आशा बिया एवं एनएचएसी. से ले और जहाँ परिचय में दो सेटियों वह दिनें विशेष ध्यान रखें।

जहां एक और पंचायत लिखा जाने एवं चाहने की सीखक की प्राप्त कर रहे थे, वही दूसरी अर्थ पूर्ण में महाशी देववी में पहले आजक बिया चाहने अपने मैटिन का लिखा जीवन करने की रोशनी रखें। अपने मैटिन की रोशनी के रोशन दो सेटियों हैं और उनकी नाम नीतलकला बांद गौरवित है। दूसरी तीसरी संस्कृति के रूप में बेटा बाप रहे थे—और इस जब्ती से वह
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.

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.
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 Kulan 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.

Shri Shankar Lal Yadav was elected as Sarpanch in his first election in the year 2010 in GP Nagalkalan and signed the pledge letter too. Shri Shankar has shown his commitment to take action against dwindling sex-ratio in the GP since then. Mahesh Kumar Devnanda, the ward panch of Nagalkalan GP and a member of Social Justice and Social Welfare Committee, was shocked with dwindling sex-ratio in the village. Mahesh Devnanda and Shankar Lal Yadav raised these issues in the Panchayat meetings and took the responsibility to take action to check this vice of sex-determination in the village. They stringently ordered that female foeticide and sex determination tests should not happen in and around the Panchayat. The Sarpanch in a 10
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.

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 had about 25 liquor shops in the entire district. The liquor shops were 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 were 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, Revdior block for removing illegal liquor shop from the village at the earliest. Panchayat members including Sarpanch, Dheili 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 Dashora 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.
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, Revdad block for removing illegal liquor shop from the village at the earliest. Panchayat members including Sarpanch, Dhefi 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 Dashora 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.

42, Tughlakabad Institutional Area, New Delhi - 110 062
Tel. : +91-11-2996 0931-33 Fax : +91-11-2995 5183
E-mail : info@pri.org Website : www.pri.org

"Mahila Manch" के प्रयास से बन गई "अवैध शराब की दुकान" - रक्षक महिला की निर्माण
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.

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

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
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
every day regularly from December, 2011 and 100% vaccination to the pregnant women was ensured.

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.
every day regularly from December, 2011 and 100% vaccination to the pregnant women was ensured.

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.
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
Empowering 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

<table>
<thead>
<tr>
<th>Registration year 2011-12</th>
<th>Pre-natal check-up</th>
<th>Institutional delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>208</td>
<td>196</td>
<td>172</td>
</tr>
</tbody>
</table>

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.
Total 172 institutional delivery were done in 2011-12 at Rodawali sub-center

<table>
<thead>
<tr>
<th>Registration year 2011-12</th>
<th>Pre-natal check-up</th>
<th>Institutional delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>208</td>
<td>196</td>
<td>172</td>
</tr>
</tbody>
</table>

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 - Jubaidia 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.

---

Total 172 institutional delivery were done in 2011-12 at Rodawali sub-center

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 - Jubaidia 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.

---

Registration year 2011-12

<table>
<thead>
<tr>
<th>Pre-natal check-up</th>
<th>Institutional delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>208</td>
<td>196</td>
</tr>
</tbody>
</table>
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% immunisation, 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.
were also developed in Rdimalsar 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 Rdimalsar 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.

were also developed in Rdimalsar 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 Rdimalsar 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.
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
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
स्वास्थ्य बेहतर किशोरी स्वास्थ्य बेहतर मातृ स्वास्थ्य की पूर्व कड़ी

ब्राह्मण रोजगार केंद्र प्रबंधक सहायता (एस.उ.एस.के.पी.एस.) दिना व नूनएस.पी.एस. के सहयोग से जिला हुजूरदूर के क्षेत्रीय अलीवाल इंग्लिश सेंटर में उन्नती प्राप्ति पंचायत शहीद 5 प्राम पंचायतों में विगत 3 वर्षों में मातृ स्वास्थ्य व तिथि चरण के मुद्दों पर "पंचायत का जोड़" सहकारणकाय परियोजना के तहत मातृ चरण के नेतृत्व में विश्वसनीय ध्वनि स्वास्थ्य व तिथि चरण पर आयुर्विज्ञान कायम किया गया। जोड़ प्रतिलक से प्राम पंचायत प्रतिविभागों, सरकारों व स्वास्थ्य क्षेत्रों की जोड़ मुद्दों पर समायोजन नहीं है। संसद के ती.ए०.एस.मी. से हास्य करने में प्रभाव फिर गये। ती.ए०.एस.मी. की निम्निःश्रेष्ठ बैठाओं का आयोजन, सभी सरकारों की शीर्ष में उपाधिक, अन्तरर्क बंड का उपयोग, जोड़ उत्तरदायित्व से महिला व विशेषी स्वास्थ्य पर चाहे इतिहास कार्य किए गए।

प्राम पंचायत द्वारा स्वास्थ्य योजनाएँ कहीं गरीब मरीजों और फिशरेशीरों के स्वास्थ्य को ध्यान में रखा गया। राजस्थान सरकार के द्वारा विशेषी लाभकारिकों के लिए कार्यक्रम समूह योजनाओं, लाभकारिक लाभदाता योजना, विशेषी स्वास्थ्य योजनाओं के प्राम में गरीब मरीज को बनाने से संग्राम पंचायत के रूप में कर्तव्य की उठह से ये योजनाएँ गरीबी त्याग के प्राम महत्त्वपूर्ण नहीं हो पा रही है।

ती.एस. जे.सी. मी. की तैयारी में स्वास्थ्य की क्षेत्रीय गरीबी मुली में स्वास्थ्य नीति ने बेहतर मातृ स्वास्थ्य के लिए आस्थापत्य जोड़, संपूर्ण जीवनकाल, संसाधित प्रशासन के महत्त्व पर यात्रा चाही की। ती.एस. जे.सी. मी. के सहयोग, आयु वर्ग श्रेणी की शरीरक बायोलोजी, ए.एस.एस.मी. श्रेणी सूची रहस्य और आयु वर्ग श्रेणी की तरह बना मातृ स्वास्थ्य व विशेषी स्वास्थ्य के प्राम जोड़ कुछ है। मातृ स्वास्थ्य पर चाहे के तत्त्व ए.एस.एस. मी. श्रेणी सूची रहस्य ने किशोरी स्वास्थ्य के मुद्दों को भी समाधानित किया। लाभकारी श्रेणी की स्वास्थ्य के तत्त्व ने ती.एस. जे.सी. मी. के सहयोग से आयु वर्ग की क्षेत्रीय लाभकारिकों के लिए उन्नती दी गयी योजनाओं का अवश्यकता तरह से किरायन किया। शीर्ष में आयु ध्वनि पंचायत के रूप में फिशरेशीरों के दूसरे दौर की जीवन दी गई। जीवन के दौरान की कार्य के 6 फिशरेशीरों के खुले में हीमोलॉजी की मातृ शास्त्री द्वारा कहा है। सूची रहस्य ने उन्नती की राजस्व में विशेषी ग्राम रहस्य के दूसरे दौर की जीवन दी गई। जीवन के दौरान की कार्य के 6 फिशरेशीरों के खुले में हीमोलॉजी की मातृ शास्त्री द्वारा कहा है।

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.

The importance of a 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.

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.
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.
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...
Community Action and Advocacy Helped in Curbing the Seasonal Diseases

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 (Tenifos 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.

Letter by CDR organisation to Health Officers
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.

परिस्थिति भारत में राजस्थान का एक बिंदु है दैर्घ्य। राजस्थानी विभिन्न क्षेत्रों से पता चलता है कि यह क्षेत्र दैर्घ्य का तुरंत से राजस्थान का एक बिंदु है दैर्घ्य। वर्तमान में राजस्थान के वार्तालाप में विभिन्न बीमारियों को देखते हुए यह लगता है कि यह विभिन्न क्षेत्रों का तुरंत से राजस्थान का एक बिंदु है दैर्घ्य।

एक कारा दालां का एक विभिन्न बीमारियों की हुई है रोकथाम

परिस्थिति भारत में राजस्थान का एक बिंदु है दैर्घ्य। राजस्थानी विभिन्न क्षेत्रों से पता चलता है कि यह क्षेत्र दैर्घ्य का तुरंत से राजस्थान का एक बिंदु है दैर्घ्य। वर्तमान में राजस्थान के वार्तालाप में विभिन्न बीमारियों को देखते हुए यह लगता है कि यह विभिन्न क्षेत्रों का तुरंत से राजस्थान का एक बिंदु है दैर्घ्य।

42, Tughlakabad Institutional Area, New Delhi - 110 062
Tel. : +91-11-2996 0931-33 Fax : +91-11-2995 5183
E-mail : info@priia.org Website : www.priia.org
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 Jhakah and Block CMHO. It was suggested that DDT, malaria curbing medicines (Tenifos medicine) and appropriate
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 facilitators 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 (VHNSC) 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 Rohjhana, which helped community to understand the various resources available with the Panchayats and plan them judiciously. 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-days 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.
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 Rhohana, 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-days 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.
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 facilitators 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.
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 headquarter. 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.

रसार्थो योजनाओं से हुआ उम्मीदें पूरण, सांसदों जिले में उप स्तरस्थ केन्द्र का सन्तोष

बांसवाड़ा में स्थित सरकारी अवसर में जनजाति बहुत जिले है जहाँ ही, मील, मीठा, सर्वोत्तम, गर्मियों, तरदिया तथा बन्मियाल नामक ग्रामें जनजातियों में से हैं। उन्हीं स्तर स्तरा परमाजा मिला मुलाकात से छह किलो मीटर पूर्व हैं। पंचायत की कुल जनसंख्या 3251 है जिनमें 1656 पुरुष एवं 1595 महिलाएं हैं। उन्हीं में लोगों का समस्त रेखा कृषि हैं जो व्यापार मानसून पर निर्भर है। लोगों की राशिक गतिविधियाँ बहुत निम्न हैं। महिला जनजाति बहुत कम हैं। पंचायत में यह रहे लोगों के साथ समस्त महिलाओं एवं बच्चों की स्वास्थ्य शिक्षा गहरी गतियों का बार है।

उन्हीं पंचायत में एक ऐसा गांव है– चौकटिया का गांव, जहां उप-स्तरस्थ केंद्र नहीं है। निर्माणमें उप-स्तरस्थ केंद्र पंचायत मुलाकात से किलो मीटर पूर्व है जबकि एचएकालीनी तत्कालीन गांव में है। यह भी बहुत दुर है। गांव में उप-स्तरस्थ केंद्र के लिए जरूरी गंतव्य की आवश्यकता है। यहाँ पर यह कमल है कि वह बाहरी के समस्त ग्रामों में अन्य सभागृहों में कभी नहीं। इसके कारण महिलाओं एवं बच्चों की जागरूकता बुनियादी के रूप में विस्तार किए जाना पड़ेगा एवं इसका असली महत्त्व है। 

प्रतिवारीवादी विकास सेवा संचालन (पी.जी.एली.एसी), जो बांसवाड़ा से नैरब संचालन के रूप में कार्यरत है, ने “रसार्थों में पंचायत का जोड़ शासकीकरण” (एचएच.आर.एली.आर.) के संपर्क में राजस्थान से पंचायत एवं संस्कृति वाला विकास दोहरा आयोजित किया। यह भी बहुत दुर है। गांव में उप-स्तरस्थ केंद्र निर्माण के लिए ब्रह्मदीन गंतव्य का समाप्त होना महत्त्वपूर्ण निर्देशना है। यह वहाँ से पर्याप्त रहे जाने के लिए आयोजित किया गया। परंपरा-स्तरस्थ योजना का प्रारंभ नहीं है।

हालांकि मंडली के लिए विपणन कार्कितीय रूप से राजस्थान में रखा गया जहां कुछ बहुत रही। इससे गांवों में स्तर स्तरा परमाजा को स्वास्थ्य सलाहकार की गई। जिसे लोगा तत्कालीन अधिकारी, जो सरकारी स्तर के अधिकारी भी हैं। एचएच.एली.एली काशी स्तर स्तरा परमाजा ने चौकटिया प्रस्ताव में स्तर स्तरा परमाजा की सामर्थ्य का ग्रिस्ट भी इस प्रक्रिया के दौरान उठाया गया और इस पर वांछी हुई।

इस स्तर स्तरा के लिए ग्रामीण चर्चा निकाय की साधनाओं के रूप में मिला गया जहां कुछ काफी समय उससे निर्माण नहीं किया गया। इसके लिए राजस्थान अधिकारी ने निम्नलिखित निर्देशना में इस पर नजर बनाए रखी।

सभी प्रश्नों के रूप में पंचायत कर्मचारी की समाजवादी नियोजक वैकल्पिक रूप से दक्ष हो जाने के लिए जनशास्त्रीय नियोजक शासन में इस पर नजर बनाए रखी। इस प्रक्रिया में स्तर स्तरा परमाजा के रूप में स्वास्थ्य में यह आयोजित भी धृति हस्ती स्तरीय नियोजक राजस्थान एवं राजस्थान पेपर्स कर्मचारी भी अधिकारी की गई।

हालांकि इसे ग्राम और चार्टिया की प्रश्नों में नहीं नमूने स्तरस्थ केंद्र को मंडली ग्रामीण निर्माण के लिए आयोजित किया गया। इसके लिए ग्राम और चार्टिया को उप-स्तरस्थ केंद्र के रूप में किया जा रहा था। यद्यपि पूरे भावन नहीं के कुछ समर्थन कर्म करे जाने
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.

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.

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.

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.
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 headquarter. 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 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 to 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 the 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.
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.
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
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 centre. 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.
टमिटिया पंचायत में स्वास्थ्य योजना से प्राप्त हुई बेहतर सुविधाओं

बांसवाड़ा राजस्थान का एक गाँव है जहां जनसंख्या की अधिकतम जनजातियों की है। टमिटिया क्षेत्र में गांवों, कृषि तथा ग्रामीण जनजातियों को मिलने वाली सुविधाओं के लिए भी है। पंचायत की जनसंख्या तीन लाख से अधिक है। भारतीय सरकार ने इस इलाके में दूरदर्शियां शुरू की थीं।

एक हांडपंप कार्य केंद्र में इलाके में लगाया गया था। जीवन में बिना भोजन के अनुशासन के लिए आपको कृपया कार्य केंद्र में आइए।

केंद्रीय सरकार ने इस क्षेत्र में वातावरण को बेहतर बनाने के लिए कई कदम उठाए। यहां शहीदी परिकल्पना बनायी गई।

प्रशस्ति प्राप्त उप-स्वास्थ्य केंद्र में शहीदी अनुशासन के लिए शहीदों की समस्याओं को हल करने के लिए एक नया कार्य केंद्र बनाया गया।

टमिटिया पंचायत में स्वास्थ्य योजना से प्राप्त हुई सुविधाओं:

1. हांडपंप कार्य केंद्र में इलाके में लगाया गया था।
2. जीवन में बिना भोजन के अनुशासन के लिए आपको कृपया कार्य केंद्र में आइए।
3. केंद्रीय सरकार ने इस क्षेत्र में वातावरण को बेहतर बनाने के लिए कई कदम उठाए।
4. प्रशस्ति प्राप्त उप-स्वास्थ्य केंद्र में शहीदी अनुशासन के लिए शहीदों की समस्याओं को हल करने के लिए एक नया कार्य केंद्र बनाया गया।

प्रशस्ति प्राप्त उप-स्वास्थ्य केंद्र में कुल लाखों की समस्याओं को निदान किया गया।
टमरिया पंचायत में स्वास्थ्य योजना से प्राप्त हुई बेहतर सुविधाएं

बांसवाड़ा राजस्थान का दक्षिणी हिस्सा है जहां जनसंख्या की अधिकता जनजातियों है। टमरिया क्षेत्र में गांव, कस्बे तथा ग्रामीण जनजातियों की मौजूदगी है। उनके अवसर परिस्थितियों में व्यवस्थित कृषि जीवन में जो योग दिया गया था। राजस्थान की कुल जनसंख्या 2164 है जिनमें से 50 प्रतिशत राजस्थान में हैं। राजस्थान की मुख्य जनजाति संस्कृति एवं जनजाति के लोग हैं। पंचायत की कार्यवाही के प्रवर्तक एवं मुख्य जनजाति के लोग अन्तर्दिवसीय हैं। पंचायत की कार्यवाही में भी महिलाओं का प्रतिनिधित्व बहुत कम है। इस पंचायत के एक बिगड़े स्वास्थ्य शैक्षणिक के लिए एक पंचायत योजना बनाया गया है। इस पंचायत में जीवन अंगनाधीकृत केंद्र है। यह ग्राम स्वास्थ्य स्वस्थता और योग्यता समूह (पी.एच.एस.एन.सि.) भी है।

टमरिया अभियान ने पंचायत के स्वास्थ्य चुनौतियों से जुड़े रहा था। विभिन्न कारोबार एवं बाजारों को बुझा कर जीवन पराला था। महिलाओं की वैशिष्ट्य निवारण को संचालित नहीं है। पंचायत ने पूरीतित्व प्रति मूल रूप से अन्यतः अतिक्रमण नहीं निकाला था। सरकार अमेरिकन कार्य को कम करने में सहयोग कार्य का मूल काम वर्तमान में विशेष रूप से विवेक कदम दे रहे हैं। पंचायत कार्यक्रमों में मात्र स्वास्थ्य कंसेप्ट उभरा अनुक्रम व्यापक हो रहा था। टमरिया अभियान में स्वास्थ्य सेवाएं बहुत सुदृढ़ थीं स्वास्थ्य केंद्र में यह सुविधा उपलब्ध नहीं थी। सरकार से निजी मंडलों में इसके लिए लाभदायक प्राप्त होते थे। टमरिया अभियान में स्वास्थ्य सेवाएं बहुत सुदृढ़ थीं। टमरिया अभियान ने इसके रूप में स्वास्थ्य के स्तर पर हस्तक्षेप किया। टमरिया अभियान ने इसके रूप में स्वास्थ्य के स्तर पर हस्तक्षेप किया। टमरिया अभियान ने इसके रूप में स्वास्थ्य के स्तर पर हस्तक्षेप किया। टमरिया अभियान ने इसके रूप में स्वास्थ्य के स्तर पर हस्तक्षेप किया। टमरिया अभियान ने इसके रूप में स्वास्थ्य के स्तर पर हस्तक्षेप किया। टमरिया अभियान ने इसके रूप में स्वास्थ्य के स्तर पर हस्तक्षेप किया।

प्रभुत ग्रंथावली संस्थान (पी.जी.ई.एस.) नामक बंगलादेश के स्वास्थ्य संस्थान ने पंचायत के स्वास्थ्य सेवा में सहयोग की मुद्दों को सुदृढ़ बनाया शानदार रुख किया। इससे लिए सरकार ने उन्हें एच.ए.ए. को अनुमोदक बनाया एवं प्रभुत्र की मुद्दों को सुदृढ़ बनाया शानदार रुख किया। इससे लिए सरकार ने उन्हें एच.ए.ए. को अनुमोदक बनाया एवं प्रभुत्र की मुद्दों को सुदृढ़ बनाया शानदार रुख किया। इससे लिए सरकार ने उन्हें एच.ए.ए. को अनुमोदक बनाया एवं प्रभुत्र की मुद्दों को सुदृढ़ बनाया शानदार रुख किया।

टमरिया पंचायत में स्वास्थ्य योजना से प्राप्त हुई बेहतर सुविधाएं

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.
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. 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.
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.

Collaborative Efforts Lead to Improvement of Health Services in Mallickpur Gram Panchayat, Govindgarh
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, Kanta 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 (BEEDO). 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.

Many problems were eliminated and people were confident about the health planning process. They insisted that this exercise should be conducted regularly, as it (Health Planning) holds the key for change.

Many problems were eliminated and people were confident about the health planning process. They insisted that this exercise should be conducted regularly, as it (Health Planning) holds the key for change.

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, Kanta 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 (BEEDO). 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.

Many problems were eliminated and people were confident about the health planning process. They insisted that this exercise should be conducted regularly, as it (Health Planning) holds the key for change.

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, Kanta 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 (BEEDO). 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.

Many problems were eliminated and people were confident about the health planning process. They insisted that this exercise should be conducted regularly, as it (Health Planning) holds the key for change.

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, Kanta Devi from this hamlet now informs other people about the benefits of vaccination.
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, Kanta 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 (BEOE). 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.

Many problems were elimilated and people were confident about the health planning process. They insisted that this exercise should be conducted regularly, as it (Health Planning) holds the key for change.
Collaborative Efforts Lead to Improvement of Health Services in Mallickpur Gram Panchayat, Govindgarh

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...
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 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 at 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.

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 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 at 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.

Raj Singh ka Bas had two issues which were created by the non-availability of generic medicines at local level and non-availability of water at local level. The first issue was the health plan and the second issue was the installation of a boring near a river passing from the village. The Sarpanch was able to reach out to the MLA for funds and successfully installed a pipeline into the village, allowing villagers to have personal connection to water. The Sarpanch also contacted the Block Chief Medical Officer (BCMHO) for the availability of generic medicines at the Aanganwadi centre. The BCMHO appreciated the initiative and instructed the ANM to provide medicines to the Aanganwadi centre. Now, 13 kinds of generic medicines are available for general ailments. The ANM provided information to the AWW about the expiry dates of medicines and instructed them to destroy expired medicines.

The 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.
राय सिंह का बास गांव में स्वास्थ्य नियोजन और
गहन चर्चा से सुलझा हुआ नलकूप जल तथा
जनिकेय दलों का सेवन

मंगल कला प्रम पंचायत, राजसहणी जयपुर के परिषदस्तर में शिक्त है। यहाँ से जयपुर जिला मुख्यालय की दूरी लगभग 51 किलो मीटर है। इस मास में बाद एवं सांस्कृतिक निर्धारणों निर्देश करती है। पंचायत में प्रमुख प्रम हैं – एक तथा
नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से नाला का बालों त्रूत से

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.
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 health planning were discussed and prioritized at the local level.
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 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.
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.
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 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.

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.

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.

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.
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 nuisance 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.
Health Planning led to Complete Overhauling of Sub-Centre in Damodara, Jaisalmer

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
जैसलमेर के दामोदरा गांव में स्वास्थ्य नियोजन से उप स्वास्थ्य लेन्स की कार्यान्वयन

२००२ को स्वास्थ्य नियोजन के संबंध में पंचायत के बैठक में समर्पित एवं हितार्थ्यों द्वारा मेलार्या बी-स्वास्थ्य केन्द्र की खबर दियी गई थी। अन्तरिक्ष समय के लिए नियुक्ती होने के तहत समस्या निराशा निर्माण कर के उनके साथ तीन महीनों के दौरान स्वास्थ्य नियोजन तेल संयंत्री की गई। एप्स. कुमारी कौशिक ने दूसरी बार आगरा में अपने साथ उप-स्वास्थ्य केन्द्र के बारे में बात करती थी। इसके समय निर्माण कार्य की गई। उप-स्वास्थ्य केन्द्र का प्रदर्शन भवन में शुरू कर के उन्होंने स्वास्थ्य नियोजन ने बात की। उन्होंने नवीनीकरण प्राप्त बाकी के बारे में बात करती थी। प्रामुख्य में आगरा में राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल राहुल

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 responsibly.

health plan was approved by Gram Panchayat and Gram Sabha, SKSS kept following up to remind them of their promises.

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 responsibly.
health plan was approved by Gram Panchayat and Gram Sabha, SKSS kept following up to remind them of their promises.

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.

health plan was approved by Gram Panchayat and Gram Sabha, SKSS kept following up to remind them of their promises.

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.

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.

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.

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.

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.

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.
Health Planning led to Complete Overhauling of Sub-Centre in Damodara, Jaisalmer

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
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 1 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 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.

ANM Radha is now satisfied with the collaborative approach of Panchayat as she can now cover her target area of all three revenue villages 100 percent. Community of Hema village is also happy with this gentle approach of Sarpanch.
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.

ANM Radha is now satisfied with the collaborative approach of Panchayat as she can now cover her target area of all three revenue villages 100 percent. Community of Hema village is also happy with this gentle approach of Sarpanch.
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 1 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 problem, Sarpanch Mr. Poonam Singh showed his generosity and...
Chaumehla Gram Panchayat is situated around 80 km from the district headquarter 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 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.

The condition of Chaumehla regarding health facilities was quite challenging, as there was no awareness and action regarding maintainence of sanitation and hygiene in the village. Pregnant women usually prefer not to come to PHC, due to the lack of lady doctor. It was demanded many times earlier, but to no avail. Open defecation especially in SC Basti due to poverty and affordability to construct one, was one of the reasons for poor maternal health and hygiene. People used to remain ill due to drinking non-potable water.

“Strengthening Gender Response of Panchayat in Rajasthan” (SGRPR), is a project supported by UNFPA and implemented by Gramrajya Vikas avum Prashikshan Sansthan (GVPS) in Jhalawar. It is working intensively in 5 Gram Panchayats to address the issues of maternal health and sex selection. A health planning process was facilitated by the organisation to assess the health issues and make Panchayats responsive and accountable towards the raised health issues. Several issues like lack of female doctor at PHC, construction of Public toilet in SC Basti, water connection in villages etc. were raised and discussed in this health planning meeting. Finally all these issues got a place in the Health Plan prepared by PRIs, Health workers and community collectively.
Keeping in view the seriousness of matter, Sarpanch Mr. Suresh Pasi constructed two public toilets in SC Basti. He also took the issue of water connection on the priority basis and raised this issue in the 'Ratri (Night) Chaupal' in Zila Parishad conducted by District Collector and Chief Executive Officer. Sarpanch Suresh Pasi with the other Ward Panch gave in writing to collector regarding the water connection. Regular follow-up is being done regarding water connection and hopefully it will be done in near future. Multi Stakeholders Dialogue (MSD) held just after the health planning has also helped in resolving the issues. Block development officer (BDO) in the MSD also assured the communities to resolve major issues mentioned in the health plans of five Gram Panchayat.

अनुशुचित जाति बर्ती में शौचालयों का निर्माण:
ग्राम पंचायत, आलावाड़ जिला

चौबेल्ला ग्राम पंचायत निलेश्वर जिले में स्थित है जिसमें 80 किलोमिटर दूरी पर रहने वाले बस्ती के दो गांव शेरा रियास और सुखम शेरा एवं 18 किलोमिटर दूरी पर रहने वाले बस्ती के एक गांव वाजाद शेरा हैं। यहाँ सरकारी सड़कें नहीं हैं। इसके साथ ही ग्रामीणों में गर्मियों के दौरान जाना और जीना मुश्किल होता है।

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

पंचायत चौबेल्ला, आलावाड़ में प्राइवेट कंपनियों ने प्रथम वर्ष उपहार प्रदान किया। इसके अलावा लोकसेवा क्षेत्र में लोकी हेल्थ एवं स्वास्थ्य अनुदान योजना के तहत सूचीबद्ध ग्रामों में नियमित रूप से वित्तीय सहयोग प्रदान किया जाएगा।

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?

लोकसेवा क्षेत्र में कौनसी गोली मारी जाए?
Keeping in view the seriousness of matter, Sarpanch Mr. Suresh Pasi constructed two public toilets in SC Basti. He also took the issue of water connection on the priority basis and raised this issue in the 'Ratri (Night) Chaupal' in Zila Parishad conducted by District Collector and Chief Executive Officer. Sarpanch Suresh Pasi with the other Ward Panch gave in writing to collector regarding the water connection. Regular follow-up is being done regarding water connection and hopefully it will be done in near future. Multi Stakeholders Dialogue (MSD) held just after the health planning has also helped in resolving the issues. Block development officer (BDO) in the MSD also assured the communities to resolve major issues mentioned in the health plans of five Gram Panchayat.
Chaumehla Gram Panchayat is situated around 80 km from the district headquarter 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 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.

The condition of Chaumehla regarding health facilities was quite challenging, as there was no awareness and action regarding maintenance of sanitation and hygiene in the village. Pregnant women usually prefer not to come to PHC, due to the lack of lady doctor. It was demanded many times earlier, but to no avail. Open defecation especially in SC Basti due to poverty and affordability to construct one, was one of the reasons for poor maternal health and hygiene. People used to remain ill due to drinking non-potable water.

"Strengthening Gender Response of Panchayat in Rajasthan" (SGRPR), is a project supported by UNFPA and implemented by Gramrajya Vikas avum Prashikshan Sansthan (GVPS) in Jhalawar. It is working intensively in 5 Gram Panchayats to address the issues of maternal health and sex selection. A health planning process was facilitated by the organisation to assess the health issues and make Panchayats responsive and accountable towards the raised health issues. Several issues like lack of female doctor at PHC, construction of Public toilet in SC Basti, water connection in villages etc. were raised and discussed in this health planning meeting. Finally all these issues got a place in the Health Plan prepared by PRIs, Health workers and community collectively.
Improving maternal health is among the eight goals described in Millenium 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, fetal 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 Centres 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 has 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 in Panchayat was anaemic. This issue has 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.
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 anaemia. 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 anaemia.

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 sensitize people regarding the ill effect of anaemia and started a sensitization drive for providing nutritious meal to adolescents in all Aanganwadi centres. Every village under Gangdhar PHC is taken care of properly, get referred if necessary and safe institutional deliveries have now become a practice.

The 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 Gangdhar PHC is taken care of properly, get referred if necessary and safe institutional deliveries have now become a practice.

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 Gangdhar PHC is taken care of properly, get referred if necessary and safe institutional deliveries have now become a practice.

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 Gangdhar PHC is taken care of properly, get referred if necessary and safe institutional deliveries have now become a practice.

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 Gangdhar PHC is taken care of properly, get referred if necessary and safe institutional deliveries have now become a practice.
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 Gangdhar PHC is taken care of properly, get referred if necessaries and safe institutional deliveries have now become a practice.
Improving maternal health is among the eight goals described in Millenium 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.

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 has 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 in Panchayat were anaemic. This issue has 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.

A Stride to Fight Against Anemia: Gangdhar Gram Panchayat

Improving maternal health is among the eight goals described in Millenium 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.

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 has 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 in Panchayat were anaemic. This issue has 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.
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.
रणपुरा का स्वास्थ्य विभाग कार्यों को निरंतर करवाना है कि समय में आपके स्वास्थ्य परिधान के लिए काम करने की जरूरत होती है। कारण और स्वास्थ्य को हर जगह बुझाकर एक बीमा मजा मानता है। उद्योगों के तीनों पर गांव में मौजूद स्वास्थ्य का स्वास्थ्य बदल करना गर्भवती और लघु स्फुरण का अभ्यास करता है। पंचायत को विशेष रूप से स्वच्छता, सुरक्षा, परराम, ध्यान, स्वास्थ्य आर्थिक व रुचिकारी को एक अस्तित्व के रूप में मानने की जरूरत है और उसे की अनुसार नई स्वास्थ्ययोजना नवीनीकरण करता। यह समझने की जरूरत है कि एक बिषय में तार्किक कण्ठ अन्य बिषयों पर बहुत स्वास्थ्य लाभ होता। रणपुरा पंचायत ने इस क्षेत्र को अलग मानक साथ सिद्धांत दिया है तथा यही की अनुसार आपनी स्वास्थ्य योजना तैयार की है। उन्होंने पंचायत में आपके स्वास्थ्य संस्थान करने के लिए, प्रतियोगी अलग कारणवादी तदनुसार बूढ़ा साधू का नाम निर्धारित किया है।

रणपुरा प्रांत पंचायत निर्णय मुख्यवर्ग जगमण से 36 किलो मीटर की दूरी पर विधि है तथा मोड्स्टम वार्षिक पंचायत सर्विस से 6 किलो मीटर की दूरी पर। इसमें रणपुरा, मिंडब्रॉड एवं बाबसेहन तीन जनार्थ योजना आती है। यह अधिकतम 100 अनुसूची वाले स्वास्थ्य केंद्र के हैं उपस्थित याद, कृषि एवं एक्स्प्रेस जीली अन्य जानकारी। पंचायत में नहीं है। यहा का बहुत शहीद एवं जीर्ण करना है। यदि किसी ने नाम भर के इलाक़ा की विधि अनुसार वाणिज्य तेल में अनजान है तो कॉलॉर्टिक विस्तार नियमों में पंचायत एवं नियमों उपलब्धता की है। रणपुरा की लक्ष्य क्षेत्र मृत्यु या जमगण से उच्च शिक्षा लाभ कर सकते हैं।

पंचायत में एक स्वास्थ्य केन्द्र है। पंचायत में चाचा तथा चाचा से चाचा दूरी पर स्थित है।

सरकार भवनन्न रणपुरा परिषद का सर्वोत्तम बहुत साधन करना है वास्तव में एक विशेष विधि है तथा स्वास्थ्य का हाल रखना है। वापसी फिरे राष्ट्रीय से बहुत निर्धारित है वाक्यों यह अनुसार शिक्षा की गर्भवती से नहीं निर्देशित थी। उप केंद्र में नामावर्ती नहीं से सवित्त या जिससे स्वास्थ्यविधियों को काम करने में अनुमोदन होता था। उनके यह जमगण पर बैठने के अध्यात्म को चाचा नहीं था। इसके एक नियम के अंतर्गत बहुत जमगण गर्भवती स्वास्थ्य नहीं थी।

जिनके यह जमगण पर बैठने के अध्यात्म को चाचा नहीं था। इसके एक नियम के अंतर्गत बहुत जमगण गर्भवती स्वास्थ्य नहीं थी।

सार्वजनिक स्वास्थ्य परिषद का सर्वोत्तम बहुत साधन करना है अर्थात् वास्तव में एक विशेष विधि है तथा स्वास्थ्य का हाल रखना है। वापसी फिरे राष्ट्रीय से बहुत निर्धारित है वाक्यों यह अनुसार शिक्षा की गर्भवती से नहीं निर्देशित थी। उनके यह जमगण पर बैठने के अध्यात्म को चाचा नहीं था। इसके एक नियम के अंतर्गत बहुत जमगण गर्भवती स्वास्थ्य नहीं थी।

सार्वजनिक स्वास्थ्य परिषद का सर्वोत्तम बहुत साधन करना है अर्थात् वास्तव में एक विशेष विधि है तथा स्वास्थ्य का हाल रखना है।
“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

42, Tughlakabad Institutional Area, New Delhi - 110 062
Tel. : +91-11-2996 0931-33  Fax : +91-11-2995 5183
E-mail : info@pria.org  Website : www.pria.org
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. There 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."
ख्यातनामा की प्रतिक्रिया प्राप्त करने के लिए
उठाए सवाल : सुधी अनिता

निता दीर्घा की भारतीय प्रामंडल सेटर का फर्जी दफ्तर दर्जने वाली संस्था के हस्तक्षेप के में से सभी क्षेत्र हैं। जिस में डॉ. मू.एन.एफ.ए. के संस्थापन से जिन्हें में पंचायतों के जोड़े उत्तरायण के बनाए कार्यक्रम बनाया है। इस तीन वर्ष तक परिस्थितियों का ज्ञान पंचायतों के और स्वास्थ्य सेवा प्रदान करने वाली संस्थाओं की महत्व पर झुकाव से उठे सुधी जी जानकर माननें से स्वास्थ्य और रिम स्वास्थ्य पर आयुष्मान है।

शी.दी.आर. के संपर्क में प्रामंडल के माध्यम से उनके क्षेत्र के गाँवों में स्वास्थ्य एवं तैनाती मुद्दों की समस्याओं के निर्देशन का विचाररूपी महत्ववादी हो गया है तथा उन्होंने संस्था से अपनी कई चिठ्ठियाँ भेजी हैं। कई उपदेशों में से एक, वार्षिक संग्रह 22 (पंसंदिया की धारी) में देखा जा सकता है। शी.दी.आर. ने बिकल्प भी सीमित संस्था पर स्वास्थ्य सेवा प्रदान करने से लुप्त स्वास्थ्य एवं गर्भजनों महत्वपूर्ण की प्रति प्रशंसा और तथा विशेष रूप से अधिक महत्वपूर्ण है।

कार्यक्रिया के दौरान यह स्पष्ट होती है कि यह बार्टा आता या अंतिम बार कोणी द्वारा प्रदान की जानकारी के संबंध में अपने कार्यान्वयन में लॉ के संबंध में रेस्ट्रां का संबन्ध में कम है। इस वार्षिक अपडेटेज ने कहा कि यदि क्षेत्र की स्वास्थ्य के लिए उपलब्ध गांव में नहीं आते तो इस कार्यक्रिया द्वारा प्रदान की जानकारी स्वास्थ्य सेवाओं के बारे में उन्हें ज्ञात करना ही नहीं चाहता। एन.एन.ए. द्वारा गर्म के पंजीयन के संबंध में भी गोपनीयता का उपलब्धता है।

सामाजिक विभाग की प्रति के दौरान संस्थान में सुधी को सुधी को सुधी को सुधी को सुधी को

कार्यक्रिया के दौरान संस्था ने सुधी अनिता को गर्भजनों की प्रशंसा वाला 20 वर्ष की आयु में उपजा माता की शादी भेंट करने के लिए तथा वर्ष के बी.ए. अंतिम वर्ष में यह नहीं है। यहाँ की दौरान उनसे गांव स्वास्थ्य सेवा प्रदान करने की क्षमता से अनुभव करने पर साहस बढ़ा जा चुका है और कहा कि जरूरी है।
निषेध दीर्घा की महाशक्ति प्रमाण पढ़ने के लिए उठाए सवाल : सुष्मी अनिता

री.डी.आर. के सात प्राप्ति के माध्यम से उनके क्षेत्र के गांवों में स्वास्थ्य एवं रूढ़िवादी मृत्यु की ओर समुदाय जागरूकता एवं प्रतिक्रियादायी हो गया है तथा उन्होंने संस्था के अन्य कई चिटांए जारी किया है। कई उपडंडों में से, एक वर्ष संख्या 22 (पंडित्र की धर्मी) में देखा जा सकता है। री.डी.आर. ने विभिन्न क्षेत्रीय स्तर पर स्वास्थ्य सेवाएं प्रदान करने से लूटे मृत्यु एवं गर्भवती महिलाओं की पारंपरिक से लेकर गांव में सामाजिक महत्वपूर्ण प्रतिक्रिया प्रदान किया। बनामिया के दौरान यह जानकारी मिली कि एक यव आता या अनावश्यक कर्मी द्वारा प्रदान की जातीय फिल्टर की भी प्रक्रिया की स्वास्थ्य सेवा से विध्वंस है। इस वर्ष की महिलाओं ने कहा कि स्वास्थ्य कर्मी द्वारा गांव में नहीं आती तथा इन क्षेत्रों द्वारा प्रदान की जानकारी स्वास्थ्य सेवाओं के क्षेत्र में उन्हें ज्ञात प्रदान ही नहीं चलता। एएन.एम. द्वारा गर्भ की स्तन्यता के संबंध में वर्ष की निवे हथियार की गयी।

सामाजिक महत्वपूर्ण की प्रतिक्रिया के दौरान संस्था ने सुष्मी अनिता के गर्भवती प्राप्त किया। 20 वर्ष की आयु में उसका पता कला जनन लेने वाला था। यह इस वर्ष में एक विशेष महिला है तथा बी.ए. अधिक वर्ष में वह रही है। बनामिया के दौरान उन्होंने प्राप्त स्वास्थ्य सेवाओं के आधुनिक स्तन्यता की अनुमानित पर सवाल कहा तथा कहा कि गर्भवती क्षेत्रों में बेहतर स्वास्थ्य सेवाएं उपलब्ध हों।

उसके अनुसार, "एक विशेष महिला होने के कारण मैं अपना प्रश्न पूरक करने के लिए महाशक्ति प्रमाण पढ़ने के माध्यम से स्वास्थ्य एवं सामाजिक स्तर पर आत्मवांछित स्वास्थ्य सेवाओं की अनुमानित पर सवाल कहा तथा कहा कि गर्भवती क्षेत्रों में बेहतर स्वास्थ्य सेवाएं उपलब्ध हों।"
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, went on her own to the primary health center, Bhandarej GP for registering herself. She 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.
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

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name</th>
<th>Designation/ Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Shri Ram Swaroop Saukariya</td>
<td>Sarpanch/ Chairperson</td>
</tr>
<tr>
<td>2.</td>
<td>Smt Chandrakanta Sharma</td>
<td>ANM/ Secretary</td>
</tr>
<tr>
<td>3.</td>
<td>Smt Pushpa Kunwar</td>
<td>ASHA/ Member</td>
</tr>
<tr>
<td>4.</td>
<td>Smt Manju</td>
<td>Anganwadi Worker/ Member</td>
</tr>
<tr>
<td>5.</td>
<td>Smt Chanda Agarwal</td>
<td>Jan Mangan Jhoda/ Member</td>
</tr>
<tr>
<td>6.</td>
<td>Smt Dwarki Sharma</td>
<td>Ward Panch/ Member</td>
</tr>
<tr>
<td>7.</td>
<td>Smt Dwarki Sharma</td>
<td>Ward Panch/ Member</td>
</tr>
<tr>
<td>8.</td>
<td>Smt Bhanwari Devi Sen</td>
<td>Ward Panch/ Member</td>
</tr>
</tbody>
</table>
VHSNC members have raised various issues during the meetings, which provided them a platform to share the health concerns. One of the issue was reported that the roof of sub-center is cracked and leaks during the rains which destroyed medicines and records. There was no proper lighting and more suffering in summer seasons due to unavailability of electricity. The committee considered these problems and took decision to repair the roof and to install electricity connection.

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:-

<table>
<thead>
<tr>
<th>Services</th>
<th>Year 2010-11</th>
<th>Year 2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional delivery</td>
<td>218</td>
<td>170</td>
</tr>
<tr>
<td>Home Delivery</td>
<td>02</td>
<td>02</td>
</tr>
<tr>
<td>Tetanus (Immunisation)</td>
<td>126</td>
<td>154</td>
</tr>
<tr>
<td>Tetanus (Booster dose)</td>
<td>78</td>
<td>70</td>
</tr>
<tr>
<td>Abortion</td>
<td>13</td>
<td>--</td>
</tr>
<tr>
<td>Complete Vaccination of infants</td>
<td>178</td>
<td>176</td>
</tr>
</tbody>
</table>

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, Marriage, 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.

<table>
<thead>
<tr>
<th>क.सं.</th>
<th>नाम</th>
<th>पद/कार्यकारी</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>श्री एन सरकार सोफिया</td>
<td>सौदी / एनसीएम</td>
</tr>
<tr>
<td>2</td>
<td>श्रीमती गोपीनाथा गंगा</td>
<td>एनसीएम / चारित्र</td>
</tr>
<tr>
<td>3</td>
<td>श्रीमती रूपना कार</td>
<td>अन्तराष्ट्रीय / सरकार</td>
</tr>
<tr>
<td>4</td>
<td>श्रीमती राहुल</td>
<td>अन्तराष्ट्रीय कारकारी / सरकार</td>
</tr>
<tr>
<td>5</td>
<td>श्रीमती राजकुमारा रानानी</td>
<td>संघीय कारकारी / सरकार</td>
</tr>
<tr>
<td>6</td>
<td>श्रीमती राजकुमारा हमीदा</td>
<td>दर्शनकार्यकारी / सरकार</td>
</tr>
<tr>
<td>7</td>
<td>श्रीमती रावती श्रीमती</td>
<td>वारियर / सरकार</td>
</tr>
<tr>
<td>8</td>
<td>श्रीमती मंदिरा देवी लांडी</td>
<td>वारियर / सरकार</td>
</tr>
</tbody>
</table>
VHSNC members have raised various issues during the meetings, which provided them a platform to share the health concerns. One of the issue was reported that the roof of sub-center is cracked and leaks during the rains which destroyed medicines and records. There was no proper lighting and more suffering in summer seasons due to unavailability of electricity. The committee considered these problems and took decision to repair the roof and to install electricity connection.

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:-

<table>
<thead>
<tr>
<th>Services</th>
<th>Year 2010-11</th>
<th>Year 2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>TotalANC</td>
<td>204</td>
<td>224</td>
</tr>
<tr>
<td>Institutional delivery</td>
<td>218</td>
<td>170</td>
</tr>
<tr>
<td>Home Delivery</td>
<td>02</td>
<td>02</td>
</tr>
<tr>
<td>Tetanus (Immunisation)</td>
<td>126</td>
<td>154</td>
</tr>
<tr>
<td>Tetanus (Booster dose)</td>
<td>78</td>
<td>70</td>
</tr>
<tr>
<td>Abortion</td>
<td>13</td>
<td>--</td>
</tr>
<tr>
<td>Complete Vaccination of infants</td>
<td>178</td>
<td>176</td>
</tr>
</tbody>
</table>

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, Marriage, 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.
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

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shri. Ram Swaroop Saukariya</td>
<td>Sarpanch/Chairperson</td>
</tr>
<tr>
<td>Smt Chandrakanta Sharma</td>
<td>ANM/Secretary</td>
</tr>
<tr>
<td>Smt. Pushpa Kunwar</td>
<td>ASHA/Member</td>
</tr>
<tr>
<td>Smt. Manju</td>
<td>Anganwadi Worker/Member</td>
</tr>
<tr>
<td>Smt. Chanda Agarwal</td>
<td>Jan Mangal Jhoda/Member</td>
</tr>
<tr>
<td>Smt. Dwarki Sharma</td>
<td>Ward Panch/Member</td>
</tr>
<tr>
<td>Smt. Dwarki Sharma</td>
<td>Ward Panch/Member</td>
</tr>
<tr>
<td>Smt. Bhanwari Devi Sen</td>
<td>Ward Panch/Member</td>
</tr>
</tbody>
</table>
Converging Actions to Improve Maternal Health Services
Role of Panchayats in Rajasthan

This document is supported by UNFPA.