OXFAM IN ACTION

Activating Village-Level Monitoring to Improve Maternal Health in Bihar

ऑक्सफैम इंडिया
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Eight Millennium Development Goals (MDGs) were agreed by member countries following adoption of the Millennium Declaration by the United Nations Millennium Summit in 2000 — ranging from halving extreme poverty rates to providing universal primary education to all— to be realised by the target year 2015.

One of the goals, MDG 5 was about improving maternal health by bringing down the Maternal Mortality Ratio (MMR) — a target was set for each country to bring down their ratio by three quarters between 1990 and 2015; which for India meant 109 per 100,000 live births by 2015. In 2007-09 the MMR was 212; it declined in 2011-13 but continues to be high at 167[1] with huge inter-state and intra-state disparities.

Striving towards Oxfam's vision of *'right to life with dignity for all'*, a project *'Improving Maternal Health in Six States of India'* was conceptualised under the Global Poverty Action Fund (GPAF) with support from Department for International Development (DFID). GPAF focussed on poverty reduction and pursuit of MDGs through improved service delivery, empowerment and accountability, work on conflict, security and justice[2].

The MMR and prevalence of malnutrition in the project areas was much higher than the national average. Evidence on coverage of services indicated gaps in government programmes and schemes reaching the poor and marginalised communities. The project sought to improve maternal health status by strengthening community capacity to demand, access and monitor health services — the public health system is still the only option for the poorest and most marginalised— simultaneously engaging with the health system at multiple levels (local, district, state, and national) to address the gaps in the public delivery system.

As per the Tendulkar Committee Report 2009, nearly 54.4 per cent of Bihar's population lives below the poverty line, which is much higher than the national average of 37.2 per cent[3]. Bihar is one of the poorest and most underdeveloped states in India, underperforming on most social indicators linked to income, health, nutrition and gender. Maternal and child undernutrition also continue to be high. As per National Family Health Survey-3 (NFHS-3), more than 68 per cent women in Bihar are anaemic and 43 per cent have a Body Mass Index (BMI) of less than 18.5. These women are more likely to give birth to low birth weight children, thus perpetuating inter-generational cycle of undernutrition. More than 87 per cent children aged 6-35 months are anaemic.

According to NFHS-3, 69 per cent of girls are married in Bihar before the age of 18 and 25 per cent give birth before the age of 19. Data shows a comparatively low use of contraception by married couples, 34 per cent, as against the national 56 per cent. Institutional deliveries too are at a dismal 2-9 per cent in some parts of the state.

Due to the prevalence of early marriage and childbirth coupled with poverty, gender inequality and poor public health infrastructure, maternal and child health indicators in the state remain poor. According to the Annual Health Survey (AHS) 2011-12, Bihar's MMR was 294 per 1,00,000 live births and Infant Mortality Rate (IMR) was 52; in 2012-13, the MMR marginally reduced to 274 and the IMR to 48.

GPAF* PROJECT WAS IMPLEMENTED IN 420 VILLAGES, 21 BLOCKS AND 17 DISTRICTS SPREAD OVER 6 STATES OF BIHAR, ODISHA, JHARKHAND, CHHATTISGARH, MAHARASHTRA AND RAJASTHAN

420 VHSNCS ACTIVATED & NOW MONITORING COMMUNITY LEVEL HEALTH SERVICES

11000 WOMEN
ATTENDED MATERNAL HEALTH TRAININGS

32000 PEOPLE
PARTICIPATED IN 56 HEALTH & NUTRITION MELAS

INCREASED DEMAND FOR NUTRITIONAL SUPPLEMENTS AND TEMPORARY CONTRACEPTIVES

19 OUT OF 24 PHCS NOW HAVE REFERRAL TRANSPORT COMPARED TO 5 PHCS EARLIER

* Global Poverty Action Fund

There has been chronic under investment in public health system in Bihar, which has led to significant underperformance in health services impacting overall health indicators. The National Rural Health Mission (NRHM)[4] launched in 2005, was to correct this trend; other programmes like the Integrated Child Development Services (ICDS) and the Public Distribution System (PDS) too aimed at improving health and nutrition of women and children. However, they are ridden with underperformance, corruption, absenteeism, shortages of personnel and supplies leading to large underserved areas and population.

INSTITUTING CHANGES THROUGH VILLAGE LEVEL VHSNCs

Since 2012, Oxfam has been working in 70 villages in Supaul, Kishanganj and Sitamarhi districts with Bihar Gram Vikas Parishad (BGVP) and Bihar Voluntary Health Association (BVHA). BGVP has been working for the marginalised sections of society through community convergence and social action since 1989. BVHA too has focused on community health by initiating and strengthening peoples' organisations since 1970 with the aim to develop organisations' ability to respond to needs and promote people's action.

Bihar is India's most flood-prone state, with 76 per cent of the population in northern part of the state living under the recurring threat of flood devastation[5]. The three districts, where Oxfam works in Bihar, are in the northern flood-prone plains making it more underdeveloped than the rest of the state. The state has a sizeable population of Dalits, Muslims and Other Backward Classes (OBCs), a substantial number of whom are poor, landless labourers and artisans.

According to the World Health Organization (WHO), community mobilisation, a key strategy for increasing demand for and use of health services, is a process that helps communities to identify, address and respond to these needs[6]. Oxfam's work in Bihar epitomises this essence of community mobilisation. The core strategy for this project was the integration of health and nutrition services by empowering frontline health workers and activating citizen's bodies to enable them to engage with the public health system as monitors and collaborators. Consequently, the project sought to improve maternal health status by strengthening community capacity to demand, access and monitor public health and nutrition services by engaging with the government system at multiple levels (local, district, state, and national) to address the gaps in the public delivery system.

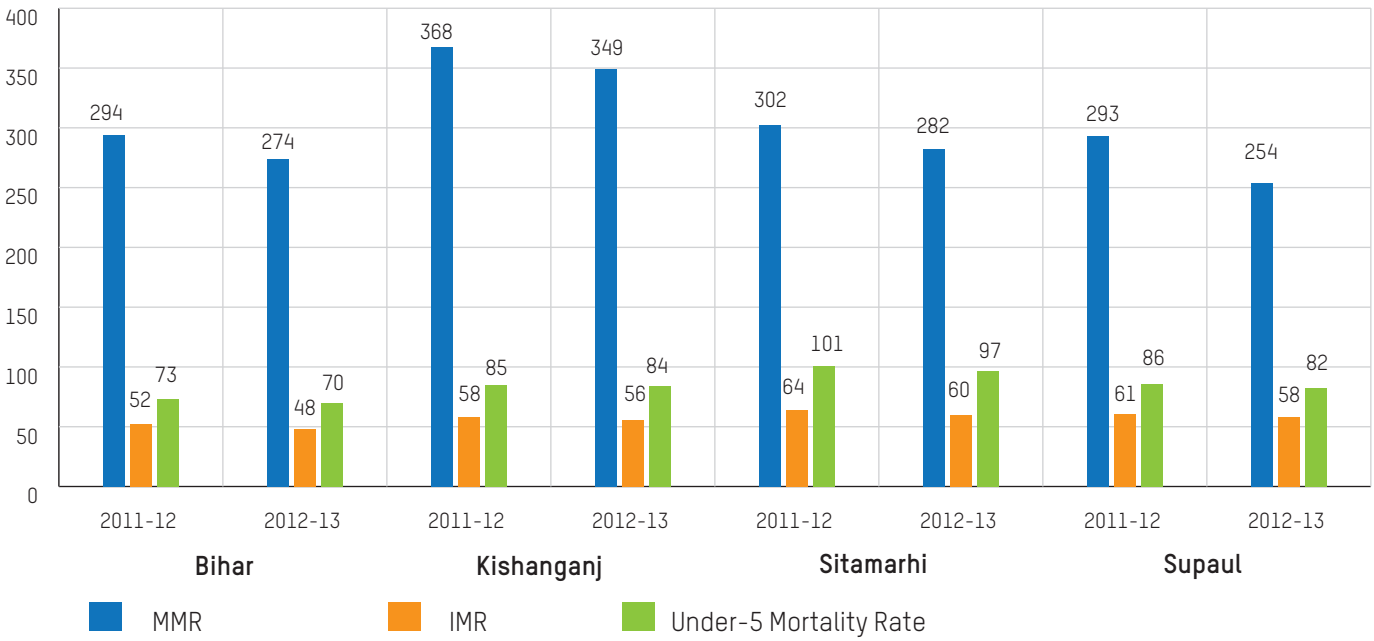
Oxfam began with mobilising the community, activating the panchayat level Village Health Sanitation and Nutrition Committee (VHSNC) and setting up village level VHSNCs. The VHSNCs are community based monitoring groups formed under NRHM. VHSNC falls within the ambit of Panchayati Raj Institutions (PRI) that helps decentralise health services. However, unlike other states in India, Bihar does not have village level VHSNC; in Bihar, they are constituted at the panchayat level.

Prior to setting up village level VHSNC, the panchayat members said that they did not work much on health. Health wasn't a priority for them as they were not aware of their rights and the community did not demand these. "Earlier, we didn't have any information. We didn't know about the services, our rights or the precaution that we need to take for pregnant women," said Ramlakhan Yadav of village Runnisaidpur in Sitamarhi.

Due to poor road connectivity, the community neither had access to health centres nor institutional delivery. Women opted for home deliveries and went to health centres only in the case of a complication in delivery. Delays in arranging for transport and bad roads meant that maternal deaths were not uncommon.

Oxfam and its partners have put in considerable effort in the formation of village level VHSNCs, training them, creating awareness and building pressure on the public health services. The members were trained about their rights and responsibilities. Ramlakhan is part of the newly formed village level VHSNC.

ANNUAL HEALTH SURVEY DATA



Source: http://www.censusindia.gov.in/vital_statistics/AHSBulletins

Young mothers in Chakla panchayat, Kishanganj shared that antenatal and postnatal services have significantly improved during the project period.

"Due to these persistent efforts there has been increase in community awareness, decrease in provider absenteeism, increase in health services usage, and increase in demand of contraceptives," said Danish Meeraj, theme coordinator, BVHA. BVHA works in Supaul and Kishanganj. An additional Primary Health Centre (PHC) was opened in Kishanganj on the demand of the VHSNC.

The VHSNCs were trained to monitor the performance of ICDS and PDS. In the past, there were instances when the dealer would take money but not give enough ration. But that has changed. "We monitor the quantity and quality of ration given out by ICDS and PDS. If there is any problem, we give a warning. If they still don't listen, then we take action," Jyoti Singh, ward member of village Phulwari in Kishanganj. In case of discrepancy, the VHSNCs through the panchayat can get the license of the PDS dealer revoked.

The setting up of village level VHSNCs has led to more structured collaboration between health and nutrition initiatives at the community level. Since the VHSNC is the first village level body focusing on health and nutrition, the members are working on highlighting bottlenecks related to ICDS and PDS and advocating for universal and equitable access to public services. For instance, the *Janani Suraksha Yojana* (JSY) in Bihar mandates that nutritional supplement can only be given to eight pregnant women in the village. This deprives many others of the benefits and the families, who are left out, feel discriminated by health workers and refuse to participate in health programmes. Now, the VHSNC members are advocating for provision of nutritional supplements for all pregnant women in the village.

The village level VHSNC meets once every month to discuss health, sanitation and nutrition issues in the villages. During the meetings, the committee members draw roadmaps to address community needs as well as plan the utilisation of untied funds provided by the panchayat to the committee. The villagers were unaware of the untied funds or its utility and these remained unused for a long time and, as a result, the allocation was substantially reduced.

The setting up of village level VHSNC has increased the utilisation of untied fund and improved the quality of spending. The decision to spend untied funds is taken mutually by the VHSNC members during monthly meetings. "Mostly funds were used for building structures for enhancing health status of villagers. A large chunk of money in Sitamarhi was spent on building or repairing roads and structures to improve sanitation," said Rambinay Singh, documentation and evaluation coordinator at BGVP. The Parishad works in Sitamarhi and in some parts of Supaul. However, activities that require innovation still show significant underutilisation of funds.

Community mobilisation in the villages of Sitamarhi, Kishanganj and Supaul are beginning to show results. During the three years of GPAF project, consistent change has been observed due to actions of the community. The village level VHSNCs, backed by community based monitoring, have been instrumental in giving adequate thrust to streamlining social sector services as well as increased ownership and demand for services at the village level. People feel that VHSNCs have helped them gain a foothold on their health and nutrition rights and they are positive of continuing it beyond the project period. The village level VHSNC has ensured that the panchayat is in tune with the demands and requirements of the community.

Apart from VHSNC members, Barefoot Auditors' (BFA) are the other volunteers leading this change. The Barefoot Auditors, appointed as frontline workers under the GPAF project, have made it easier for the public health workers —Auxiliary Nurse Midwives (ANM), Accredited Social Health Activists (ASHA) and Anganwadi Workers (AWW) — to perform their duties by uniting and educating community members on issues related to health and nutrition. The Barefoot Auditors haven't restricted themselves to health alone; they are actively

THE VILLAGE LEVEL VHSNC MEETS ONCE EVERY MONTH TO DISCUSS HEALTH, SANITATION AND NUTRITION ISSUES IN THE VILLAGES. DURING THE MEETINGS, THE COMMITTEE MEMBERS DRAW ROADMAPS TO ADDRESS COMMUNITY NEEDS AS WELL AS PLAN THE UTILISATION OF UNTIED FUNDS PROVIDED BY THE PANCHAYAT TO THE COMMITTEE

Village- level VHSNC members at Sitamarhi, Bihar (with the community based monitoring tool in the backdrop)

involved in keeping a tab on other social indicators as well. In Sitamarhi, for instance, the BFAs are often called upon by the panchayat to stop child marriages.

"There has been great improvement due to this project. Now we know that our health is really in our hands," said Manzoor Alam, ward member, Kishanganj. Community participation is pertinent not only at the stage of implementation but also at the planning stage, as the latter leads to ownership of project activities and ensures its sustainability and continuity. Oxfam and its partners have encouraged participation of women in the VHSNCs and, as a result, more women are now actively engaged in taking decisions on health issues.

Active citizenship, as exhibited by interest and participation of community members in the VHSNCs, holds promise of further growth and development in the villages of Bihar. However, similar engagement with the state government and public services is required to maintain this momentum of growth. Recognition of the village level VHSNCs in Bihar would also be a right step in this direction.

NOTES:

1 http://www.censusindia.gov.in/vital_statistics/mmr_bulletin_2011-13.pdf ; these are the latest figures, the earlier figure was at 178

2 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207456/GPAF-Gender-Guidelines-

3 http://planningcommission.nic.in/reports/genrep/rep_pov.pdf

4 National Rural Health Mission and National Urban Health Mission were merged in 2014 to form the National Health Mission

5 http://reliefweb.int/report/india/rapid-assessment-report-bihar-flood-2013

6 http://www.who.int/management/community/overall/CommunityMobilization2pgs.pdf (accessed on 1st December 1, 2014)

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Photo Courtesy: Anjali Bhardwaj

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