



PROCESS DOCUMENTATION REPORT 2014-2017

'Initiative for Transparent and Accountable Governance Systems in Jharkhand'

Report Prepared & Submitted by Ekjut



European Union



For a world without hunger



Together, building healthier communities

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List of Acronyms

ANC	Antenatal care
ANM	Auxiliary Nurse-Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi centre
AWW	Anganwadi worker
BAM	Block Accounts Manager
BDO	Block Development Officer
BTT	Block Trainers Team
CDPO	Child Development Project Officer
DPC	District Project Coordinator
GS	Gram Sabha
ICDS	Integrated Child Development Services
IMR	Infant Mortality Rate
LS	Lady Supervisor
MOIC	Medical Officer In-charge
NFHS	National Family and Health Survey
NHM	National Health Mission
PLA	Participatory Learning and Action
PNC	Post Natal Care
PRI	Panchayati Raj Institution
PVTG	Particularly Vulnerable Tribal Groups
SC	Scheduled Caste
SHG	Self-help group
ST	Scheduled Tribe
THR	Take Home Ration
VHSNC	Village Health, Sanitation and Nutrition Committee
VHND	Village Health Nutrition Day
WG	Women's Group

Acknowledgement

We express our deepest gratitude to Welthungerhilfe (WHH) for their undeterred support in implementation of the project titled “Initiative for Transparent and Accountable Governance Systems in Jharkhand’ in 4 Blocks of 4 districts of Jharkhand.. We would also like to extend our immense appreciation to WHH team for their indomitable support and cooperation. The completion of this undertaking could not have been possible without the participation and assistance of the facilitators and Participatory Learning and Action (PLA) health & education experts and Project Coordinators of Khunti, Pakur, Jama and Sahebganj, where the project was implemented and also the members & non-members of VHSNC who participated in the meetings. We also sincerely acknowledge the community for their receptivity, positivity, enthusiasm and their valuable contribution for the effective implementation of PLA.



SECTION I Introduction

BACKGROUND

Jharkhand is the thirteenth largest state in terms of population. There are 32 tribal groups in Jharkhand and nine primitive tribal groups which together comprise 26 per cent of the population. The major tribes are Santhals, Munda, Ho, Oraon, and Paharias. Scheduled Castes constitute about 12 per cent of the state's population. Jharkhand is considered as one of the poorly performing states in the country with respect to human development indices like literacy (54.13 per cent—male: 69.74 per cent, female: 39.38 per cent), and Infant Mortality Rate (IMR) (48), etc. It has a Human Development Index (HDI) of 0.513 which is one of the lowest in the country, however, there has been some improvement in this indicator during the last five years.

Malnutrition potentiating effects alone attribute to 56% of all child deaths in developing countries, with 83% of these deaths being attributed by mild and moderate forms of malnutrition, measured by weight for age^{1,2}. NFHS-3 data of Jharkhand shows that 59% of children below 3 years are underweight (registering an increase of about 5% over NFHS-2 data of 1998-99). 48.7% women in rural Jharkhand are below normal Body Mass Index (BMI) and 71% women in the State were anaemic. Clearly this situation calls for immediate concerted action from all sections.

To tackle the issue to malnutrition and high maternal and child mortality, there was a need for a strategy that can address community perceptions and practices on one hand, on the other hand, seek improvement in access, delivery and quality of public services, with due consideration to underlying principles of accountability, equity, empowerment and sustainability.

ABOUT THE PROJECT

'Initiative for Transparent and Accountable Governance Systems in Jharkhand' was supported by Welthungerhilfe. The focus was given on 'improving food and nutrition security, building capacities of civil society organisations, strengthening local government institutions, empowering people to access entitlements, and promoting good governance'.

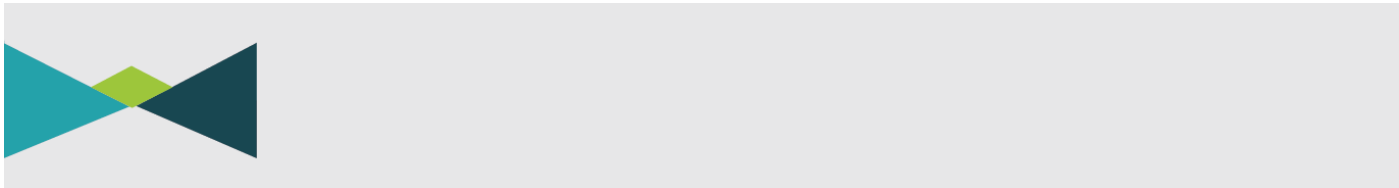
Project Goal :

Project aimed to contribute to social inclusion and reduce poverty through improved public services programmes in selected districts of Khunti, Pakur, Sahebganj and Dumka, of the State Jharkhand.

Objectives :

- Improved quality, coverage and access to information regarding public services in education, health, nutrition and rural employment in four blocks of four districts in Jharkhand.
- Innovative processes and practices that address key constraints in information delivery services provision and empowerment of self-governance bodies are successfully standardized demonstrated and replicated by state and district level authorities or service providers.

1 Pelletier DL, Frongillo EA, Habicht JP. Epidemiologic evidence for a potentiating effect of malnutrition on child mortality. *BMJ Public Health* 1993; 83: 1130-1133.
2 Habicht JP. Malnutrition kills directly, not indirectly. *The Lancet*, Volume 371, Issue 9626, Pages 1749 - 1750, 24 May 2008

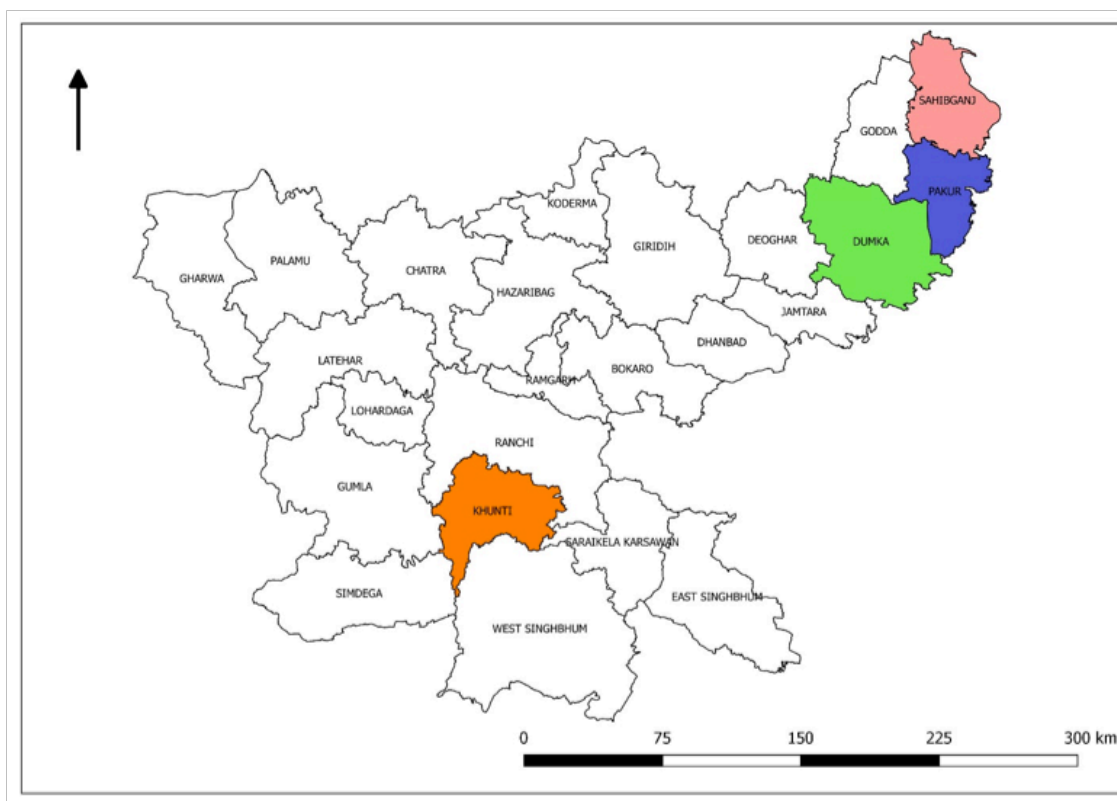


Welthungerhilfe along with project partners- Ekjut (acting as Technical Agency of intervention), LEADS (Life Education and Development Support, in Khunti district), NEEDS (Network for Enterprise Enhancement and Development Support, in Pakur district, BADLAO FOUNDATION (in district Shaebganj) and PRAVAH (in district of Dumka). Intervened in four blocks of four districts of Jharkhand. The intervention aimed at supporting local government institutions, village functionaries, committees and empowering people to access entitlements and social safety nets. In pursuit to ensure better access to food and nutrition, and to promote mother and child health, the approach has undertaken behaviour change interventions by working with the community through Participatory Learning and Action (PLA) tools. Quality of public services is improved through capacity building programmes of village level functionaries. It was also an initiative to build capacities of civil society and grass root-level organisations to equip them with information on schemes and entitlements, and keeping them updated throughout the process

Area Selection

Selection criteria of the project area was taken as the most remote and deprived tribal districts of Jharkhand, where intervention could be planned for improving significantly the access to information coverage and quality of public services in primary education, health nutrition and rural employment. 4 districts and 4 Blocks were purposefully selected for project intervention

Fig. 1: Map of 4 Districts and Intervention Blocks. A total of 200 villages were randomly selected for the intervention.



Ekjut was the technical partner while; LEADS, NEEDS, PRAVAH and BADLAO FOUNDATION, NGOs were implementation partners working in 50 villages each. Out of each of those 50 villages, 10 villages were chosen specifically for 'strengthening of the VHSNCs'. Therefore, in Jharkhand, through all the four implementation partners, 40 villages have been specifically chosen for empowering VHSNCs.



National Health Mission & Village Health Sanitation and Nutrition Committee

Mahatma Gandhi believed that India lives in her villages and that it has no future worth the name unless these villages play their proper part in the life of the country. Involvement of people at the grass root level is the most important means of bringing about socioeconomic development. And therefore, it is an established requirement that villages and their governance systems are strengthened to efficiently deliver its essential services. In Jharkhand, Panchayati Raj Act (JPRA) was enacted in 2001 in accordance with the provisions of the 73rd amendment of the Constitution and that of the Panchayat Extension to the Scheduled Areas Act (PESA) 1996, which being applicable to the state, 'grants special status to "adivasis" in scheduled areas. Further to this, JPRA was amended in 2003 and 2005 respectively, while the state also framed the Panchayat Election Rules in 2001⁴.

"Health for All—an alternate Strategy" report, was commissioned by ICSSR and ICMR, which indicated that most of the health problems of a majority of India's population were amenable to being solved at the primary health care level through community participation and ownership. However, this is also seen that ⁵Rural health care services suffer from a shortage in public sector infrastructure, which is not only in terms of physical infrastructure but also the human resource, measured even against the minimal norms prescribed by the government⁶, ⁷The two most important issues that emerge with regard to rural health infrastructure in the country are lack of access to the service and poor quality of service.

To address these issues, the National Rural Health Mission (NRHM) was launched by the Government of India (GOI) in April 2005. National Rural Health Mission (NRHM) seeks to provide accessible, affordable and quality healthcare to the rural population, especially the vulnerable sections. It also seeks to improve the maternal and child health services throughout the country⁸. Engaging with the community in planning and monitoring of health service delivery is central to enhancing the availability, accessibility, quality, and use of the public health system. The NRHM has placed strong emphasis in addressing local issues and its solutions and making it community- centric through the involvement of Panchayat Raj Institutions (PRIs). In the process, the responsibility of preparing village health plans, its implementation and monitoring has been entrusted to the village Health Sanitation and Nutrition Committee (VHSNC) of the gram panchayat (village level self-governing body). The National Rural Health Mission (NRHM) has positioned community ownership as central to its strategy, primarily through the Village Health Sanitation and Nutrition Committee (VHSNC).

VHSNCs are formed at the level of the revenue village which is formed through a participatory process. NRHM envisages the VHSNC to be in charge of decentralized planning and monitoring at the village level. The VHSNCs are village-level bodies comprised of key stakeholders in a village and serve as a forum for village planning and monitoring. It provides an institutional mechanism for the community to be informed of health programs and government initiatives and to participate in the planning and implementation of these programs¹⁰.

4 www.undp.org/content/dam/india/DG/CA-CDS-report-jharkhand.pdf

5 Katoch VM. Three decades of ICSSR-ICMR Committee Report & the re-assertion of social determinants of health. *Editorial, Indian J Med Res* 2012;136:540–3.

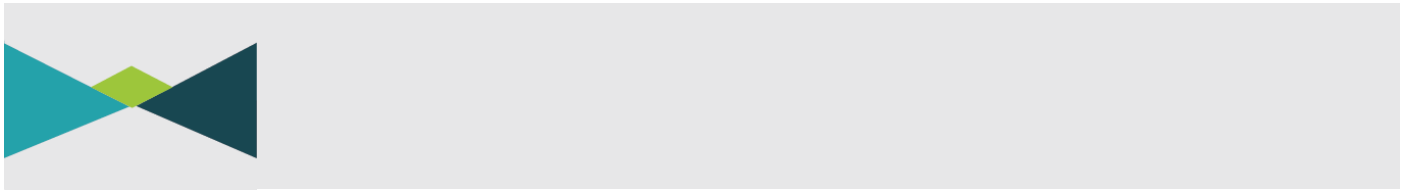
6 Aitken M. *Understanding Healthcare Access in India*. Waterview Boulevard, NJ: IMS Institute for Healthcare Informatics, 2013.

7 Hall MJ, Marsteller J, Owings MF. Factors Influencing Rural Residents' Utilization of Urban Hospitals. *National health statistics reports; no 31*. Hyattsville, MD: National Center for Health Statistics, 2010.

8 Ministry of Health and Family Welfare, Government of India. *National Rural Health Mission: Broad framework for preparation of district health action plan*. New Delhi; Government of India. August 2006

9 National Rural Health Mission, Government of Rajasthan. *Panchayati Raj Institutions and NRHM [Online]; [accessed on 11 Jan 2011] Available from URL: <http://www.nrhmrasthans.nic.in/pri&nrhm>*

10 *Guidelines for Village Health Sanitation and Nutrition Committees (VHSNC)*. National Rural Health Mission, Ministry of Health and Family Welfare, Government of India, 2013. Available at: http://www.pbnrhm.org/docs/vhsnc_guidelines.pdf.



VHSCs were formed for the following purposes- (1) to ensure that no section of the village community is excluded from services, (2) to prepare a village health plan to suit local realities and necessities, (3) to provide monitoring and oversight to all village health activities; and (4) to ensure that untied funds are appropriately used for improving maternal and neonatal health in the village.

In year 2011, VHSCs were renamed as 'Village Health, Sanitation and Nutrition Committees' (VHSNCs). Roles of VHSNCs was further expanded to address nutrition. From then onwards, Committees also have additional responsibilities like maintaining data on 'the nutritional status of women and children' - treatment of severely malnourished children by case referral to Malnutrition Treatment Centres, preparing Village Health Action Plan (VHAP) , putting special attention on the nutritional components and educating community members on nutritional issues. Further to this, duties also include supervision of Anganwadi Centres (AWCs), which are village-level nutrition and pre-school education centres as well as monitoring the Village Health and Nutrition Day (VHND) on monthly basis, when ANMs administer immunization, antenatal care and provide counselling on recommended maternal and child health practices. The current strategy envisions VHSNCs as people's organizations for intersectoral planning and an action action committee to address the social determinants of health, and to increase people's utilization of public health services.



SECTION II The Intervention

The Intervention Design:

Community mobilization is a capacity building process through which community members carry out and evaluate activities in a participatory and sustained basis to improve their health and nutrition stimulated by trained facilitators. The focus of the project was to reduce the welfare gaps for these communities through enhanced community level participation and facilitating discrimination free access to service. This was done by bringing forth the issues of exclusion for discussion in the public domain and recognizing that such exclusions exists, and building enabling environment through community based processes to sensitise and promote integration. One of the major intervention strategy was:

- ▶ Community mobilization through strengthening village health sanitation and nutrition committee to strengthen demand side of quality services and holding government to account for health service strengthening.

PLA Module designing for VHSNC members:

The GOI launched the National Rural Health Mission (NRHM) in 2005 to improve access to equitable, affordable, accountable and effective primary health care. To improve the health of community members, the NRHM mandates the formation of Village Health Sanitation and Nutrition Committees (VHSNCs) to act as change agents in order to bridge the gaps between the community, health service providers and decision makers. VHSNCs are endowed with the responsibilities of promoting decentralization in health decision making, assisting health service planning and community monitoring, analyzing community health and nutrition issues, raising awareness amongst villagers about health services and entitlements, and providing feedback to health service providers and decision-makers¹¹. Altogether 12 different meetings for VHSNCs were designed for the intervention villages. The PLA cycle for the VHSNCs members was designed to provide information about different schemes and entitlements related to accessing health and nutrition services and ongoing support in community monitoring to make health service providers and decision makers accountable.

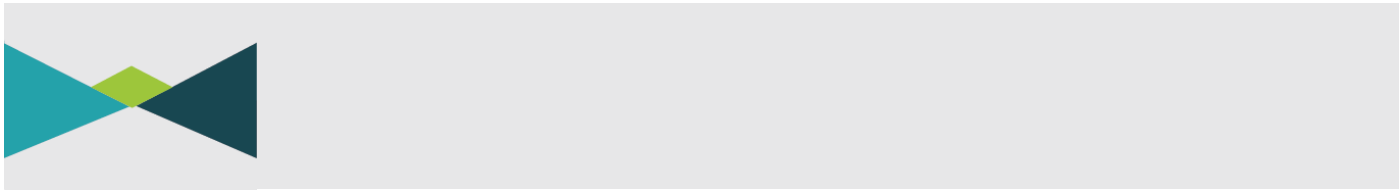
The project tried to bridge gaps related to:

A. Access to services- Certain areas were hard to reach, also gaps like social exclusion of certain communities like Scheduled castes /Particularly Vulnerable Primitive Tribal groups was tried to be filled up. Even in many places (far off hamlets) there was lack of required infrastructure while others services like VHNDs were not being conducted regularly. Anganwadi centres were also not functioning regularly and there was a shortfall in supplies, and limited home visits etc.

B. Access to Information- There were gaps regarding access to information to the above groups, and others like daily wage/ migrant labours, and women headed families. The families were not able to access information thereby not able to access the benefits of different schemes and entitlements, which resulted in disablement to participate in the Village Health and Nutrition Days (VHND). Thus, meetings were designed on building awareness, understanding schemes entitlements, monitoring the services themselves by the members of VHSNCs and community members.

C. Participation in grassroots democratic processes to reach to the marginalized sections in the villages, that have low or no participation in Gram Sabhas/ mandated CBOs, Women's Groups etc.

¹¹ http://jharkhand.gov.in/New_Depts/sec/sec_actsnrules.htm



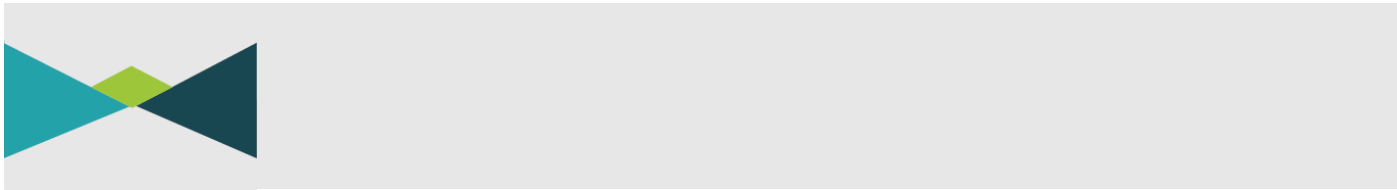
The main objectives of VHSNC meetings were:

- To identify the issues of inequities (especially health and nutrition) by the VHSNC and community members.
- Identifying and linking the excluded communities by assigning responsibilities
- Strengthening the service delivery with community ownership
- Orientation and supporting VHSNCs in community monitoring
- Use of untied fund and prepare village health action plan by the members

The meetings included following areas: a) to develop understanding on role and responsibilities by VHSNC members, b) understanding services (rights and entitlements) c) understanding the monitoring at community level d) identifying service gaps/barrier and mainstreaming the excluded communities, e) WASH and convergence components.

Twelve Meetings conducted as in the table given below: -

Meeting No.	Topics	Objectives	Timing
Phase 1 –(Assessing Situation)			
Meeting No 1	Introduction of the program, Understanding on Social inequity * To introduce the project. *To understand inequity. * To discuss on how VHSNC could work in the community.		1.5-2Hrs
Meeting No 2	Preparation of village resource map by village health sanitation and nutrition committee (VHSNC) * Identification of available resources of the village. *VHSNC members identify excluded families.		1.5-2Hrs
Meeting No 3	Role, objective and Responsibilities of VHSNC *Understanding the roles, objectives and functions of VHSNC		1.5-2Hrs
Meeting No 4	Assessing Status of Health and Nutrition related services available at village level *Assessment of services provided by the frontline functionaries at the village level. *creating awareness on the services of Village health and Nutrition Days (VHND).		2-2.5Hrs
Phase-2 (Deciding Solution)			
Meeting No 5	Understanding importance of water and sanitation, health and nutrition services at village level. * VHSNC members facilitated to understand factors affecting health like water and sanitation, health and nutrition services.		1.5-2Hrs
Meeting No 6	Village Health Action Plan * Preparation of Village Health and Action Plan		1.5-2Hrs
Meeting No 7	Distributing responsibilities *Members divide responsibilities for proper implementation of their health plan.		1-1.5Hrs



Meeting No.	Topics	Objectives	Timing
Phase-3 (Taking Action)-Implementation			
Meeting No 8	Discussing on RSBY, JSY, JSSK and other Governmental schemes. * Developing of knowledge on different government schemes among the VHSNC members.		1.5-2 Hrs
Meeting No 9	Documenting/ minuting the proceedings of VHSNC , * Understanding how to write the proceedings of VHSNC,		1.5-2 Hrs
Meeting No 10	Village Health Sanitation and Nutrition Committee (VHSNC) Untied fund * To understand the proper utilization of untied fund of VHSNC. * Understanding how to write the account details		1-1.5 Hrs
Meeting No 11	Birth and Death Registration * To understand the importance of birth and death registration		1 Hrs
Phase-4 (Evaluation)			
Meeting No 12	Participatory Assessment and setting of future plans Supplementary meetings Reviewing of last 11 meetings. * providing opportunity to the members to share their experiences. * Assessing the effects of meeting cycles in the community. Preparing of future plan		2Hrs

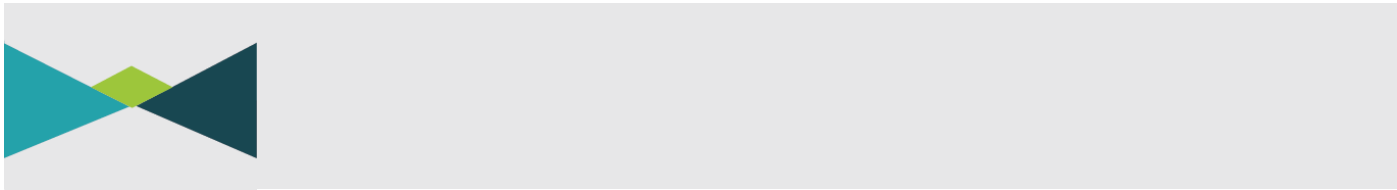
Along with the 12 meetings of PLA cycle there were other activities carried out during the intervention period.

- Two active VHSNC members (except Sahiya and President) from all VHSNCs were given a half a day training on VHND pictorial service assessment tool, which tracks the availability of service provided by ANM/AWW/ASHA on the day of VHND. Considering the literacy level of the community, relevant pictures were placed alongside the service for easy understanding. The tool was implemented in 149 AWCs and regularly monitored by their respective VHSNCs.



Table 1: Training details of VHND Pictorial Service Assessment Tool

Organisation	No of VHSNCs	No. of Training	No. of members oriented
LEADS	44	7	349
PRAVAH	41	5	164
NEEDS	36	5	180
BADLAO FOUNDATION	48	10	347
Total	169	27	1040



- As the intervention was only in 10 villages, it was decided that all other VHSNC members should be oriented majorly on their roles and responsibility, and schemes and entitlements; in total 232 VHSNC members were trained.
- VHSNC members were also trained how to do facility audit of AWW centers. Again the facility audit tool was designed by using appropriate pictures. One-day training was organized for the VHSNC members on the process of doing a facility audit (AWC). Further to this training, audits were done for 186 AWCs.

Recruitment of field professionals and Trainings

The facilitators were selected from the communities itself who could speak local languages like Sadri, Mundari and/or Oran who were made aware about the local area context. The team of 32 people comprised of 20 facilitators, 8 experts and 4 Project Coordinators. Each facilitator was responsible for 2 villages to conduct VHSNC monthly meetings.

Training

Ekjut being the technical agency provided phase wise trainings on Participatory Learning and Action (PLA) Cycle which were conducted by the master trainers were from Ekjut core team.

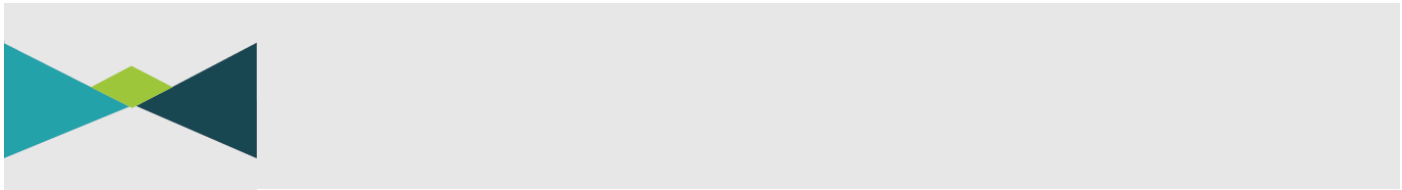
Fig :Trainings organized for facilitators for VHSNC



In total 3 training programs were organized for VHSNC facilitators to conduct 12 meetings with VHSNC members. The purpose of these trainings was to build their capacity on understanding inequity, service, and entitlements available in the village and to conduct meetings with the members and villagers for better service uptake.

Roll out of PLA with VHSNC and Review meetings

The PLA meetings roll out began in May 2015 in 40 villages of the 4 intervention blocks, with regular review meetings conducted at block level. At the block level, each block coordinator conducted review meeting once in a month and was supported by respective Project coordinators.



The review meetings included review of work against the plan, and discussion on problems and queries faced in the field based on which additional technical support was provided as and when required. Any other difficulties faced in field were shared with coordinators and joint effort was made to devise solutions. Regular quarterly visits were conducted for hand hold support to the partners by the technical agency (Ekjut). The team conducted on the spot review of the meetings, gave feedback to improve the meeting process, mock drills were conducted for the upcoming meetings, and also helped in data management.





SECTION III

Methods for Process Documentation

Process followed for process documentation

To get in depth understanding of VHSNC members experience it was decided to apply mixed method for the process documentation.

- Focus Group Discussion with the VHSNC members
- Individual questionnaire for VHSNC members
- Interview checklist for project staff

Random selection of five villages was done in the four project blocks of the four districts. Finally, it was decided to conduct Focus Group Discussion in two villages only.

FGD process: Discussion held in a formal meeting with VHSNC members. Each question was explained clearly to the participants. Questions were translated in Santhali, Paharia and Khortha languages by the field facilitator in the non-Hindi speaking area.

Dictaphone was also used in some places to 'record the discussion' as per consent of the participants. Help of partner NGOs's field facilitators was taken, who could speak local languages (Santhali, Paharia & Khortha) for conducting the FGDs in village meeting places. Field facilitator of the concerned project district facilitated the meetings and translate the questions.

In total, 10 focus group discussions were conducted with the VHSNCs in the month of June and July 2017.

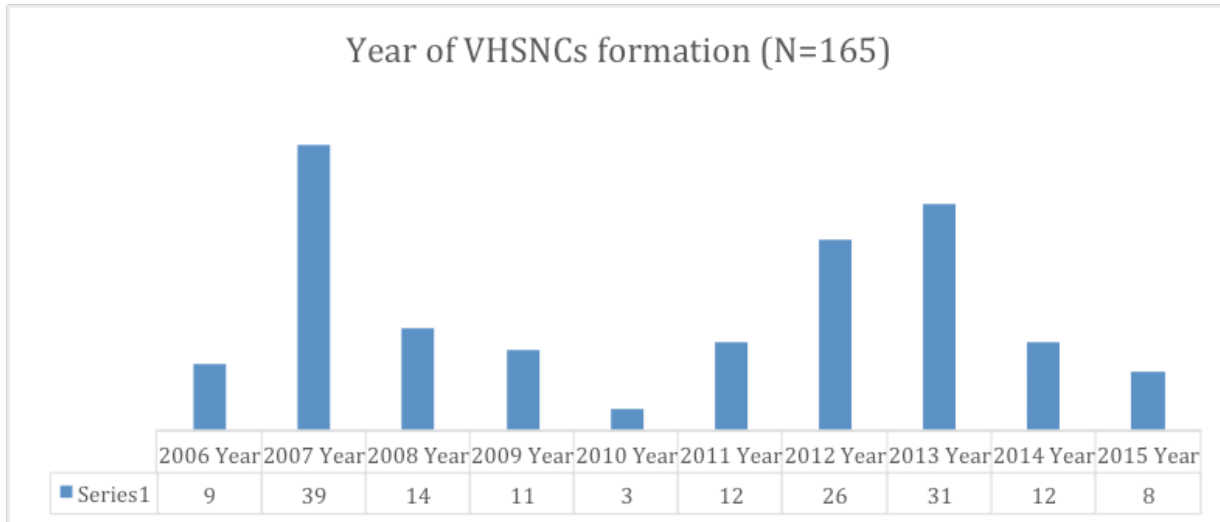




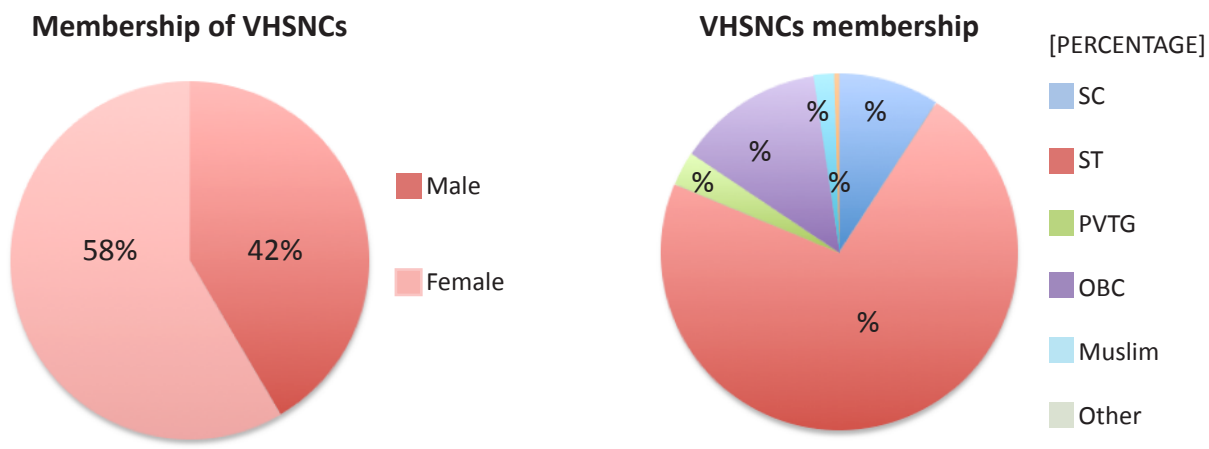
SECTION IV

Participatory Learning Action with Village Health Sanitation and Nutrition Committee

A baseline of VHSNC was conducted under this project, which gives some information about the VHSNC committee (information about 165VHSNCs was assessed) The bar-chart below shows that the committees were formed gradually over time, beginning from 2006.

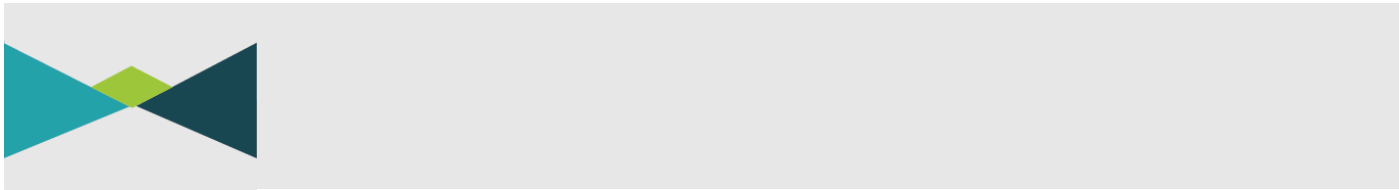


The diagrams below represents that more than 50% of female members were included in the VHSNC while forming this committee, also the committee members represented different religions and social categories. Majority of VHSNC members belonged to schedule caste category.



This was also revealed that only 85% of VHSNCs had their own bank accounts. Regarding training of VHSNC members it was revealed that mostly Sahiyass (ASHAs) or the president of the committee had received any kind of training.

Interestingly, when VHSNC meetings were planned to start in the intervention area it was realized that majority of members were completely unaware about their membership in the committee, this further led to difficulty in identifying committee members and conduct meetings. In all places project staff took the names of the VHSNC members from sahiyaa register and from the block resource(BTT) and began identifying those members.



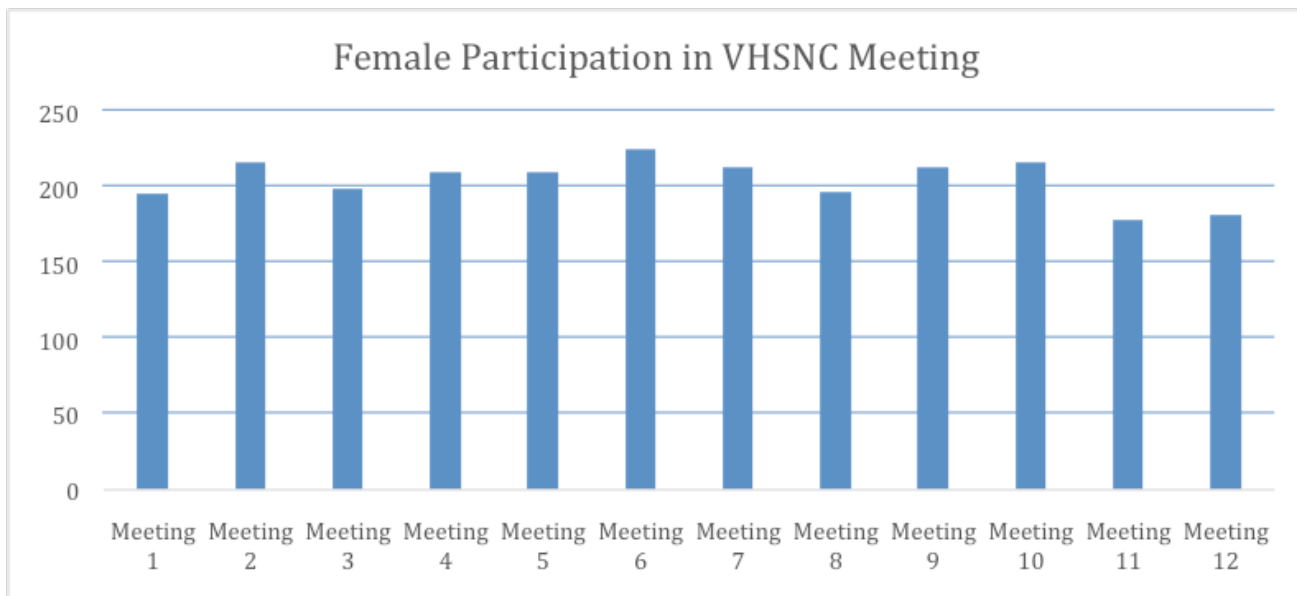
Meeting with VHSNC members

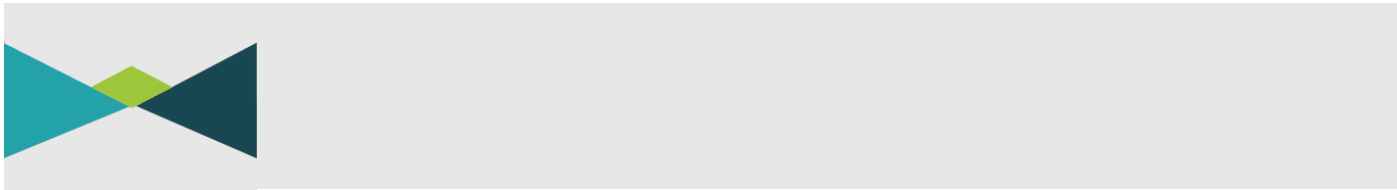
From May 2015, PLA meetings started every month with VHSNC members and it continued till Dec. 2016.

A meeting cycle of 12 meetings were conducted with the VHSNC members of 40 villages on a monthly basis. After understanding the important services and exclusion of certain community through the 'power walk' game, members were oriented on monitoring the services available in the anganwadi centers by filling an structured format. This also helped them in understanding and raising issues, which ultimately helped in bringing things to notice and got scope for further improvement.



An exercise of preparing village map (Naksha) with the members of VHSNC members also helped to identify the service delivery points like Anganwadi centres, health sub centers, schools, PDS shop etc. While performing the Village Mapping, a database of VHSNC members was created to identify the left out communities and an effort was taken to include them in the process. VHSNC members were also oriented on preparing village health plans.





“...we complete our household chores early on VHSNC meeting days and attend. We learned ‘about the entitlements-JSY, Ready to cook food for P/L women & Anganwadi services on Health (immunization, Iron tablets, ANC, GM for children U6) & Nutrition’(packed food to take home, spot feeding of children 3-6 yrs at AWC) after we became the part of the committee. We are really benefited...”
(VHSNC members Sxxx Kisku, Sxxx Besra & Dxx Devi Village Kukurduba, Dist. Pakur)

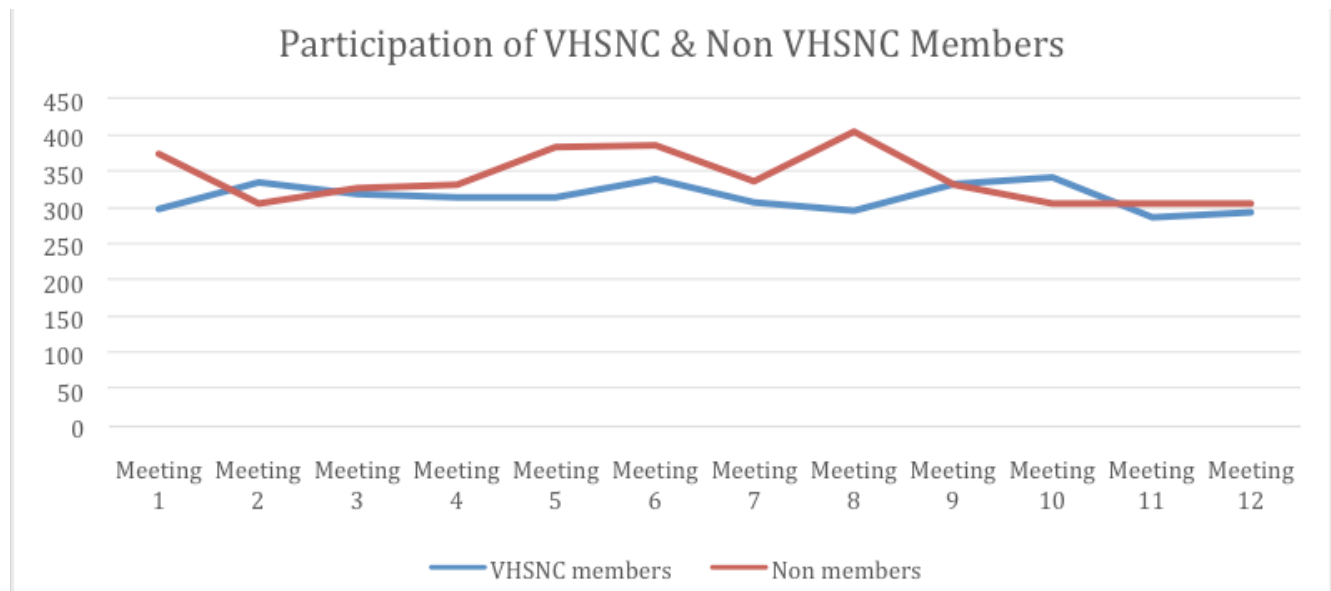
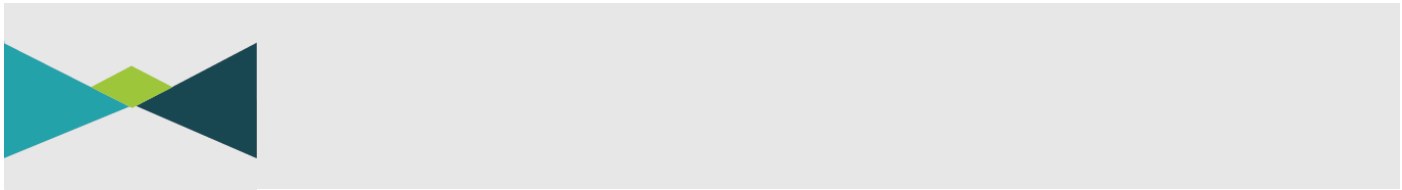


“...initially I did not know what to do as a president? Why to have meetings? How are we going to be benefitted?” WHH project provided us ‘information about VHSNC, how to conduct a meeting and how all of us can be benefitted. These days I do not ignore meetings and the members...” (VHSNC President, Axxx Tirkey, Village Ooyur, Dist. Khunti)

“...field facilitator would come to call us to attend discussion, I did not feel like coming for meeting initially & I would think why should I attend? Later on after attending few meetings I feel committee is really helps in fulfilling our needs...” (Mxxx Devi VHSNC member, Vullage Bandu, Dist. Khunti)

“...slowly after attending 2-3 meetings, Rxxx felt good in VHSNC because she found the games so interesting. Those games are not only for entertainment but some lessons to learn” Since then Rxxx regularly attends meeting...” (Rxxx Devi VHSNC members, Village Tarajhora, Dist. Dumka)

Involving VHSNC members in regular monitoring of service provided by the health service providers helped in regular functioning of the anganwadi centers. Members of VHSNC and non-VHSNC members are now taking further the health and nutrition agenda in Gram Sabha meetings. Apart from their regular discussion they started parallel discussions on the issues of health and nutrition at a larger forum. Trainings were organized on tracking system (M&E) of service that guarantees the objective of the training of VHSNCs (on tracking system), also trainings were aimed to orient and sensitize the VHSNC members on issues of health inequity and help them monitor the service offered on Village Health & Nutrition Day- in which all health and nutrition services are provided in one platform in the village. This training helped the VHSNCs to track and act upon the findings and bargain at different levels to ascertain their rights. This training was conducted cluster-wise and in each cluster, 10-15 VHSNCs were included with 2 to 3 members from each VHSNC. These trainings were organized at the village level in the government buildings (school, Panchayat Bhawan, AWC) and trained project coordinators along with health experts and field supervisors conducted the trainings.



“...it was amazing to know that only women are in VHSNC and members belong to all the four hamlets (located far from each other). These women are so active, they influence the neighbours also to attend the meeting (who are not the committee members)...”. (Village Ooyur, Dist. Khunti)

Reason for cancellation

Meetings were not conducted as planned every month as per the schedule, because of certain events like marriages and deaths in the village, and even during the time of harvesting, assembly and panchayat elections, the meeting had to be rescheduled.



SECTION V Glimpses of Intervention

Initially VHSNCs were only on paper, it was just a formation for name sake. Even members of VHSNC were not aware of their membership as well as their roles & responsibilities. List of members were taken from block and door to door visit was conducted by the project implementing partners in their respective blocks & villages. Initially people were not interested in listening and even to get involved for discussion.

Later on, continuous monthly discussion made the members understand the importance of VHSNC and various ways on how committee can serve a good medium for 'identification' of village issues (especially health, nutrition, entitlements, raising voice for the needs). They realized that they were not orientated properly in the beginning and so they had a limited understanding of their rights and duties. Knowing own village by sketching a 'social map' (village map) indicating the resources available in the village, was a very interesting exercise. It was an eye opening for the VHSNC members in 'identifying' the issues, resources (in terms of drinking water facilities, AWC, HSC and school availability etc.) and it helped a lot in 'accessing those lacking resources – how & from where? While rejuvenating VHSNCs, equal participation of men and women were taken care of, in the committee. Awareness on entitlements and resources inspired members to approach the various departments through appropriate channel.

Awareness gained on the 'free services of immunization, take home ration, Iron tablets, health checkups of children and pregnant' attracted women to attend VHNDs. VHSNC monitors these services every month and help in improving service quality by generating demands to the concerned department. Demand began to generate on 'water resource', 'toilet construction' and 'infrastructures like- AWC, HSC, recruitment of AWW, AWH and ANM. Gradually, issues were raised when VHSNC members started attending VHNDs and feasible strategies were planned to improve the anganwadi services, proper utilization of untied fund, spray of DDT etc. Members of VHSNCs and PRIs were involved in improving the services provided by the AWCs and over all issues of health and nutrition were addressed in their villages. Intervention helped in community participation and ownership of services at village level through ICDS and Health Department.

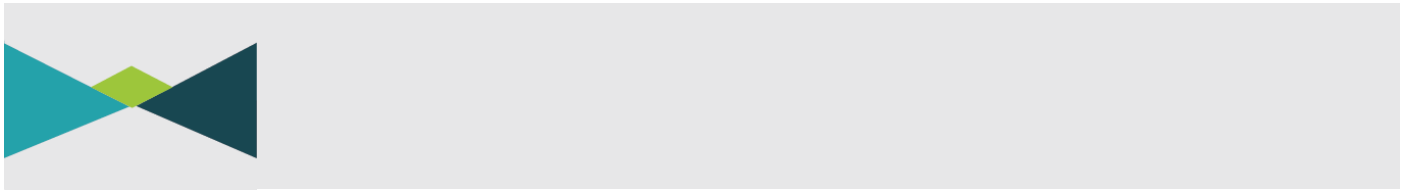
Reconstitution of VHSNC

VHSNC could select new members to replace non-active members or add new members as per the norms by two thirds majority¹². After knowing their roles and responsibility in many places, VHSNC were reconstituted in the intervention area. However, in some places decedent members were not replaced by new members, some committee did not have representation from all hamlets and in some villages active members wished to replace non active members.

VHSNC was formed in 2007 and 3 members knew that they were the members of this committee. VHSNC member's participated VHSNC orientation programme organized by the project partners and approached facilitator for reconstituting of their VHSNC. The same was also discussed in gram sabha and new members were elected by majority. Now this VHSNC has 19 members with 8 males and 11 females.

(Pandariya Village Dist: Khunit)

¹² http://nhm.gov.in/images/pdf/communitisation/vhsnc/order-guidelines/Guidelines_for_Community_Processes_2014%20English.pdf



“...we made a point that women from far off hamlets should also become member...”

(Axxx Tirkey, President VHSNC Village Ooyur, Dist. Khunti)

“...now we know our roles and responsibilities hence could make prompt decision...”

(VHSNC member, Padariya village, Dist: Khunti)

VHSNC was formed in 2007 with 12 members. From that time, members who were expired not replaced by new members. Two active members from the existing VHSNC attended VHSNC orientation organized by partner. After the orientation program VHSNC members came to know about their roles and responsibility and members decided to add new members with the help of sahiyaa and gram sabha VHSNC was reconstituted. 4 new members were elected from 3 hamlets and included in the committee.

(Sundari Village, Dist: Khunti)

“...members who go out of village to work on daily wage basis find difficulties in attending regular meetings, their consent is taken and discussed in the meeting with the other committee members for the replacement...”

(VHSNC members, Village Ranga, Dist. Sahebganj)

VHSNC was formed in the year 2007 with 3 members only and were from the main village (hamlets were not included) where the AWC was located and they were selected without any meeting. The decisions were taken by the committee as per the requirements of the beneficiaries of the main village only. No formal VHSNC meeting was conducted by Sahiyaa. In orientation programme, the VHSNC members were informed on many issues starting from objective of VHSNC to how to manage the untied funds. They came to know that VHSNC can be reconstituted and with the help of Sahiyaa in October 2015, VHSNC was reconstituted. Participatory process was followed while reconstituting the VHSNC and members called a meeting where participants from all the 3 hamlets as well who all participated enthusiastically. In the common discussion 9 other members from 2 excluded hamlets were nominated by the villagers and now there were 12 members in total. The monthly meeting is regular since then, soon after reconstitution and meetings happens 5th of every month.

“People from other hamlets (distant hamlets) were also involved to participate in the committee as members; now it is up to them to decide upon”

(President of VHSNC, Village Roro, Dist. Khunti)

This VHSNC had only 03 male members and 09 members are female. President Dxxxxx Paharia said- women are the care taker of family and we decided to have maximum participation of women. They do not go out of village hence, regularly attend meetings. It is nice that these women members are very responsible in educating other eligible women of the village about the H&N services. These women are so empowered that they unite together and approach the Health /ICDS department to meet MOIC/CDPO for discussing AWC related services.

(President Dxxxxx Paharia, village Dhumsipahar, Dist. Pakur)



CASE STUDY 1

INCLUSION: REPRESENTATION FROM ALL HAMLETS IN VHSNC

Tarajora is a village situated in Dhorli Panchayat of Jama block, Dumka district. This village consists of 2 hamlets, Yadav & Harijan hamlets. Both hamlets were adjacent but Harijan hamlet was 500 meters away from the Yadavs' houses. School, panchayat building, community hall and functional hand pumps and wells were situated in the Yadav hamlet. The well-constructed cement road that connects to the main road started from the Yadav hamlet. There were two hand pumps in Harijan hamlet which were out of order since last few years and the only well situated in the hamlet was also not useful. Therefore, women and children from Harijan hamlet fetched water from the hand pumps and wells of Yadav hamlet. Many times the Harijan people had been warned against the use of wells and hand pumps by the Yadav community. The VHSNC of Tarajora was not regular and many members even did not know about their memberships. The committee consists of 18 members in which 16 of the members were from Yadav hamlet and 2 members were from Harijan hamlet. As most of the members were from the Yadav hamlet, the meetings were conducted only at the Yadav hamlet. As a result, most of the schemes and benefits were availed by the Yadavs while the Harijan hamlet was excluded in availing the schemes and services.

To streamline the committee, the VHSNC was reconstituted with the help of Sahiyya and existing active members after sensitizing them. After the reconstituting of the committee, the meetings became regular, the villagers also started to participate in the meetings. During a meeting the villagers of Harijan hamlet raised their issue of drinking water and with the help of Jal sahiya and PRI members, the committee and the villagers initiated to repair one of their hand pump of their hamlet and the issue of scarcity of drinking water was resolved. Now 20 households were able to collect water from the restored hand pump.

Similarly, in another intervention, the residents of Harijan hamlet with the help of Sahiyya, Jal Sahiyya and PRI members applied for the construction of toilets under the Swachh Bharat Abhiyan (Complete Sanitation Campaign). With the Help of VHSNC members, the villagers also conducted a survey on the availability of toilets in both hamlet and submitted the application to panchayat. Toilets were sanctioned for both- Yadav hamlet and Harijan hamlet. Now all the 20 household of Harijan hamlet have Pucca toilets and many toilets in Yadav hamlet are under construction.

The committee expressed that they had also planned to repair other hand pumps and the unused wells to solve their issue of drinking water scarcity.

The committee members expressed that -

“Now we have energy and enthusiasm, the only thing we need is information and awareness”.



Demands for infrastructure (AWC/Health Sub centre)

Inadequate infrastructural facilities are yet another challenge impeding the effective functioning of the Anganwardi Centre. Two infrastructural barriers that emerged as a challenge was the building facility and lack of space. Many of AWC were running in rented houses or were located at distant areas. Regular meeting with VHSNC members resulted in putting forward these issues and taking action accordingly. To make the Anganwadi more women and children friendly, small initiatives were taken by the VHSNC members. In some places space for ANC corners was identified and developed, while goods like curtains, examination table, etc. were purchased by the VHSNC members.

Demands for AWC

In February 2016, an agenda of demanding AWC service was prepared by the VHSNC members of village Bara Dorai Pahar. Gram Sabha meeting was organized in the village on 3rd February 2016, during which, the issue of AWC was put up by these members. Stress was given on the ‘future of the children in village and finally, the requisition of AWC opening was passed jointly by mukhiya Mrs. Dxxx Murmu , Ward member, and Panchayat Sewak. On May 15th 2017, construction work for AWC initiated in the village and is in progress.” (Bara Dorai Pahar Village, District Sahebganj)



CASE STUDY 2

LAND SELECTED APPLICATION ACCEPTED, ENSURED FOR A NEW AWC

In Roro village (Dist. Khunti) VHSNC members conducted their monthly meeting regularly and discuss on health, hygiene and nutrition and planned to demand AWC for insuring health, hygiene and nutrition issues for the beneficiaries. There was no AWC in the village. The village was tagged with another AWC which was 3kms far from this village.

As next step, VHSNC members called for a meeting and prepared an application for demanding AWC to Ms Pxxx Sinha, CDPO, Torpa. In that meeting they also identified land for the new AWC while the land was donated by a fellow villager. On 14 June 2016, all VHSNC members went and met with the CDPO and also updated her with their condition of the village.



It was difficult for the beneficiaries to reach to AWC for immunization, THR, Pre School etc. and so many people could not immunize their children on time, Thus, they had to opt for private centers for immunization.

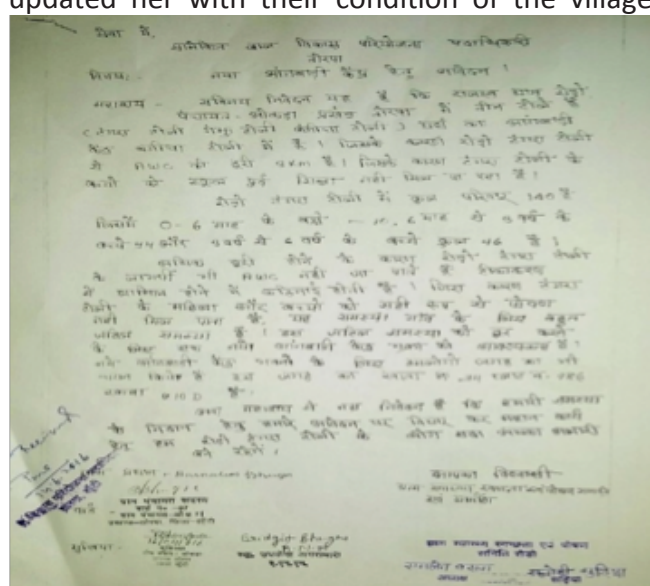


Figure 1 Copy of letter to CDPO

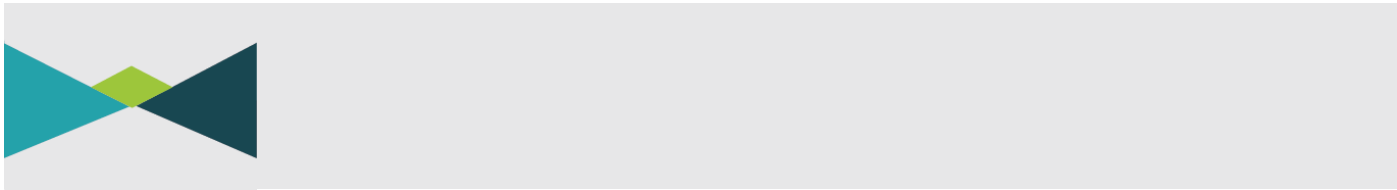


They demanded a new center in their village and also gave their application in front of Ms Rxxx Gudia Pramukh, Panchayat samiti. CDPO ensured to provide new center but on temporary basis. She told one of them to start a preschool with 3-6 years' children. CDPO will try to arrange some money for that and also ask ANM to organize camp every month for immunization.

5 VHSNC members took the responsibility to do a survey and prepare the list of beneficiaries from their village. Survey was done by responsible persons in 10 days from the meeting date (14-6-2016) which identified that village had 1436 persons-, 746 male and 690 female, 147 households, 22 children between 0-3 years and 43 children between 3-6 year. There were also 12 Pregnant women and 17 lactating women identified during the survey.



Figure 2 Dainik-Jagran, 26 June 2016



VHSNC members held a meeting with AWW and then raised aanganwadi building demand at gram sabha meeting. In the gram sabha meeting mukhiya and ward members also supported their genuine demand and agreed to submit the demand letter for own building of AWC, Raishimla. After that meeting, a demand letter was prepared for AWC building and submitted to C.D.P.O., Torpa. VHSNC and community members took the responsibility to follow up the status of their demand letter regularly. It took some time but sanction of AWC finally took place and after selection of land for AWC building, construction of new AWC was started.

Demands for Sub center

Demand for Health Sub Centre by VHSNC of village-Dhumsipahar of block-Littipara. Application has been prepared by the committee president and submitted in the block health department.

Demands for Sebika /ANM/Sahayika

Health and Nutrition Day was not conducted according to the given guidelines of health department in Churgi village due to unfilled position of A.N.M. from last seven months. With the help of partner organization, all women member of WSHG and VHSNC member raised their voice to demand an A.N.M in the gram sabha meeting. All villagers and PRI members also supported them and decided to meet again for final decision of their demand on next day in the village. An application was prepared in presence of PRI members, WSHG members and VHSNC members in the name of MOIC, Referral Hospital, Torpa and submitted on the same day. The letter was accepted and a new A.N.M. Ms. Arti Kumari was appointed. Now Village Health and Nutrition Day was conducted smoothly in Churgi with support of AWW, ASHA and A.N.M. (*Village Churgi, Dist. Khunti*)

Similarly, People of village- Bandarghora, Block- Berhait were deprived of AWC and AWW. Sahayika (Anganwadi Helper) ran the centre at her home. This village is very far from the block. Issue of recruitment of AWW and AWC have been raised by gram sabha and VHSNC but they needed to follow up regularly.

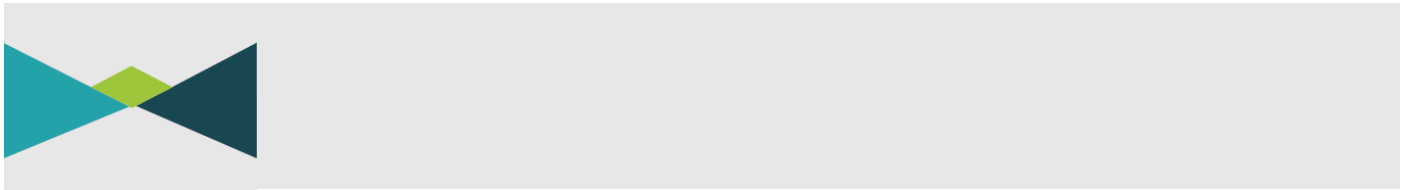
Demand for 'Sahayika' (AW Helper): VHSNC of village-Budhudih, block-Berhait raised the demand of sahayika. AWW runs the centre alone from last four years. Issue has been considered by the ICDS department and soon AWW will get a helper.

while participating in the meeting VHSNC members identified that the Aanganwadi center of Dakshin Tola did not have Sevika. They raised the issue with Gram Sabha and new AWW has been selected from the village (April 2016) (*Village Raghunathpur, Dist. Sahebganj*)

Discussing Issues, Planning, Taking Decision and Utilizing Untied Fund

Every VHSNC committee which has been duly constituted and oriented are entitled to an annual untied grant of 10,000/- and some guidelines has also been made that in what situation this amount can be used¹³. Untied fund was used to make a separate place for ANC checkup. Some VHSNC utilized their untied funds on purchase of chemicals for iodine testing kit, repairing of hand-pumps, filling of soak pit, and purchase of bleaching powder etc.

¹³ http://nhm.gov.in/images/pdf/communitisation/vhsnc/order-guidelines/vhsnc_guidelines.pdf



Untied fund was also utilized to assist poor families, whenever they required help in emergency conditions ie; either for the treatment of their family members or in the other situations like- providing vehicles to take pregnant women to hospitals when it is difficult to arrange for mamta vahans at odd times like the night.

- ▶ Sahiyaa along with the VHSNC members started to sit together for VHSNC meeting. They initiated for the repairing of hand pumps, filling of soak pits, bleaching powder at open wells Etc. *(Raghunath Pur Village, Dist. Sahibganj)*
- ▶ VHSNC was formed in the year 2012 and was inactive and members were not aware of their roles and responsibilities. From April 2015 VHSNC meeting was started and members came to know about committee's roles and responsibilities, use of untied fund etc. After knowing the importance of VHSNC they purchased articles like Blood Pressure machine, bleaching powder and utilized funds on repairing hand pumps,. In addition to it, they counseled beneficiaries for immunization, demanded for pre-school education, and THR. *(Panchgathiya Santhali Village, Dist. Sahebganj)*
- ▶ VHSNC was formed in 2013 with 13 members. They were not aware about their roles and responsibilities and no meeting ever happened for the committee. In march 2015, orientation program was organized for VHSNC members where 2 active VHSNC members participated. After attending the orientation, the members started to regularize the VHSNC meetings. They started discussing on roles and responsibilities, untied fund and other health related issues. They repaired the hand pump of Manjhi tola, and started using bleaching powder in the village well. *(Phoolbanga village, Dist. Sahebganj)*
- ▶ VHSNC members of Thander Dumariya and Dhorli understood the importance of health and nutrition of mother and children. To give some privacy to the pregnant women for ANC check up on the day of VHND, they purchased curtain and a bed/cot for a comfortable ANC check up from the untied fund. *(Village Thander Dumariya & Dhorli, Dist. Dumka)*
- ▶ VHSNC members decided to help a poor family of the village for the treatment of the only earning member of the family. President Rxxx Hansda decided to pay Rs.5000/- for the treatment though the members knew that the family may not be able to return back the money. *(Phulbhanga Village, Dist. Sahebganj)*
- ▶ Sahiyaa used to conduct meeting but not very regular. VHSNC members were not aware about their roles and responsibilities. PLA meeting started in May 2015. Mxx Murmu 40 years became ill and suffered from fever, headache and giddiness. The symptoms continued for 5-6 days following general weakness. He lived alone at his house, although he had a few relatives at his village but not very close ones. VHSNC members came to know about his case and visited his home and enquired about his situation. They took him to Jama block hospital and consulted with the Block Medical Officer (BMO). The BMO advised for 3 tests and referred to Dumka Hospital where he was diagnosed as Kala Azar. While the treatment continued for 15 days, VHSNC members use to visit his home for follow ups and advised him to consume nutritious food. They also monitored the treatment procedures like taking medicines on time etc. VHSNC members also provided vegetables to the patient during his treatment for his better improvement. *(Village: Thander Dumaria Dist. Dumka)*



“...after knowing roles and responsibilities and health schemes, where to visit, we are able to help our villagers...”

(Village: Thandar Dumaria, Dist. Dumka)

In same village Thandar Dumariya, VHSNC members could purchase chemical for iodine test kit. Although the kit was provided by the health department and ANM of the respective health sub-centre in the year 2015 but, they could only use those kit for a period of 2 to 3 months. ANM couldn't do further test because she didn't have the chemical for test. The same problem was mentioned by NAM with MOIC and Sahiyaa with BTT. After the consultation with MOIC and BTT VHSNC member finally took a decision to buy required chemicals. VHSNC spent Rs.800-1000 from the untied funds and then the iodine test can be done for next 6 months uninterruptedly.

(Village: Thandar Dumaria, Dist. Dumka)

Empowered to take decisions and responsibilities

This VHSNC was consisted of 14 members. 2 members from the committee had received orientation program on VHSNC but committee never met on a regular basis. In July 2016 VHND pictorial service assessment tool was introduced and the members were again oriented on their roles and responsibility. They have started using the tool regularly. Due to some circumstances in the month of August both Sahiyaa and AWW were absent on the day of VHND. VHSNC members took the interest and mobilized community for organizing VHND.

(Village: Paira, Dist. Khunti)

“Jxxx Kxxx ANM said the villagers at least know and are aware about the vaccines that health department provides, they know so much that they ask about the availability of specific vaccines like pentavalent vaccine”

Earlier Sahiyaa used to conduct meeting without any discussion and members used to do their signature in the meeting register. As part of the intervention, VHSNC members participated in VHSNC orientation in the month of December 2015. After attending this orientation, they started questioning the Sahiyaa on ongoing government programmes. Now they are conducting meeting regularly on 15th of every month. For last 3 years they did not receive any untied fund and hence drafted a memorandum and village health plan followed by submission to the Block Account Manager (BAM).

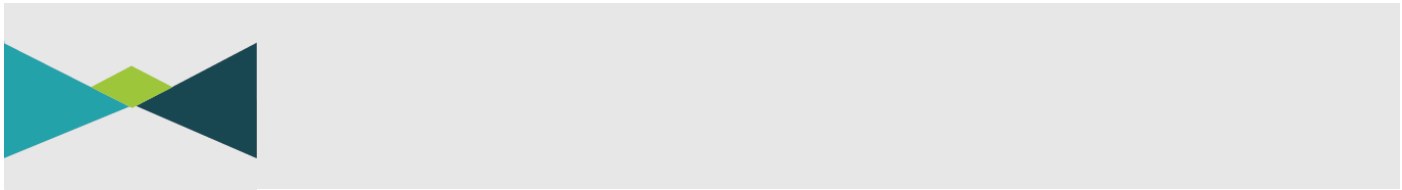
(Village: Dariya Pur, Dist. Sahebganj)

In march 2015 mukhiya and one VHSNC members participated in VHSNC orientation programme. After attending the orientation programme they approached Sahiyaa to conduct meeting and in June 2015 they had their first meeting. They have 14 members in their committee and decided to conduct the meeting 16th of every month. Now sahiyaa is orienting them on issues like immunization and cleaning of village etc.

(Village Dumariya, Dist. Sahebganj)

Gram Pradhan, President of VHSNC and Sahiyaa attended the VHSNC orientation programme and initiated VHSNC meeting once in two months. 2 meetings have been conducted since September 2015 and as an outcome, they have repaired their hand pump, purchased bleaching powder and started cleaning of village with the untied fund.

(Village Bansjori, Dist. Sahebganj)



This VHSNC has 'medicine bank' in the village. In emergency, members found difficulties in getting the common medicines (fever, ORS packets, headache, ointment for minor cuts, burn and bandage) therefore members decided to approach PHC and get the medicines for the village. Villagers do not have to be worried now about their emergency needs....

(Kxxx Devi Sahiya, Sxxx Devi AWW, village Dondiya, Dist. Dumka)



CASE STUDY 3

CAMPAIGN AGAINST ALCOHOLISM

President of the VHSNC Ms. Pxxx Kumari recalls that before the intervention Dec 2015, members were not aware about their roles and responsibilities, meetings were not conducted properly & regularly and the untied funds was spent by the Sahiya alone. VHSNC got into practice when two active members attended the orientation program for the VHSNC members. After the orientation program, amendment was made on the committee members with the guidance of Sahiyya. The

inactive members were dropped and active members of the village were included in the committee. After the amendment, the members were oriented on their roles and responsibilities, the role of VHSNC in safeguarding the health and nutritional needs of the villagers through the regular VHSNC meetings.

The committee members identified that one of the major issue of the village was alcohol consumption and related aftereffects like quarrels and violence against family members, relatives, friends and other villagers. So, they planned to raise against the social issues and started a de-addiction campaign. They involved women and other villagers in the campaign and conducted a mass meeting with the villagers. A memorandum of understanding was prepared among the villagers that no one will be involved in preparation, selling and consumption of alcohol

inside the village. The memorandum was not well accepted by the local alcohol producers and consumers. Hence, committee approached to Mukhiya (of the Village/ Gram Sabha) and Village Head. With their strong support, VHSNC members could stop local alcohol production and selling in the village. This initiative slowly brought positive changes on the reduction of production and consumption of alcohol within the village.

In addition to it, the committee members have initiated many activities under the banner of VHSNC which included initiatives like cleaning the village, management of garbage, filling of pits, cleaning of surroundings and repairing of hand pumps etc.

The committee also helped the villagers to raise applications for the construction of toilets and as a result, 115 toilets had been constructed. The committee had also campaigned for the use of toilets and mosquito nets.

Ms. Pxxx Kumari (President of the VHSNC) told that different topics like social inclusion, different health schemes, health and nutrition issues of the village, preparation of village health plan, etc. were discussed each month and these were done through games and stories. These methods were easy and interesting which helped the members to participate and learn more through the meetings. Committee members are helping the villagers in attaining the health and nutritional needs.

She also said that -

“..... incidents of malaria have become reduced from earlier days...”
(Village: Sundari, Dist. Khunti)



CASE STUDY 4 REALISING RESPONSIBILITIES

The Village Health Sanitation and Nutrition committee of Phuibhanga was formed in 2011 with 13 members. Since its formations no members except the sahiyya was aware about their own involvement as members in the committee. Since it is the responsibility of the Sahiyya to organise the VHSNC meetings at the village, she barely took interest to organize the meetings. Also, no members were aware about their roles and responsibility as a member of the committee and the role of VHSNCs in the prevention and promotion of health and nutrition initiatives.

In 2015 March, 2 active members each from 50 VHSNCs were invited for VHSNC orientation programme, where Ms. Rxxx Hansda (President) and Ms. Sxxx Baski (Secretary and Sahiyya) from Phuibhanga village participated. The orientation program was focused on formation and functioning of VHSNC, roles and responsibility of VHSNC members, and use of untied funds etc.

After attending the orientation program, they have decided to identify the other members of the VHSNC. Ms. Sxxx Baski (Sahiyya) collected the details of the members of VHSNC from the Block Trainers Team (BTT, VHSNC was formed under his/her guidance). After knowing other members Sahiyya initiated to conduct meetings to orient VHSNC members on their roles and responsibilities and the functioning of VHSNCs to meet the health and nutritional need of the village. They also started to conduct meeting every month to discuss on various issues like the use of untied funds, health and nutritional issues of the villages, linking of beneficiaries with various health schemes etc. These initiatives brought the meeting regular at every month.

During the discussion it was identified that their hand pumps were out of order and therefore women were forced to visit the well which is far from the inhabited area. Hence they planned to repair the nearby hand pump. The committee planned to approach the concerned per-

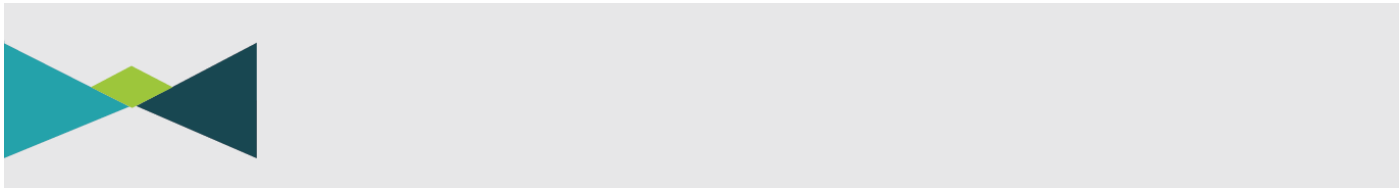
son for the repair of hand pump and divided the responsibility of each members to prepare the application, to meet them at the block office, to extend help while repairing etc. Through this they had solved the issue of drinking water in their village. Similarly, the committee members also supported Ms. Sxxx Hembram (who was 9 months pregnant) to reach hospital for institutional delivery.

Ms. Sxxx Baski -

"...shared that earlier, the committee members did not know about their participation as members in the committee. But now that are proactively involving in the health and nutrition concerns of the village. The orientation of the members and continued meetings brought changes in our committee..."

Women were 75% of the total no. of members in VHSNC. In this village, Paharia community lives in the interior hilly area. Women of Paharia tribal community are very active members of the community. They do approach block (health, ICDS departments) for the demand of - mosquito nets, demand for IFAs at AWC & bleaching/DDT. (Village Dhumsipahar, Dist. Pakur)





Preparing Village Health Action Plan (VHAP)

It was observed from the focus group discussion that generally, VHSNC members discuss among themselves in creating community awareness about ‘hygiene maintenance, precaution from TB and seasonal diseases and prepare planning for the ‘cleaning village area’, ‘DDT spraying, bleaching powder dusting on wells, awareness meeting for protection from malaria and diarrhoea. Apart from this ‘no such specific village health action plan (VHAP) has been prepared.

Village Thandar Dumaria, Dist. Dumka



Meeting for preparing VHAP



VHAP

Malaria protection, discussion about using mosquito net, diarrhea protection, cleaning wells & pouring bleaching powder, hand washing before eating & after toilet are the few main areas of concern in the village.

(women member of VHSNC, Village Ahlad Dumaria, Dist. Dumka)

“...while preparing village health plan for our village, we noticed that immunization of children & pregnant women and the supplementary nutrition packet were missing in our village...”

(Sxxx Soren, secretary VHSNC, Village Pipra Dist. Dumka)

This committee has 11 members and the committee fixed up the date of meeting on 12th of every month and they capped the maximum number of members in the committee. Health Plan was made in the year 2016 in which sahiya sathi was also involved. Main issues taken up were Diarrhea and Malaria because these diseases were prevalent in the area. Discussion often held in the meetings about the ‘Diarrhea’ and ‘Malaria’ and also how to spread awareness in the village. One to one interaction in the families as well as the mobilizing women groups and men was done by the VHSNC members.

(Village Budhudih, Dist. Sahebganj)



VHSNC members made a point to prepare the villagers before rainy and summer seasons. Meetings discussion was based upon maintaining the hygiene, cleanliness and clean drinking water. How to keep safe drinking water at home, washing hands before eating and after toilet, covering the unwanted water logged pits, cutting unwanted bushes around the village with the help of community, DDT spray & putting bleaching powder in wells were the main activities done to protect people from diseases like- diarrhea, malaria. VHSNC members discussed about the diseases and also how to take precautions in the gram sabha.

(Village Sundari, Dist. Khunti)

Taking benefits of schemes and entitlements

Maternal health

Chani Bhengra, 26 and belong to scheduled tribe and was pregnant for the first time. She got registered herself in the AWC and received THR, iron tablets and 4 ANCs. Her friends and neighbours demotivated her for hospital delivery and made some stories that in the hospitals, the staff may opt for for a C section unnecessarily and therefore, she refused for institutional delivery and opted for a home delivery. VHSNC members intervened the matter and convinced her for a hospital delivery. Finally, she delivered a baby girl at referral hospital Torpa and also applied for JSY benefits.

Mangi devi, wife of Birsa Swasi, 28 years belongs to SC community. She lives in Bandhu village and a member of VHSNC. After attending the VHSNC meeting she became aware of the importance of institutional delivery and about JSY benefits. When she became pregnant for the second time she registered herself in the AWC and delivered a baby boy at Torpa referral hospital. She didn't have a bank account and couldn't apply for JSY benefits. With the help of VHSNC now she has opened bank account and applied for JSY.

“...hospital got many facilities so why to opt for a home delivery...”

After knowing their roles and responsibility VHSNC member of this village took Sxxx Hxxx for hospital delivery who was initially not interested in institutional delivery.

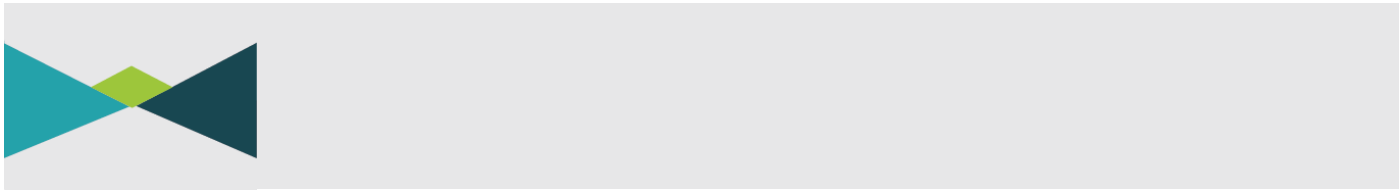
(Village Phoolbanga, Dist. Sahebganj)

Jxxxx Devi “...now we call mamta vahan to take pregnant women to hospital. We advise lactating mother and newly delivered mother to feed colostrum...earlier we used to feed THR to our domestic animal, but when we came to know about the benefits of the packet food, we started to consume the same”

(Village Dondiya, Dist. Dumka)

“...vehicle facility as mamta vahan is very helpful in reaching hospital in time for the institutional delivery. I came to know about it after joining VHSNC. I personally tell the expected mother to take the benefit of it. For the convenience of our women we have put the telephone no. of mamta vahan on AWC wall so that each & every pregnant woman should see...”

(VHSNC member Bxxx Hansda, Village Ranga, Dist. Sahebganj)



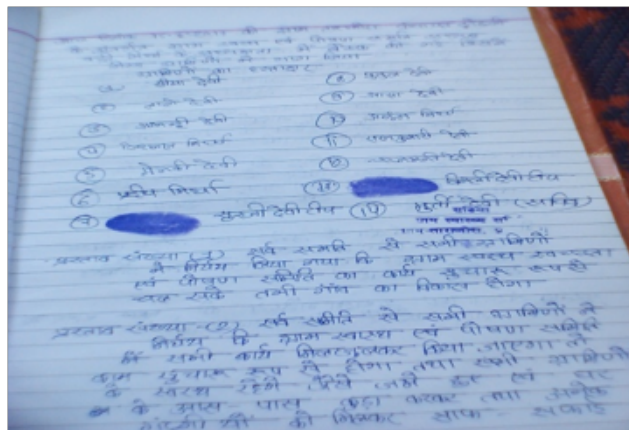
We learnt about the free health checkups and iron tablet consumption during pregnancy after joining the committee hence, we also went through the entire process of ANC, Iron Tablet consumption, supplementary nutrition food as take home ration. It was nice and finally we delivered child in the hospital. Proper care was taken there and child had its first immunization there itself.”

(VHSNC members Mxxx Paharin, Sxxx Paharin & Cxxx Paharin, Village Dhumsi Pahar, Dist. Pakur)

“...I personally as a VHSNC member, visit pregnant & lactating mothers and guide them on ‘eating green leafy vegetables (rich in iron), consuming seasonal local fruits which are easily available in village and eating food in time as well and I advise pregnant women for delivery in hospital for proper care...”

(Poshan Sakhi Mxxx Murmu, village Thandar Dumaria, Dist. Dumka)

VHSNC was existing only on paper by the Block level officials but it was defunct. At first door to door was visited and committee members were confirmed. In November 2016, people (members) agreed to devote time and discuss. They were oriented about the ‘objectives’ of formation of committee and roles and responsibilities of the members and schemes and entitlements. Gradually sahiya and the committee president took up initiatives to conduct meetings independently.



In the 7th meeting of VHSNC, members prepared ‘Village Health Plan’ and then members realized that ‘immunization’ and ‘Take Home Ration’ were not provided in Pipra village, reason being AWC located 4 kms away and in another village. Governing members of the committee approached ANM Ms.Mxxx Devi and asked her to visit village Pipra once in a month to immunize pregnant women and children. ANM agreed to visit the last week of every month. This decision was presented at gram sabha and gram pradhan appreciated the decision and venue has been near his residence.

(Village Pipra, Dist. Dumka)



CASE STUDY 5

TAKE HOME RATION: STOPPED FEEDING TO CATTLE, MADE PARATHA, NIMKI, THEHUA, HALWA

The VHSNC of the village was not active as the members themselves were not aware about their positions in the committee and about their roles and responsibilities as members. Hence the meeting was not regularly been conducted till 2015. To streamline the VHSNC meeting, two active members of the committee were selected and was given orientation on April 2015. After this with the help of Sahiyaa and Anganwadi worker, PLA meeting was started by the facilitator. Since the intervention the VHSNC meetings became regular and the members got aware about their roles and responsibilities.

One of the responsibilities of VHSNC members were to support in organising the Village Health and Nutritional days (VHND) at their village. Hence the VHSNC members of Dondiya were regularly visiting the VHND days to monitor the services being provided by the ANM, AWW and Sahiya. In one of the VHND days, the member identified that the villagers were not showing interest in receiving the THR packet for the lactating mothers and children from the age 6 months to 3 years. When enquired about the reason, they came to know that the taste of the product (THR packet) was not liked by most of the villagers. It also came to know that some of the beneficiaries were feeding the THR packet to their live-stocks (goats and cows). Understanding the situation, VHSNC members seriously discussed the issue in the VHSNC meeting. Ms. Sxxxx Devi (Sahiyaa) and Ms. Sxxx Devi (AWW) of the village convinced the VHSNC members that the THR supplement was enriched with nutrition.

VHSNC members decided to convince the community to consume the THR supplements. So that the children, pregnant women and lactating mother should get nutrition through the THR supplements. Sahiya and AWW took this as a challenge and tried to cook THR food in a tastier way in their home and they added THR supplement with wheat flour to make chapatis. They described their experiences with the VHSNC members and the

beneficiaries. Some prepared paratha where as some prepared thekua, nimki and halwa. This shows that only THR distribution was not only the actual solution for tackling malnutrition but it should also have properly demonstrated with the villagers.

Ward member Sxxx Murmu, member of committee and she encourages women candidates of VHSNC to meet pregnant women. This solves the purpose of personal guidance to pregnant women for their counseling on ANC/PNC, AWC visit and JSY.

(VHSNC member, Village Thandar Dumaria, Dist. Dumka)

Women of VHSNC Bandu village & Barkuli village of block-Torpa ; VHSNC Pipra of block-Jama as well as VHSNC Bandarghora of block –Berhait also followed the same strategy.



CASE STUDY 6 NOW AWC OPEN REGULARLY

Villagers would hardly bother about 'when AWC opens and VHND conducted every month or not'. Awareness level was poor and women also would not send their children there. VHSNC members learned first about it in meetings and they further discussed among the local community. Strict monitoring of VHNDs by the members required AWWs to open AWCs regularly and also to organize VHNDs nicely.

VHSNC Kukurdooba of block-Littipara, AWC was located in another hamlet, 1.5 kms from the main village. Anganwadi Worker was not opening the AWC every day in early years. People would not care about it because the benefits of AWC was not known to them and so they never sent their 3-6 years old children in AWC. Awareness level of

community increased due to mobilization by the active VHSNC members. Women members started regular visit to AWC to check the activities there. They discussed the matter directly to the AWW and put forward the issue in gram sabha meeting. AWW was also asked to attend the gram sabha meeting and she was asked to open the AWC in time every day. VHSNC members also convinced mothers by door to door visit to send children at AWC every day, benefits of children and pregnant and lactating women was also discussed. Slowly children started coming to AWC, pregnant women started getting registered and started receiving supplementary nutrition packets and children were immunized.

Referral to MTC

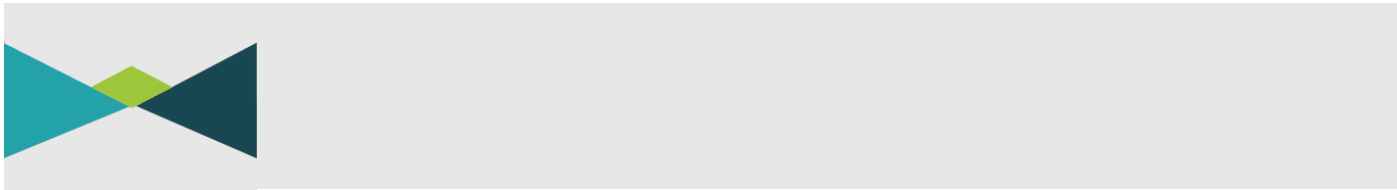
Community did not know about VHSNC, VHND and unaware of many of government schemes. After PLA meeting community started attending VHND. At one VHND Umbulun Guria was identified as underweight by ANM and needed special care. ANM referred her to MTC Torpa. Next day both parents went to MTC and the child got admitted in MTC. After 15 days she came back home. Now Beronika Bhengra takes care of her child properly. Both Beronika and John tells other to VHND each month in their village.

(Village Parariya, Dist. Khunti)

Ripple effects of intervention

During the course of intervention, VHSNC members of adjacent village requested to conduct same meeting for them as well. The number of request is less but it shows the interest of the members to make their committee active and taking health and nutrition responsibility of their village.





In one of the VHSNC meeting in Sundari village, mukhiya of Mareha panchayat Mr. Nxxx Topno was present and participated the same meeting. He saw the VHSNC manual, after that he asked VHSNC member many questions regarding their work and responsibilities. He requested the partnering organisation to come to his village for the training of VHSNC members. He also expressed that he also wanted to train the VHSNC members of his panchayat. He added that he will take list of VHSNC members from the Sahiyaa and inform regarding training. Few days later he arranged the training where 40 VHSNC members of 6 villages participated. They were oriented on roles and responsibilities, use of untied fund and village health plan. The training was organised at panchayat bhawan Mareha on 7th of sept. 2017 and all the expenses were spent by the mukhiya.

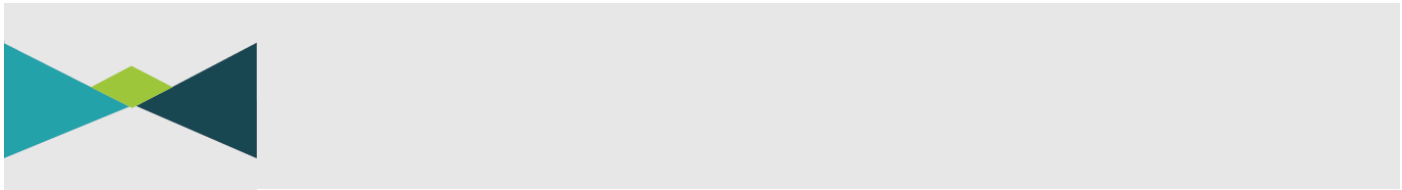
Gram Pradhan Rxxx Murmu and Sahiyaa Kxxx Tudu of Panchkatiya Santhali of Bansjhorri panchayat came to know about regular meeting of VHSNC. They came to know that they can really improve the services by organizing regular meeting. They learnt from Bada Dorau Pahar village that now their school has improved, monitoring of VHND had helped women members of the community to avail ANC services etc. Earlier they used to gather for meeting only when they received untied fund and even were not able to use that properly. After knowing the benefits, both gram Pradhan and Sahiyaa approached to conduct VHSNC process in their village. They identified the members of the committee and 2nd meeting was conducted on Feb 2017. Till now project partners had conducted 2 meetings.



Moving towards a viable committee

This section is meant to mention cases where VHSNC were conducting their meeting regularly without any support from the project staff.

VHSNC member of Okra village took initiative to keep their surroundings clean in a participatory way. First they distributed their responsibility and made plan for the same. In their plan, it was decided that on second thursday of every month each and every member had to participate in cleaning their village. The plan is Sahiyaa would blow whistle to inform that VHSNC members should assemble at akhra (common place). They would reach akhra with broom, basket and cleaning equipments. This responsibility was taken by Sahiyaa, who would blow whistle for the second time that all members would start cleaning the village, hence those who had not yet reach the common place would come and join the team. After that whole member cleaned up all village, including surroundings of hand pump. This is the initiative of all VHSNC member of Okra. Now they are maintaining their meeting and village health plan also. (Village Okra, Dist. Khunti)



The intervention was started with 10 VHSNC in Jama block of Dumka district. After the completion of PLA meetings of 12 meetings, 7 VHSNCs are conducting regular meeting. The members have realized that the participation in VHND and uptake of immunization has improved during these years. Most importantly, their committee became functional, which motivated them to continue meeting even after the completion of the intervention. Now they are trying to improve the nutritional status of 0-5 yrs. children through the initiative of nutrition garden in every AWC

Challenges

The team experienced some challenges while implementing this project, which are given below;

- Bringing beneficiaries from all sections of the village to one platform
- To inculcate the habit of revising and practicing manual before facilitating and conducting meeting into facilitators was a challenge.
- Seasonal migration was a major challenge as significant number of community members miss the opportunity to be part of community empowerment process
- Working with government field functionaries – like ANM, Anaganwadi workers hesitates to participate in meeting at first, as they often have fear of being part of NGO intervention, their seniors may not allow or may this will lead to breaking norms and protocols
- Several village meetings had to be rescheduled because of festivities and seasonal agriculture.



Voices of frontline health worker and community members

“...earlier the members were not interested even to interact, but after starting the meetings, slowly change has begun. Now they are participating in the meeting and learning about their roles and responsibilities. Earlier they never came up for pregnancy registration and hesitated for institutional delivery. Now all women are registered and come for ANC, some has started to visit hospital for institutional delivery, and no women and child are left without immunization...”

(Sahiyaa, Village Dumsi Pahar, Dist. Pakur)

“...abht faida hua, didi log madat karti hain. Pahele hum ko kam ka bhar hota tha lekin aab didi log mahiloon ko bolti hai samjhati hai...”

(Sahiyaa, Village Roro, Dist. Khunti)

Kxxx Dxxx “now the VHSNC members take responsibility of calling mamta vahan. Through the meeting came to know many information. They will continue the meeting even if the facilitator doesnot come.

(Sahiyaa, Village Doandiya, Dist. Jama)

“...the meeting was very effective, immunization had improved, now pregnant women also participate in VHND. The PLA meeting helps in improving the participation in VHND days. Now days, every pregnant women were enrolled for registration and they themselves come. Earlier it was difficult to convince the people on health and nutrition and hygiene, iron tablets etc. this meeting had helped us to disseminate the right information...”

(AWW, Village Roro, Dist. Khunti)

Sxxx Dxxx “...villagers were taking interest in conducting meetings. It is because in every meeting we are talking on different subjects and people are interested to be part of it.

(AWW, Village Doandiya, Dist. Jama)

“...continuous activities with the community and health worker and sharing the information of the government schemes and services helped to ensure safe delivery. Pregnant women opted for institutional delivery instead of home delivery. This change motivated others (nearby villages) to opt for safe delivery...”

(Village Dhroli, Dist. Dumka)

Barmasia Village: VHSNC members assist Sahiyaa in disseminating information for VHND in all the 3 hamlets of the village.

(Village: Barmasia, Dist. Sahebganj)

“...all deliveries conducted at hospital, no newborn deaths and maternal deaths recorded from last 2 years. VHSNC members informs about the dates of VHND to the villagers. Discussed issues in meeting will be shared with mahila mandal so that those who did not participate in the meeting could also get the information. Earlier the male members hesitate to send their females to the meeting. But now they are supporting us and motivating for attending the meeting...”

(Member of VHSNC, Village Roro, Dist. Khunti)

Barmasia village: Suhagini Quote by Suhagini (Mother of one of the malnourished child; who attained MTC) in Santhali language; “अस्पताल रे भर्ती लाहरे गिदरा अडी कमजोर काना। भती तायोम गिदरा वाक स्वास्थ्य बोदोलोक एहोपना। 15 दिन होयोक होयोक ते गिदरा निकिट उत्तार नाथ। ओंडे अस्पताल रे गिदरा वाक इलाज सलाक ते पैसा हों आम ना।”

(Village: Barmasia, Dist. Sahebganj)



Achievements of Intervention

Building the capacity of socially excluded groups to access health and nutrition schemes including the Integrated Child Development Services (ICDS) scheme and the Janani Suraksha Yojna (JSY) maternal health scheme. VHSNC members have been meeting regularly to understand more about their own health, new-born health and childhood nutrition. Working with Village Health and Sanitation Nutrition Committees (VHSNC) to undertake community monitoring using a Participatory Learning and Action (PLA) approach, to help ensure that services are more accountable.

▶ VHSNC reconstituted	60
▶ Application for AWC	18
▶ Newly Constructed AWC	18
▶ AWC under construction	8
▶ Approval/ Sanctioned for new AWC	2
▶ AWW selected during the intervention period	11 (under process 3)
▶ AWH selected during the intervention period	2
▶ Sahiyya selected during the intervention period	9 (under process 9)



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Together, building healthier communities