Improving Reproductive and Child Health in Palamu

Project coordinator: Nivedita
Funder: National Foundation for India (NFI)
Dates: 2009–2010

Background

Lack of health facilities, and limited access to those that do exist, are a major obstacle to raising health standards in deprived rural communities, especially those located in remote and difficult terrain. Interventions in the area of reproductive and child health, covering pregnant women and infants, are essential to improve overall health indicators, and establishing basic facilities to handle routine care can make a significant difference to these marginalized populations.

Scope of the Project

IDF, with the support of NFI, designed a program in several one-year phases targeting 37 villages in the Patan block of the Palamu district, emphasizing long-term sustainability. The strategy was to facilitate the process and enable the community to take ownership of the issue.

Goal

The overall goal was to improve reproductive and child health (RCH) standards of the marginalized community in the target population by July 2010.

Objectives

- To increase by at least 60 percent the proportion of pregnant and nursing mothers benefiting from improved maternal health knowledge and services in the project villages.
- To increase by at least 70 percent maternal knowledge of early child health (0–2 years of age) and use of early child health services in the project villages.
- To increase by at least 60 percent the proportion of adolescent boys and girls with improved knowledge of reproductive health who feel empowered to assume and exercise their reproductive rights in the project villages.
- To increase the use of contraception to enable married couples (aged 15–45) in the project villages to space their families.
- To improve the diet of adolescents in the project villages.

Strategies

Cluster-based approach

One of the key initial strategies used to build support at the micro level was targeting small clusters of 20 marginalized households each. This strategy made it possible to reach every

household, covering all pregnant mothers, newborn children, and young couples in the target community, and it also proved helpful in follow-up activities. Building on this micro approach, the clusters subsequently became an important strategy for macro coverage of larger populations of 30 to 40 households.

Environment building

As previous experience had demonstrated in other villages, it was vital to create the right environment in order to sensitize the larger community and establish a supportive atmosphere in which to discuss adolescent reproductive and sexual health issues, as well as general community health concerns, in the new intervention villages.

Strengthening of existing village-level institutions

One of the most important strategies adopted to obtain better health services and ensure the program's sustainability was collaboration with government agencies at both the community and block levels. As a result, the marginalized community members began to establish a relationship of trust with the government service providers and to develop the habit of accessing their services. In the first phase of implementation, collaboration with service providers, village-level institutions, and government line departments was carried out at village, block and district levels. In the second phase efforts were made to maintain the rapport. Collaboration was important to promote both sustainability and a sense of community accountability.

Activities

Capacity building for stakeholders

Trainings were organized for different stakeholders at the local level—project staff, health service providers such as auxiliary nurse midwives (ANMs), Anganwadi workers (AWWs), *sahiyas* (social health activists), and rural medical practitioners (RMPs)—to enhance their knowledge and upgrade their skills to disseminate information.

Establishment of community-managed RCH centers

IDF established three RCH centers in the project area in the villages of Barsaita Gajni Tola, Mahulia Bhuiya Tola, and Golhna Jhariba Tola. At the same time a system of regular community meetings was set up to ensure their proper functioning and future sustainability. Collaborative meetings were held between village health committees (VHCs), *sahiyas*, ANMs, RMPs, and self-help groups (SHGs) to determine how each RCH center would function as a community-owned and community-run institution. All registers and documents related to the RCH centers were kept on site. These RCH centers began to function also as health and emergency first aid centers. *Sahiyas* provided services every month, ANMs also spent time there when visiting these villages, and RMPs examined patients at the centers.

Formation of and meetings with *kishor* and *kishori* clubs

To discuss reproductive health issues with adolescents, it was important to create a common framework within which this key target group of 10 to 19 year olds could assemble and interact. *Kishor* and *kishori* clubs were formed and met monthly to address social and health-related topics. As these issues are traditionally never discussed publicly, or even privately within the family, these clubs provided a unique and important forum for raising concerns about hitherto taboo topics such as reproductive tract infections, menstrual health and hygiene, nutrition and diet, anemia, diarrhea, and so on.

Community meetings

To ensure that the project intervention proved sustainable, community meetings were organized once a month in villages where previous interventions had been completed. Village leaders and VHC members, along with AWWs and *sahiyas,* participated.

Home visits

Home visits by IDF field workers covered the direct as well as indirect target groups in all 37 villages of Patan block.

Meetings

Community meetings played a vital role in sensitizing the target groups in the community on issues at village and cluster levels. The purpose of the meetings was to promote interaction, orient participants to their roles and responsibility, solidify the importance of VHCs, discuss government health programs, and address other community problems. Meetings were held with the following groups: trained birth attendants (TBAs) and RMPs, SHGs, pregnant and lactating mothers, newly married couples, and VHC members (meetings with the VHC and *sahiyas* were initiated in eight new villages).

In addition, IDF staff held regular meetings with local healers and religious leaders to brief them about the project, explain the RCH program, and discuss the role of government health facilities. Such meetings were critical to obtain endorsement of the project by these influential community leaders, who were not hitherto disposed to favor open discussion of RCH issues.

Regular monthly meetings were also organized for mothers of adolescents to give IDF staff the opportunity to present information about the RCH program and persuade them not to prevent their children from participating in it, as many were initially inclined to do. The meetings ranged over many issues relating to adolescent health and welfare, including education, rights, early marriage, immunization, and broader community health issues such as malaria and safe drinking water.

Immunization day

The project coordinator, cluster-level coordinator, and child health worker instituted regular immunization days at the Anganwadi centers in the project villages, providing support to ANMs and *sevikas,* and *sahaikas* (AWW helpers). These occasions provided opportunities for

emphasizing the importance of immunizing children from birth to five years, explaining the appropriate immunization schedule, disseminating information about the *jaccha baccha suraksha* (child health record) card, and offering counseling.

Monthly review and planning meeting with project staff

This being a new intervention, fortnightly meetings were organized to orient staff about the program, conduct regular field visits, identify marginalized communities, and discuss documentation formats and follow-up methods.

Liaising with government line departments

Contacts with Integrated Child Development Services (ICDS) and local government health and education agencies were initiated at both field and block levels. IDF staff shared the project objectives with the school headmasters, teachers, and the medical officer in charge (MOIC) at the block level. At the village level, meetings with ANMs and AWWs were organized to share the project objectives as well as to regularize the services being provided.

Outcomes

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

- Three RCH centers were established in the villages of Barsaita, Golhana, and Mahuliya to provide health facilities to the marginalized community.
- ANMs were deputed to visit these RCH centers on a regular basis to meet the villagers' immediate health needs.
- The proportion of women in the target villages having institutional or supervised deliveries rose to 85 percent.
- 130 RMPs were sensitized and empowered regarding appropriate care, risk, and ethical responsibilities with regard to RCH issues.
- 414 children were fully immunized.
- Lactating mothers began feeding their infants colostrum in the days immediately following delivery.
- 392 youths received training on symptoms of safe sexual practices and behavior.
- SHG groups held 11 meetings on anemia implications in each village.
- Adolescents from *kishor* and *kishori* clubs began providing basic RCH education to their family members.
- The number of regular checkups of pregnant and lactating mothers increased.
- The number of villagers who took medicine to treat reproductive and sexually transmitted infections increased.
- Adolescent girls began collecting and using vitamins and iron tablets provided by the RCH and other health centers.

Achievements and Challenges

On witnessing the effort and commitment of their adolescent children to promoting discussion and education on RCH, even previously hostile family members began showing interest in the subject and became receptive to the project's message. Members of the community started actively participating in the new clubs and also organizing various events along with IDF staff. Increased awareness of health issues led to fewer infant and maternal deaths, as well as a gradual decrease in child marriage. One remaining challenge, however, is implementing lasting behavioral changes among the adult population.

Case Studies

New awareness breeds activism

Awdhesh Singh, 21, a member of the Upkar Kishor Club in the village of Kathautiya, was among the various community members who attended a health camp. He seemed distressed and was constantly moving from one place to the other. IDF's cluster-level coordinator approached him and tried to speak to him. After much reluctance, Awdhesh said that he was here to see a doctor, and on further probing revealed that his problem was nocturnal emission. It was then explained to him that "wet dreams" are a normal, natural, and uncontrollable response to sexual tension built up within the body and no reason for concern, anxiety, or guilt. Awdhesh's fears were assuaged by the discussion, but as he began to think about other young men of his age facing similar problems, he decided to help by joining the Kishor Club and spreading awareness among his peers in that setting. Soon he became the president of the club!

A family change of heart

Along with many other adolescents, 15-year-old Sabita Kumari, a member of the Kushboo Kishore Club in the village of Bhusra, learned that she was suffering from a reproductive tract infection after an orientation at her school given by the IDF cluster-level coordinator. All of these girls approached the coordinator, who told them about ways to deal with it and encouraged them to visit the Anganwadi center for free treatment and medicine. When the girls went back home and discussed the issue with their family members, the grandparents were furious that RCH issues were being discussed in class and insisted that they stop attending school.

When the girls didn’t turn up at the center on the next immunization day, the project staff, realizing the reason, went to their homes to talk to the families about RCH and their children’s condition. Once the parents heard the full explanation, they realized that the treatment would be helpful for the girls, and that by their ignorance they were in fact harming their own children. As one elderly woman put it, "Now I realize that IDF is doing good work, and we should support what they are doing. We should all help IDF in its work." As a result of this change of heart, awareness spread further through these family members and their entire neighborhood, and more adolescents are now being sent to become a part of the *kishori* club and are gaining new knowledge of issues pertaining to their health.