Facilitating Health Awareness, Good Practices, and Better Care

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Background

The lack of basic community health measures in the poorest, most backward, and Dalit (excluded) communities is an enormous barrier to improving the lives of these populations, and though small changes can have a large impact, bringing about lasting behavioral changes in marginalized villages is a process that requires careful planning and relationship building.

Scope of the Project

IDF, funded by Geneva Global India, targeted 47 villages in the Minapur, Katra, and Gaighat blocks of the Muzaffarpur district in a three-year project from 2007 to 2010, reaching 15,000 people directly and 43,000 indirectly. Carefully designed education and training sessions in the areas of health and hygiene were the main vehicles used to introduce change.

Goals

The major goals of the project were to improve the overall health of women and children through increasing health awareness, especially among adolescent girls and young women, and to reduce the infant mortality rate and maternal mortality ratio.

Objectives

- To ensure that all children in the target communities receive routine immunizations.
- To sensitize newly married couples to spacing and family planning measures and reproductive and child health (RCH) issues
- To make adolescent girls aware of the importance of nutrition, hygiene, and sexual and reproductive health.
- To educate women in the most deprived sections of the community about basic health and hygiene measures and water and sanitation issues.

Activities

Community mobilization and sensitization meetings

Regular meetings with distinct groups in the 47 targeted villages, focusing on issues of particular relevance to each group, were held to increase community awareness and understanding of basic health and hygiene issues affecting all their lives.

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Self-help group (SHG) members. Project personnel held fortnightly meetings for SHG members in all targeted villages to sensitize them to health issues such as nutrition and diet, prenatal care, child immunizations, common infections, personal hygiene, and family planning methods. To communicate the message more clearly to the illiterate and semi-literate populations, field workers conducted demonstrations using *rangoli* (colored powder) to illustrate how to use oral contraceptives and condoms.

Non-SHG members. Project staff met monthly with the women of the most deprived communities who are not organized in SHGs and are thus less responsive and more reluctant to discuss health issues. They used information, education, and communicaton (IEC) materials such as posters, flip charts, and pictorial aprons to engage the women and communicate basic reproductive health and hygiene messages.

Pregnant and lactating mothers. Monthly meetings focused on spacing and family planning methods, pregnancy tests, prenatal care, the birth registration process, proper infant feeding and care, child immunizations, and sexual and reproductive health. Field staff used pictures and charts (such as the anemia progression chart for self-diagnosis) to reinforce their messages.

Newly married couples. Monthly meetings emphasized delaying childbearing and proper use of family planning methods. In addition, the project focused on the potential for new daughters-in-law to introduce improved hygiene and sanitation into their husbands' households; additional meetings were held with mothers-in-law present to encourage this approach.

Adolescent girls. This key group is generally the most receptive in any target community. At their monthly meetings the girls received information about nutrition and personal hygiene as well as sexual and reproductive health and other health-related issues. Even more important, each girl in this group took responsibility for spreading information about routine health and hygiene to six neighboring households. Prizes were offered as additional motivation.

Project staff. Monthly meetings were held at the district office to review the field staff's activities and performance. They also provided an opportunity for field staff to increase their knowledge, receive additional guidance, and stay focused on their objectives. Block supervisors also held fortnightly meetings with the cluster-level animators.

Stakeholders. The success of any program depends upon the active involvement and sincere efforts of all local stakeholders. Quarterly meetings were held in all three target blocks for Panchayat Raj Institution (PRI) members—accredited social health activists (ASHAs), trained birth attendants (TBAs), Anganwadi workers (AWWs), auxiliary nurse midwives (ANMs), and others—to focus on this project. They discussed their respective roles and responsibilities, reviewed existing government health services and provisions, considered advocacy methods to improve these services, and explored how they could best coordinate with the service providers as well as other stakeholders.

Wall writing

Wall writing plays a crucial role in sensitizing and increasing awareness throughout the entire community. To that end, wall writings were created in all 47 villages of the project's three target blocks to display immunization information and other health messages, details of government health benefits, and essential phone numbers. The writings were carefully positioned at central locations to maximize the chances that all community members would see, understand, and act in accordance with the message.

Nukkad natak

Nukkad natak (street performance) is a powerful and effective medium of communication for reaching out to an uneducated rural mass audience. Therefore, 10 performances were organized and brought to a number of the target communities. The presentations highlighted the importance of proper health and hygiene practices such as hand washing, prenatal care, and routine immunizations.

Capacity-building trainings

Project staff. The success of any project depends upon the capacity and capability of the staff who work on it. To enhance their problem-solving skills, self-confidence, and ability to make rapid decisions, project personnel attended a three-day residential training program. The sessions covered effective communication, energizing and ice-breaking techniques for presenting health issues to adolescents and newly married couples, ways to mobilize different stakeholders, suggestions for improving coordination with government health departments, and counseling and advocacy methods.

***Swastha saheli* (volunteer health educators).** Basic health infrastructure and services in remote rural areas are poor or nonexistent. In case of a medical emergency, therefore, people find themselves helpless, especially at night, due to the absence of any means of communication. To address this problem and ensure that potentially lifesaving first aid is properly administered, *swastha saheli* candidates were identified in various villages and provided with two days of intensive training by qualified medical personnel.

Peer educators. To help the community gain increased access to health services and facilities, peer educators from existing community-based organizations and SHGs were identified and underwent two days of intensive training on health and hygiene issues.

TBAs. Despite the fact that the government has launched schemes to promote institutional deliveries for all births, almost 60 percent of women in the Muzaffarpur district still give birth at home, attended by TBAs. To ensure the ability of these attendants to perform safe deliveries, project staff identified 30 TBAs and provided them with two days' residential training on prenatal care, safe childbirth, and postnatal care.

Rural medical practitioners (RMPs). Access to quality health care services in remote villages is sparse, and the situation worsens during floods, when patients are left in the hands of RMPs, who have limited knowledge and are not qualified to deal with real medical emergencies. Project staff organized two days of residential training to upgrade RMPS' skills, increase their effectiveness, and ultimately enable them to provide better health services to the villagers.

Health camps

Health camps were organized in all three blocks to offer free medical checkups and medicines to children and expectant mothers in the most marginalized sections. The main purpose of these onetime events was to show community members the ease and value of routine health care services and thereby encourage them to start availing themselves of the permanent facilities provided at the health sub centers.

Outcomes

Following is a selected list of outcomes of the intervention for the reported years:

- Institutional deliveries increased from 29 percent to 42 percent.
- 2,500 women were sensitized to health issues through monthly SHG meetings.
- 1,000 community members participated in 10 health camps.
- 105 volunteer health workers received supplementary training.
- Three trainings were held for peer educators.
- 874 adolescent girls received basic sexual and reproductive health information.
- 515 newly married couples learned about RCH.
- 235 PRI members were sensitized to various health issues and committed to ensuring the delivery of government schemes and benefits.
- 30 RMPs received training to upgrade their skills as health providers.
- 2,415 children received routine immunizations.

Achievements and Challenges

The health of targeted community members improved considerably following these interventions. As a result of the regular group meetings, they began accessing more health services; adopting improved hygiene and other health behaviors; and, in the case of newly married couples, using family planning methods for delaying childbearing. Community members also began taking initiatives to improve the accessibility of existing community health services. In particular, adolescent girls became active ambassadors for improved health and hygiene to their peers and neighbors, providing grounds for optimism that these important behavioral changes will become firmly established among the younger generation. PRI members committed to ensuring that government services are available for the welfare of the entire community, including its most deprived and excluded members. In tangible terms, birth registrations and immunization rates rose, while infant mortality rates and maternal mortality ratios significantly declined.

The biggest remaining challenge following this intervention is that community members who have been motivated to access health services can easily become discouraged when they discover that routine supplies are unavailable and they must return at a later date.

Case Studies

"No" to child marriage

Seventeen-year-old Lalita Kumari lives with her four younger siblings in the village of Baghakhal in the Gaighat block in the Muzaffarpur district, which has been badly affected by floods in recent years. Her father, the sole breadwinner, finds it difficult to make ends meet. Lalita joined the adolescent group formed during the project and became active in its initiatives to build young people's capacity to take charge of their reproductive health. Since in this society a girl's situation helps determine the family's prestige, child marriage is prevalent, while the dangers of early marriage and pregnancy to female adolescent health are not understood.

Lalita faced this issue when her parents planned to have her married at the age of 16. After hearing clear and definitive information in her adolescent group on the negative consequences of child marriage, she made up her mind to convince her parents about the matter. When they refused to consider her plea, she asked project staff to intervene. After the staff showed Lalita's family members pictures and other visual informational materials depicting the ill effects of child marriage and early pregnancy, they finally agreed to delay her marriage until the age of 18. After this episode, Lalita became the face of change in the village. Now, with her newly increased confidence, she motivates her adolescent peers to say "no to child marriage."

A move toward better health

Rinku Kumari, aged 14, is the youngest child in a poor family living in the remote, flood-prone village of Basghatta in the Katra block of the Muzaffarpur district, where awareness of reproductive health issues among the women and adolescent girls is extremely low. Her family's income comes from a small shop run by her father.

When Rinku began menstruating at the age of 13, she initially had no idea what was going wrong with her body. And when, after some hesitation, she informed her mother what had happened, her mother told her just to cope with the situation and gave no advice about how to maintain menstrual hygiene. As time passed, Rinku developed a reproductive tract infection (RTI). When she joined the adolescent group and received information about reproductive health issues, including RTI symptoms, Rinku shared her problem with the project staff, who convinced her that the condition was treatable and encouraged her to visit the primary health center, where the doctor prescribed medicine that soon cured her. Now she is even more active in the group's initiatives to motivate her peers to adopt good hygiene and other health practices, leading the wave of change in her village.