



Learning Note 3

Empowering Communities, Transforming Health: The PLA-Driven VHSNC Revolution in Rajasthan

**Platform**

PLA-Powered Community Meetings

**Location**

Village

**Actor**

ASHAs

**Audience**

Pregnant and Lactating Women, Adolescent Girls, Mothers-In-Law, Men

**Tools used**

Training Aids; PLA-Led VHSNC Guidelines; MIS Format; QA Checklist; Dashboard

RajPusht's Participatory Learning and Action (PLA)-led Village Health, Sanitation and Nutrition Committee (VHSNC) model was launched in five tribal districts in 2021 and later scaled to five more. The model has reinvigorated VHSNC governance, increased community participation, and improved maternal and child health outcomes. Through structured PLA cycles, training of Accredited Social Health Activists (ASHAs), and rigorous monitoring, the initiative has delivered impressive results: better antenatal care (ANC) registrations, improved child dietary diversity, and higher compliance with conditionalities of maternal benefit programmes. This learning note dives into the transformative journey of PLA-led VHSNCs and the insights that have emerged along the way.

This initiative was particularly crucial in Rajasthan, where service uptake remained a challenge despite the provision of free medicine, diagnostics, and direct maternal and child health benefits. Strengthening community-driven interventions was key to bridging this gap. However, the 2021 Common Review Mission revealed that mechanisms for community participation, such as the VHSNCs, met infrequently and suffered from unclear roles. PLA-led VHSNCs played a pivotal role in revitalising these platforms, enhancing community engagement and participation.

Revitalising Community Health with PLA >>>

Participatory Learning and Action is a “family of approaches, methods, attitudes, and behaviours to enable and empower people to share, analyse and enhance their knowledge of life and conditions, and to plan, act, monitor, evaluate and reflect” (Chambers 2008).

PLA is a proven method for empowering communities to assess their realities, address challenges, and collaborate for solutions. Backed by research from The Lancet and endorsed by the government, Rajasthan adopted the 24-meeting PLA approach for VHSNCs during 2021-22.

Initially piloted in five tribal districts—Udaipur, Dungarpur, Banswara, Baran, and Pratapgarh—the model has since expanded to five more districts. Under the guidance of the National Health Mission and IPE Global, Ekjut, and State Institute for Health and Family Welfare (SIHFW), the initiative has transformed VHSNCs into vibrant platforms driving health improvements.

Uniting Communities for Change

Inclusive participation is at the heart of the programme. By involving diverse groups—including women, adolescent girls, and more importantly, men—PLA meetings extend the conversation on health and nutrition far beyond the VHSNC members, creating a ripple effect of awareness and empowerment.

Building Skills, Step-by-Step

A state-led cascade training model equips ASHAs with the tools and knowledge they need to mobilise people. With intensive supportive supervision, ASHAs are empowered to take charge of community health initiatives with confidence.

PLA-Led VHSNCs

Real-Time Monitoring for Real Results

Leveraging dashboards and checklists, the programme ensures accountability, quality assurance, and quick course corrections. This data-driven approach helps track progress and refine interventions in real time.

Bringing Learning to Life

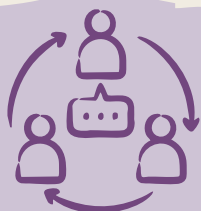
PLA meetings come alive with games, stories, and interactive discussions focussed on maternal health, Infant and Young Child Feeding (IYCF), and sanitation. These thematic sessions create a vibrant space for learning, making critical health topics accessible and engaging for everyone.



Moving the Needle: Impact between 2022 and 2025



The PLA-led VHSNC initiative has energised communities and yielded remarkable outcomes. By addressing complex health challenges with participatory methods, the programme has strengthened maternal health, enhanced ASHA efficiency, and fostered greater community involvement.



Enhanced VHSNC Functionality

92% of ASHAs in PLA districts are now conducting regular VHSNC meetings, creating a consistent platform for community action.

85% of VHSNCs maintain active bank accounts, enabling effective fund management and utilisation.

ASHAs have evolved from mere organisers to **facilitators of change**, empowering communities to lead their own health initiatives.

Immunisation rates and timely complementary feeding saw a **50% surge**, ensuring healthier outcomes for children.

Dietary diversity improved by 21% among women attending PLA meetings, with **39% improvement** observed in children.



Improved Health Outcomes



Steered Positive Behavioural Patterns

Early breastfeeding within one hour of birth **increased by 49%**, setting the foundation for better infant health.

Compliance with maternity benefit schemes improved, with funds being **utilised directly for maternal and child health** needs.

Participation in PLA-Led VHSNC meetings **skyrocketed by 48%**, bringing more voices to the table.

Anecdotal evidence highlights a newfound **confidence among participants** in making informed decisions for their families and communities.



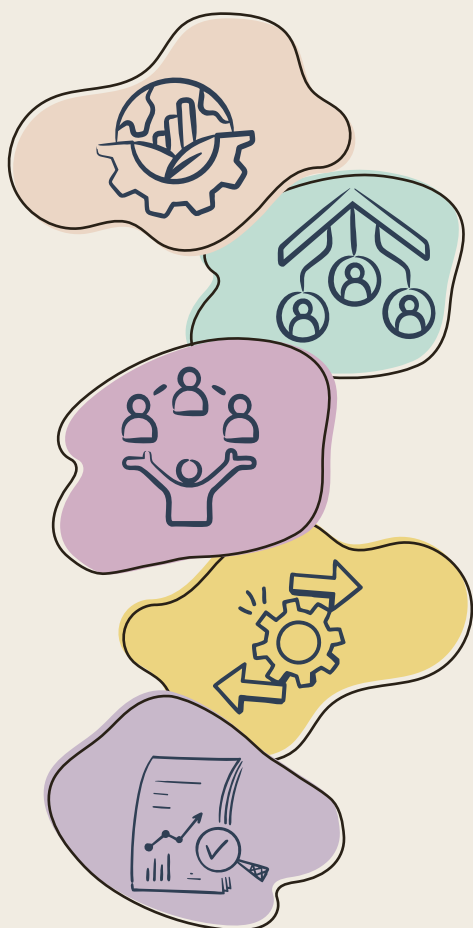
Strengthened Community Participation

This journey is a testament to the power of participatory methods, structured training, and data-driven strategies in transforming health outcomes and fostering lasting change.

Insights from the Field: What Drives Success?



RajPusht's experience of activating VHSNCs through PLA, led by ASHAs, brought to the fore the following insights.



Cascade Models Enhance Capacity Building:

A cascade training model ensures ASHAs remain skilled and motivated to lead VHSNCs effectively.

Drive Community-Led Ownership:

PLA meetings empower communities to take charge of local health issues, encouraging accountability and problem-solving.

Engage Participants Beyond Traditional Members:

Engaging non-VHSNC members, such as adolescent girls and elderly women, has broadened the programme's reach and impact.

Layer PLA with Institutional Platforms:

Ensuring regular conduct of PLA meetings using community platforms such as the VHSNC or routinised meetings of women collectives helps in both activating these platforms as well as keeping the conversation on maternal and child health relevant and current.

Use PLA to accelerate demand for MCH services:

Government data reveals that PLA districts outperform non-PLA districts in key indicators like ANC registrations, immunisation rates, and child nutrition diversity.

By revitalising VHSNCs with a participatory approach, RajPusht has not only improved health outcomes but also set a benchmark for community-driven health initiatives. The PLA model proves that collective action, guided by structured training and robust monitoring, can drive transformative results.

Institutional Strengthening for Sustained Community Health Improvements

A state-level pool of master trainers has been established, and high-performing VHSNCs are now recognised through awards integrated into the annual plan. Quarterly reviews by district officials and monitoring through tools like 'ASHA Soft' enhance accountability. Programmes like Community Action for Health and Jan Samvad further strengthen the intervention across 10 PLA districts.

The Department of Health is now gearing up for a statewide expansion of the PLA model. RajPusht's journey has highlighted the power of empowering ASHAs, leveraging data, and mobilising communities to create lasting change in public health systems.