The implementation framework of NRHM provides a scope for decentralized planning and monitoring process up to the grassroots level. To facilitate this Gaon Kalyan samitis (GKS) are formed at the revenue village level. The Gaon Kalyan samiti is a simple and effective management structure at the lowest level comprising of representatives from the village which is envisaged as a facilitating body for all village level development programmes and reflects the aspirations of the local community. In Orissa the Gaon Kalyan samiti have been formed but they are yet to function in the right perspective. The GKS are still in a evolving phase and are yet to actualize their roles and responsibilities, prepare a plan of their own that reflects the genuine needs of the people, able to spend the untied funds given and advocate for their rights.

Under this backdrop there is still a silver lining where there are few exceptional GKS who have proved their mettle in organizing themselves and making decentralized health management a success. The story of GKS of Derasing village, GP - Kankadapal, Block- Sadar Dhenkal, District- Dhenkanal provides insights regarding the possibility of improving the quality of health care through active participation of GKS.

The GKS was formed on 23rd December 2007 as per the guideline. After the formation the activities of the GKS remained completely dormant for almost one year except for the opening of bank account on 30th September 2008. A small amount of Rs. 2000 was released as untied fund to the GKS by the district programme management unit. Despite the money being released the GKS members could not utilize the money till January 2009. Under these circumstances the community health fellow (CHF) of PHRN Odisha started his intervention to make the GKS functional from 2nd of February 2009. The initial assessment by the CHF revealed that there was no document available with the GKS members regarding its formation nor there was any meeting held or any amount of untied fund spent. The members had no idea about their roles and responsibilities.

A series of actions were initiated by the CHF of Dhenkanal to transform the dormant GKS to a highly active and functional one. Initially focus was to sensitize them on their roles and responsibilities, organizing regular meeting and documenting the minutes. Gradually training was given on book keeping and preparing village health micro plan as per the NRHM guidelines for spending the untied funds with constant follow up. The remaining fund of Rs. 8,000 was also released by the District programme management Unit with initiation from the CHF.

The effort in making the GKS functional could be realized when the GKS took its first initiative to paint the health wall in the AWC. They prepared a viable village health plan and gradually started organizing events like sanitation drive, putting dustbins in strategic locations and generating health awareness through school children. Looking into its impact the GKS members gained confidence and took an exemplary step of generating awareness on various health programme and entitlements to a small tribal hamlet named mandapalsahi within the village who earlier never opted for any health facility for treatment. Further there was no reported institutional delivery ever. The GKS members of this village did not get confined to their boundary but insisted GKS members of other villages including Muktaposhi and Katakamanda to collaborate for a mega health camp on 3rd of November 2009 at Derasing ME School for providing free check up to pregnant women and the ailing.

The GKS has utilized the untied funds rationally and are having their meetings regularly. They are planning to disseminate their plan and utilization of funds in the Gram Panchayat meeting. They are also planning to develop a panchayat level resource centre which shall be a coordinating agency between GKS and the district health administration. They aspire for improving the health status of their village while also being an example for others to take similar initiatives.