NEIGHBOURHOOD OF CARE

Reimaging Health-Nutrition-Wellbeing (HNW) eco-system for flourishing localities

TRANSFORM RURAL INDIA
FEBRUARY 2025

CONTEXT

Sustainable Development Goal (SDG) 3 aims to ensure healthy lives and promote wellbeing for all ages by expanding health coverage, reducing mortality rates, and enhancing research and financing. This goal encompasses efforts to tackle both communicable and non-communicable diseases, bolster mental health, and address preventable deaths from factors like substance use and road accidents. Global initiatives continue to focus on improving access to universal health coverage, skilled health professionals, diagnostics, and responsive health management systems.

In India, significant progress has been made in reducing maternal and child mortality and extending life expectancy. Yet non-communicable diseases and injuries – which are often linked to poverty and dietary changes driven by globalisation and historical factors – now surpass infectious diseases in burden. This suggests the need for continued efforts and innovative approaches to engaging communities in their health journeys. The concept of "lifestyle" diseases places responsibility on individuals rather than addressing systemic market forces impacting health. Aspirational healthcare promotes a holistic approach, emphasizing personalized care, empowerment, and lifestyle informed by social determinants of health.

THE NEIGHBOURHOOD OF CARE (NOC) MODEL

This model envisions a supportive community-centred approach, known as the "Neighbourhood of Care" (NoC), which aims to provide comprehensive support and improve quality of life, especially in marginalized communities. This inclusive strategy is expected to enhance health outcomes and reduce morbidity and malnutrition, particularly in India's most underserved areas. The goal of NoC is to ensure good health and wellbeing with the reduction in malnutrition and morbidity for all. The focus is on building a healthy community leveraging strong familial & community relationships for accessing health-systems and adopting healthy food and lifestyle practices.

Expected outcomes for NoC:

1. Citizen led, inclusive and efficient processes,
2. Processes for systems change leading to access of strengthened health and nutrition services for all, and
3. Shift in social and normative behaviours towards improved health and wellbeing.

NoC is health ecosystem approach that keeps the individual and family at the centre and build complementarity of care at home, community or habitation and health system levels. NoC will support communities define their unique and localised priorities and institutionalise sustainable community led processes for improved health outcomes.

NEIGHBOURHOODS OF CARE MODEL AS AN INTEGRAL COMPONENT OF HEALTH ECOSYSTEM

The NoC model builds on Transforming Rural India Foundation's (TRI) belief that health and wellbeing are best achieved through interaction with family, community, and public systems.

Inspired by Amartya Sen and Martha Nussbaum's capability approach, which emphasizes health and nourishment as essential for a dignified and fulfilling life, NoC shifts focus from individual to community-level engagement. It promotes a holistic, inclusive model that integrates public and private healthcare systems with digital health interface to ensure comprehensive care and support. This approach strengthens existing processes and introduces evidence-based, community-led innovations aimed at improving health outcomes in rural India.

NoC aims to enhance community-led efforts to achieve universal access to comprehensive care, complementing broader health system strengthening initiatives. It recognizes the interconnected network of individuals, organizations, and resources in the health ecosystem, emphasizing the importance of family, community, and digital platforms for effective health management.

Key components include supportive networks, service platforms, and knowledge systems to improve health outcomes through better community engagement. Addressing poor living conditions, unsafe water, inadequate sanitation, and other health risks prevalent among marginalized groups, NoC also integrates government schemes and community-based efforts to ensure better quality of life and effective use of available resources.

What encompasses neighbourhood:

A neighbourhood is both a physical and social unit within a larger community, characterized by its residential area, local amenities, and the social interactions among its residents.

Why focus on wellbeing:

The operating definition of wellbeing for NoC is: "wellbeing is a broader, more holistic concept that encompasses overall quality of life and life satisfaction. It includes physical health but also integrates emotional, social, and psychological dimensions. It emphasizes a balanced state of being where individuals feel content and fulfilled. Wellbeing includes aspects like personal happiness, social relationships, sense of purpose, and community engagement. Wellbeing takes into account not only individual health but also how external factors and social environments contribute to a person's overall quality of life

DESIGN PRINCIPLES FOR NOC

The model promotes a proactive, lifestylecentered, and holistic health ecosystem that places individuals, families, and communities at its core. Effective interventions operate within the community's locus of control, ensuring local residents are actively involved and empowered in the change processes. By leveraging kinship and family relationships, as well as local leadership and influencers, these citizen-led initiatives enhance community trust and engagement, creating culturally relevant solutions that resonate with the community's values. Integrating these interventions within traditional social structures fosters sustainable health practices and supports systems. With an intergenerational impact lens, the approach aims to pass down health and wellbeing practices across generations, shaping resilient ecosystems that improve quality of life and reduce chronic diseases through community-led initiatives, streamlined services, and organized referrals to healthcare facilities.

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NoC builds on TRI's core belief that behaviour change is a function of an individual in interaction with surrounding eco-system (of family, kinship, public systems and markets).

In the context of health, an intervention focusing on strengthening the family-kinship-public system engagement can go a long way in creating lifestyle changes and sustaining the same. The key vectors of change are local influencers and champions from within the community. They play a crucial role in prioritizing the health, nutrition and wellness agenda from a people centric approach, triggering this kind of reflective-action process at the grassroots require engagement with organised communities on the ground. Building blocks of the engagement are women-groups organised as SHGs-VO-CLFs across the poverty geography working in tandem with the Panchayats and the line-dept. outreach system (Health & WCD).

Who are change vectors:

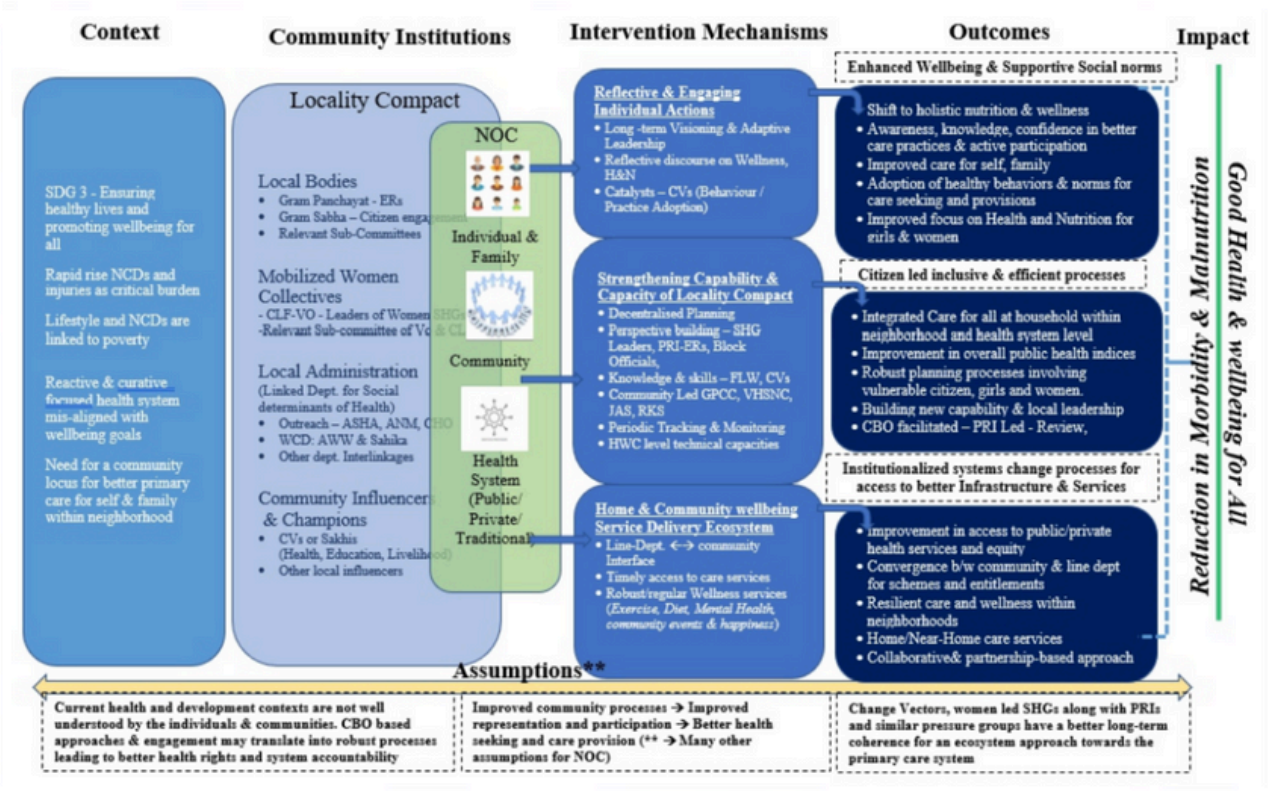
Change Vectors (badlav didi) are voluntary motivated women from the community who are the key factors or forces that drive transformation and development within rural communities. These vectors are crucial in guiding efforts to improve various aspects of rural life, such as health, education, economic development, and infrastructure.

PROPOSED IMPLEMENTATION GEOGRAPHY

TRI has deep presence (called Community Action Labs) in 32 Blocks of 30 Districts in 4 States, which are carefully selected to represent sub-regional multidimensional poverty context within these states. Under this initiative the vision is to deepen the NoC strategy in all the Community Action over the next 3 years. The initiative will build on TRI's existing formal relationship with the health department at the State level, district level arrangements and deep engagement with the Women's Collectives and PRIs at the block level.

In each of the project locations the program will be taken up in ~100 Villages covering ~15,000 households, ~20-50 GPs and 3-4 Cluster Level Federations (CLFs) of Women-SHG members. The overall scale will be ~3500 villages, ~2000 GPs and ~100 CLFs covering more than 0.5 million Households. The scale of the program will be large enough to influence the public system.

Figure 1



PATHWAYS TO IMPACT

The intervention is designed to strengthen community processes to be led by and work for the locality compact to impact for three target audiences: individual and family, community and the health system.

Building on processes to develop the "locality compact", the key actors or building blocks are elected representatives starting at the Gram Panchayat level, women's collectives and community influencers and champions in support of and in close collaboration with the frontline workers of all line departments. As part of the NoC initiative, TRI builds on its core community led process to unlock pathways for improved health and nutrition outcomes.

The interventions will be three-fold as articulated in **Figure 1.** Change vectors (CVs) will work closely with existing platforms of the women's collectives and the PRI system. The CLF-VO leaders and Elected Representatives of Panchayats to strengthen the VPRP -GPDP from health, nutrition, wellness and overall development of individuals and households in the habitation. Post planning and approval of plans. CLF-VO and Panchayats play an active role in implementation oversight via co-ordination platforms like the GPCC(Gram Panchayats Coordination Committee) and the BLCC (Block Level Coordination Committee).

Understanding locality compact: A locality compact refers to a collaboration or partnership among local stakeholders including community-based organizations, public institutions, private sector entities, and government agencies to address specific health, social, or developmental challenges within a defined geographic area. This compact, aims to align resources, share responsibilities, and coordinate efforts to achieve common goals, such as improving healthcare access, promoting economic development, or enhancing community wellbeing. It leverages local knowledge and strengths to implement targeted interventions and ensure that solutions are relevant and sustainable within the locality. It also drives the coordinated efforts for community led multi-sectoral planning and accountability for overall development.

STRENGTHENING CAPACITY AND CAPABILITY OF LOCALITY COMPACT

As a first step, the change vectors, who are self-motivated volunteers from within the community will be identified and strengthened with knowledge, human skills and agency to work with key stakeholders to prioritize health, nutrition and wellbeing. Our experience shows that a system of trust within the community supports greater engagement with population sub-groups as well as integration with frontline health workers for improved access. Empowered CVs also play an active role in threading the gaps between Frontline Health Worker (FLW), Self Help Group (SHG) members and elected representatives for a holistic approach to health and wellbeing since it cuts across department lines and prioritizes individual and community needs.

The focus is on building community led accountability for identifying, mapping and documenting the collective needs of the community and incorporating them into comprehensive plans for individual and community development with a focus on health and nutrition.

Key outcomes : Processes for complementary engagement of women's collectives and panchayat to facilitate:

a

Initiate and institutionalise community-led processes for intergenerational health and nutrition that prioritize wellbeing, integrating village planning efforts and leveraging existing schemes and plans.

b

Adoption of healthy and nutritious practices and behaviours at home to ensure healthier lifestyles with a focus on girls and women.

c

Planning for investment in streamlining critical determinants of health outcomes, e.g. drinking water, sanitation, spaces for fitness, etc. at the habitation level.

COMMUNITY-LED PLANNING AND ACCOUNTABILITY THROUGH STRENGTHENED COORDINATION

As part of National Rural Livelihoods Mission (NRLM), there are established processes for the development of the Village Prosperity and Resilience Plans (VPRP). Ministry of Panchayati Raj and Ministry of Health and Family Welfare have made provisions for the establishment of Healthy Panchayats at the village level in an effort to prioritize health and nutrition as part of the Gram Panchayat Development Plan (GPDP). Ministry of Women and Child Development also has provisions under POSHAN Panchayat and Jan Aandolan. These policies provide space for community led processes to get formally integrated into the "people's plan campaign" of Govt of India, against which allocations are made under 15th – Finance Commission grants and several other schemes.

Additionally, these efforts compliment the community-led processes for smooth functioning and community engagement of health facilities at the outreach level through the Village Health, Nutrition and Sanitation Committee (VHSNC) or the Jan Arogya Samitis and at the facility level with the Rogi Kalyan Samiti (RKS). A key focus under NoC will be to strengthen and streamline the processes at the community level. While programmes are designed and implemented in verticals across Ministries and Departments, the beneficiaries at the village level have a unique opportunity to look at the comprehensive offering and develop consolidated plans. This process of development of plans, both financial and non-financial requires hand-holding and capacity building, conscious efforts for engagement of girls and women and institutionalising processes for monitoring progress.

Key outcomes : Strengthened institutional processes at the Village, Gram Panchayat and Block level is expected to facilitate:

a

Development of comprehensive village development plans with inclusion of health, nutrition and wellness priorities for all population sub-groups in the village

b

Institutionalisation of the Gram Panchayat Coordination Committee (GPCC) – which solves local level alignment of efforts of the AAA with the efforts of the CV and the women group leaders.

c

Institutionalisation of the Block Level Coordination Committee, to follow-up on the decentralised village / GP level plans and maintain liaison with concerned block officials for scheme implementation and provision of outreach and in-facility services.

d

Active community participation in JAS and RKS for improved health services and infrastructure for the localised needs of the community

e

Streamlining access to national schemes and initiatives for health and nutrition

f

Inclusion of innovative and local needs in the plan with a focus on diverse needs of adolescents and old people for provision of unique care needs and support systems.

IMPROVED NUTRITION AND WELLBEING PRACTICES AT HOME

The unique aspect that NoC brings is the engagement with and role of individuals and families in harnessing their health, nutrition and wellbeing at home. These include a critical but oft deprioritised aspect of care for the elderly and persons with diverse needs at home. Leveraging the presence of the trained Change Vectors and Frontline Health Workers (ANM and ASHA) in the village, TRI will build on their sustainable model to work with communities on re-centring the roles of care at home as a critical aspect of wellbeing. This links closely to the WHO framing of self-care.

According to WHO, self-care includes activities people undertake to stay healthy, prevent diseases, manage chronic conditions, and address minor ailments. This encompasses health literacy, healthy behaviours, self-monitoring, and adherence to treatment.

NoC additionally works to strengthen community-based processes to address social and behavioural norms and institute community accountability and support processes for both individuals and families to take proactive steps and the health system to support them in their journey towards health and wellbeing.

Key outcomes: Strengthened processes at the household level are expected to facilitate:

a

Improved awareness about what individuals and families can do themselves within their local context to stay healthy and nourished

b

Strengthened provisions for care at home for persons with special needs in the VPDP

c

Increased engagement at VHND for uptake of health and nutrition outreach services

d

Reduced incidence of minor ailments

e

Increase in proactive and timely engagement with the health system for treatment of minor and major ailments

WHAT WE AIM TO ADDRESS AND LEARN:

The Neighbourhood of Care (NoC) model is designed to factor and address risks and challenges that emanate from deep-root cultural and structural practices. These include:

1. **Capacity Building and Training**

Skill strengthening: Effective implementation of NoC requires a trained workforce capable of delivering comprehensive care and managing community health programs. Significant effort will be put to ensure sustainable capacity building measures for dedicated, committed individuals and groups from within the community, supplemented by capacity building of the Frontline health workers of the Govt. and private actors in the location**.**

Community Readiness: The success of NoC depends on the community's readiness and ability to engage with and sustain health interventions. The NoC model is designed to work with the locality compact, building capacity of local influencers, mandated actors and institutions and streamlining existing processes. Thus a major set of engagements will be around building perspective of ERs or Panchayats, Leader of the CLF-VOs, local influencers, etc.

2. **Coordination**

Complexity of Stakeholder Engagement: Coordinating among diverse stakeholders—including local governments, community organizations, healthcare providers, and private sector partners—can be complex and fraught with challenges. Conscious and consistent effort will be made to ensure alignment of goals and interests to advance progress. TRI will leverage existing formal relationships with the government to build on formal institutional mechanisms at GP, Block and District levels.

Coordinated Efforts: Various departments have vertical programs that are designed to support segmented requirements of an individual's needs. The focus will be to build local leadership for coordinated action. Effort will be on streamlining and strengthening processes for coordination at the locality level to amplify overall impact, led by leadership of the women's collectives, supported by the ERs and block level officials.

3.**Cultural and Social Barriers**

Cultural Resistance: In some communities, traditional practices and beliefs might conflict with modern health interventions, making it difficult to implement changes effectively.

Social Norms: Deep-seated social norms and practices can impede the adoption of new behaviours and health practices promoted by NoC. Consistent effort as articulated in the expected outcomes will be focused on addressing deep rooted social and behaviour norms.

4.**Evidence and Evaluation**

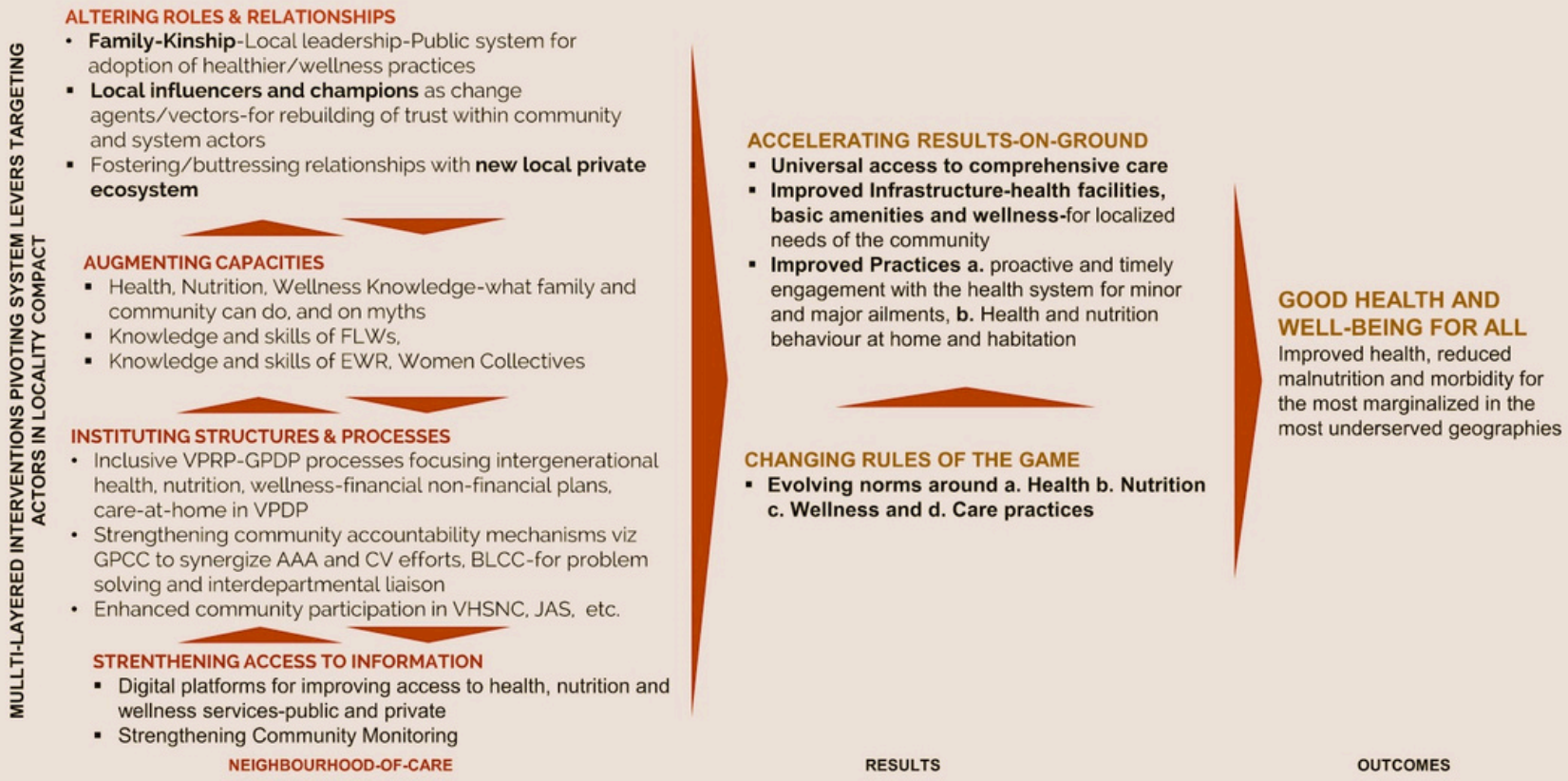
Lack of Robust Evidence: There may be limited empirical evidence demonstrating the effectiveness of NoC in diverse settings since it is an evolving concept. Comprehensive evaluations and long-term studies are necessary to validate its impact and refine the model.

While the Neighbourhood of Care (NoC) model offers a community-centric approach to improving health outcomes, its effectiveness can be challenged by resource constraints, capacity issues, coordination difficulties, sustainability concerns, cultural barriers, and the need for robust evidence. Addressing these challenges is crucial for ensuring the practical implementation and success of improved health, nutrition and wellbeing practices for the communities we aim to serve.

It is expected that this health ecosystem approach will bring a cohesion between the and community practices and processes and build a deeper trust-based relationship with the health system for improved health outcomes and greater wellbeing for rural communities.

TRI is putting together a system for active documentation of the process and an MEL-system for feedback and continuous improvement / development of the NoC idea.

System Change Pathways



The Transform Rural India Foundation (TRI) develops multi-stakeholder initiatives bound by specific results to trigger, nurture, and support community efforts to transform themselves. It seeds solutions and galvanizes the collaborative endeavor of Bazzaar, Samaj, and Sarkar to rapidly transform opportunities for life advancement in villages by bringing best practices and solutions, improving government delivery, and convening private sector and civil society partners focused on transforming villages.

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