
Convergence of Service Delivery under RCH at Village Level Program

Supported By: Voluntary Health Association of India, New Delhi & Ministry of Health and Family Welfare, GOI

Implemented By: Sambhav Social Service Organization, Shivpuri, MP

Objectives:

1. Improvement of health status in the community.
2. Ensuring the participation of Panchayat and Village Health Committees in the Health and Family Welfare programs.
3. Bringing a gradual decrease in the IMR.
4. Making efforts to increase the traditional age of girl marriage from 12 to 18.
5. Achieving the population stabilization targets.
6. Registration of pregnant women and providing them with medical advice and services.
7. Ensuring immunization of infants and children up to 5 years of age.
8. Integrating the ANM, AWW, JSR, and Traditional Dai's with the program for assistance to pregnant and feeding women.
9. Where ever possible referring women for higher level of medical support.
10. Joining women with the main stream of information, communication, empowerment and gender equality.
11. Mobilizing the support of SHG members in health programs.
12. Make efforts to make Village health committees active, and sensitize them on the issues of Adolescent Health, Women and Child Health, Malnutrition and Primary Health Care.

The Convergence Program

Some of the alarming facts regarding health services that have come into light after discussions with the community are:

1. There is a large percentage of community that is still far away from health services. Such communities are still treated by RMP's.
2. Malnutrition among children in large numbers.
3. Significant number of women and adolescent girls suffering from anemia.
4. Very low percentage of immunization.
5. High prevalence of IMR and MMR.
6. Unsafe deliveries done by untrained dais at a mass level.

These issues have been raised at a large level by the organization through the support of VHC and local communities. As a result, some of the recent interventions undertaken by international agencies. These are:

1. UNICEF: Bal Sanjivani Program, Measles Campaign, Prevention of Anemia, Behavior Development and Promotion of Improved Practices at Household and Community level for child survival and development.
2. Action Aid: Right to Food Campaign
3. District Administration: Health Camps for Saharia Adivasis, Allocation of fund for treatment of Saharia at district hospital.

Activities:

Convergence Meet: Meeting and Trainings for the community

The objective of convergence program is that there are a large number of government departments and programs being implemented at village level. But the problem lying is that these department and officials have no communication with each other, which effects the overall efficiency of the services.

Secondly when we speak about population stabilization, such related activities are by and large considered to be related only to the health department. Whereas the reality is that all the departments and their services collectively promote to the overall development of a village, community or district's health status.

Secondly it has been seen that in the Shivpuri region, people prefer having lot of children which in turn leads to economic backwardness and low levels of literacy.

Regular trainings and meetings are held with the community and the service providers with a view of promoting collective approach to development.

Some of the other foci of these meetings are:

1. Promotion of 2 children in an family.
2. Maintaining the minimum gap of three years within children.
3. Promotion of adolescent and women health.
4. Promotion of girl child education.
5. Use of contraceptive and condoms.
6. Promotion of family planning techniques.
7. Timely immunization of children and women.
8. Promotion of institutional deliveries through information sharing on the harms of unsafe deliveries done at either home or by untrained Dai's.

Apart from the above mentioned foci's these meetings also help in facilitate an active dialogue within the community and the various service providers through collective discussions.



Sambhav over the past few years has made efforts to promote quality of services through building a liaison with the community and the service providers, to facilitate demand generation and qualitative supply of services.

Pulse Polio Program:

The VHC's have played a crucial role in promoting the

pulse polio programs, and motivating the community to turn up in large numbers for the immunization of children below the age of 5. The members of VHC on their own have made efforts to mobilize the community through discussions and personal contacts, for the success of the Pulse Polio Program.

National Blindness Prevention Program:

Sambhav has established Shri Padam Sambhav Eye Hospital in Shivpuri with the Support of Sight Savers International. With the hospital as a medium of service delivery the organization has also made efforts to contribute to the National Blindness Prevention program through identification of patients suffering from various eye diseases and providing medical assistance or treatment at the hospital. Some of the achievements till date are :



1. 1731 Cataract IOL operations.
2. 5000 children supplemented with vitamin A.
3. 7000 Screenings of eye diseases.

National Leprosy Eradication Program:

Efforts were made by the VHC to identify the leprosy patients and provide them with medical support. Patients from Sakalpur and Kalothra were identified and provided with guidance and treatment.

T B Control Program (DOTS): 4-9-2004

To make the services of the DOTS program reach maximum number of people, Sambhav organized a one day training program with women from Saharia communities, ANM, MPW and Anganwadi workers. Dr. R.K. Jain, District TB Control Officer, Shivpuri shared some of the following issues:



- Direct interventions with TB patients, i.e. to ensure that the patient takes the medicine.
- Role of Sambhav in the program, as an agency to promote TB awareness and services among the Saharia communities.
- Myths and common beliefs regarding TB in the Saharia Community
- Early identification of TB.
- Liaison with quacks.

A total of 66 participants from Theh, Dongar, Satanwada, Kankar, Chand, Sakalpur, Nayagaon were present in this training organized at Satanwada PHC.

Village Level Health Services Camp

In order to support the above mentioned program, a jeep, with a loud speaker and mic was hired which went through all the villages from 3-8-2004 to 28-8-2004 disseminating information on the organization of Village Level Health Services Camp.

Sammelan of SHG Groups

A sammelan of SHG groups was organized on 20-08-2004 at Shri Padam Sambhav Eye Hospital with an objective of:

1. Participation of SHG in the convergence program
2. Make the health services reach maximum number of people
3. Inviting suggestions for the improvements in the convergence program

The sammelan commenced with Mr. Pradeep Singh Tomar sharing the issue that there is a large number of government workers that visit villages and do perform their task, but the problem lies is that we the community does not have adequate information on why these services are being provided, and what is the real nature of a service. This is one of the major reasons behind slow and stealth development in rural areas. Hence as an integral part of the development process, it is our duty to question and gain maximum information on the various programs being implemented by the government. Side by side it is also important, that to get good quality services we begin to integrate ourselves with the services.

Next Mr. Lakhman Singh discussed on the issues of early marriage, adolescent health, alcoholism, and proper care of pregnant women.

As a conclusion it was decided that initially the community should support the service providers, and if even then there isn't an improvement in the quality, then complaints should be lodged.

A total of 38 members from 5 SHGs participated in this sammellan.

Health Camp for Children: 20-08-2004

A health camp was organized at Shri Padam Sambhav Eye Hospital, Shivpuri, in which 26 children were treated, and 3 were referred to district hospital. Dr. V.K. Sharma, Child Specialist, District Hospital gave his services during this camp. Medicines were also distributed to all needful cases.

Health Camp for Treatment of Women: 20-08-2004

Dr. Anjana Jain, Gynecologist, District hospital, rendered her services on 20-8-2004 in the health camp organized at Shri Padam Sambhav Eye Hospital. A total of 43 women were treated and 5 were referred to district hospital in this camp.

Eye Care Camp: 20-8-2004

Along with the two camps mentioned above, a eye care camp was also organized at Shri Padam Sambhav Eye Hospital. 41 patients were screened in this camp out of which 7 were found to have cataract. All the patients were provided with eye drops and medical support by Dr. S.C.L Chandravanshi, MS.

Health Camps by Dr. C.S. Gandhe

Dr. C.S. Gandhe, was assigned with the task of organizing health camps in the Shivpuri Block by VHAI. The primary step in this process was to identify the villages where health services were

almost negligible. Once this was over, a series 4 health camps were organized. The details of these health camps are:

Date	Place	Total Patients Seen			0-3 years			3-5 years			6-14 years			14 and above		
		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
25-8-04	Subhashpura	67	45	112	2	5	7	7	7	14	11	3	14	45	32	77
26-8-04	Raishri	107	139	246	7	15	22	13	14	27	18	10	28	69	100	169
28-8-04	Tanpur	58	34	92	1	6	7	7	9	16	17	7	24	33	12	45
29-8-04	Surwaya	45	38	83	8	2	10	7	5	12	4	15	19	26	16	42
	Total	277	256	533	18	28	46	34	35	69	50	35	85	173	160	333

Some of the diseases cured in these camps were: general diseases in women, child diseases, cough, fever, diarrhea, worms, itch, eye disease, etc.

Shankhanaad: With the support of MPVHA

Early marriages remain to be a constant issue of concern over the years in the Shivpuri district. MPVHA and Sambhav joined hands and gave shape to an event Shankhanaad, the objective of this event was to promote marriages at the age of 18. In Shivpuri region marriage events are organized in which a large number of marriages are finalized in one day. Sambhav intervention in this program was to speak in groups to the people and explain them the harms of early marriage and the benefits of marriage at a suitable age of 18.

Refresher Course for TBA

Awareness regarding the five components of safe deliveries still is very low among the birth attendants in Shivpuri. Sambhav has been constantly holding discussions with the TBA to bring a gradual decrease in the IMR and MMR. These discussions focused on: reasons of unsafe deliveries, threats of unsafe deliveries, interventions to promote safe deliveries, and TBAs role in safe deliveries.

Bal Sanjivini Program:

Bal Sanjivini Program is a nutrition promotion based program implemented by the Govt. of MP in all the districts. One of the bottlenecks of this program is that the services although available are not reaching the community in the expected quantity and quality. Sambhav's intervention in this area has been to create awareness in the community through dissemination on the program, and ensure that the program services reach the needful, through providing assistance to the government workers. Secondly to ensure that the children in 3rd and 4th grade of malnutrition are referred to the district hospital for better care.

Family Planning (NSV)

Efforts were made on regular basis in every village through discussions with the community and sharing information on the emerging need of family planning and promotion of condoms and contraceptives, age difference in children, RTI, and STI. These discussions were held in four different modules. Module 1: Discussion with women, Module 2: Discussion with men, Module 3: Discussion with men & women, Module 4: Discussion with eligible couples.

Another focus under this activity was to disseminate information like: Nasbandi of men is easier and safer, and secondly that nasbandi does not have any ill effects on the sexual life of a person.

As a result of this approach people within the community have started to voluntarily turn up for nasbandi.

Efforts made by the organization to make Village Health Committees Active:

1. Regular contact with the Health Committees.
2. Distribution of handbills on Diarrhea, Malaria, Pneumonia, Itch, TB, and Malnutrition.
3. One day training program to promote awareness through information on diseases at local level.
4. Regular visits to the members of VHC, and holding discussions for the promotion of health. 1632 visits, 789- Male, 843- Female, Members of 126 VHC were contacted through these discussions
5. Dissemination of information on government schemes through meeting of committee members and service providers.
6. Distribution of IEC material i.e. Books, Posters and handbills provided by VHAI, New Delhi.

Efforts made by Village Health Committees

Smoothering relations with service providers:

The first effort made by the VHC's was that of building a active dialogue with service providers through regular discussion and meetings. In this process the VHC's decided that the major objective shall be that of supporting the service providers and not criticizing them.

Efforts were also made to counsel the officers that were not functioning efficiently. The first step in this process was to hold discussion with such individual and motivate them for quality service providing. In cases where discussions did not seem to work out, written applications were send to CMO/BMO informing them about the issue, and seeking appropriate action.

Support in increasing the demand for health services:

Regular discussions and meetings between the VHC's and the community has made the community understand that health is the primary factor behind the wellness of life, hence it is very crucial to pay attention on health, and where ever necessary take immediate actions for demanding health services. This process has facilitated the community to demand for optimum health services on a wider scale.

Impact:

1. Increase in the visits made by ANM.
2. Increase in the percentage of vaccination coverage.
3. Timely registration of pregnant women.
4. The process of promoting active dialogue with service providers has initiated through regular applications and meetings.
5. Issues like distribution of ration, fake information recorded in ration card, irregularity of Anganwari, attention to malnutrition among children in Mudhhera, Himmatgarh and Balarpur have been shared with the human rights commission. The investigation of the same is still underway.

Other Interventions

Visit of Dr. P.C. Bhatnagar:

Dr. P.C. Bhatnagar from VHAI and Dr. S.K. Singh, Sambhav visited the convergence program to have an overview of the program and to identify the sectors where the program needs improvement.

This visit also focused on discussions with the project team, so that the progress of the past could be traced, and a plan for the coming phase be formulated.

A discussion with the DM- Dr. M. Geeta was also done, on the various dimensions of the convergence program.

Discussion was also done with BMO Dr. A.K. Singh in which it was decided that a "Village Level Health Service Camp" will be organized from 3-8-2004 to 28-8-2004, in which Sambhav's participation was expected through support in contact building with the community.

Visit by Dr. C.S. Gandhe

The focus of this visit was to track the performance of the convergence program, and identify the area, where the various government departments could extend their support.

A meeting with the DM was also held in which a presentation on the program was done, and discussion was held on where the district administration can be of help in the program.

Participation in the District Health Plan Formulation

Sambhav has been nominated as the member of the District Health Committee, headed by the District Collector.

During the workshop organized by District Administration, a presentation was given on the convergence program, and how is it playing a crucial role in the upliftment of health services in the district. It was also suggested by Sambhav that convergence meetings shall be also held at Block, and village level. This suggestion was welcomed and further included in the plan. Sambhav was also nominated as a member of the task force, keeping in mind the past performance of contributions in the field of health.

Participation in the Pulse Polio Task Force

Dr. S.K. Singh, Director, Sambhav and Mr. Pradeep Singh Tomar (Program Coordinator) were invited in the pulse polio task force meeting at district level.

The meeting focused on discussion regarding the areas where the government has not been able to efficiently implement the Pulse Polio Program, due to lack of contact in the villages falling in remote areas. Dr. S.K.Singh assured that Sambhav will be happy in extending its support to the District Administration in reaching the remote villages for the maximum coverage of the pulse polio program.

Impact of Convergence Program (Statistical Details)

Population covered by Primary Health Centers: 146910

Eligible Couples: 25716

Pre Natal Care	Last Year (February)	Current Year (February)
Number of ANC Cases Registered	4288	4736
-> Less than 12 months	3111	2176
Number of pregnant women completed all three check ups	3187	3753
High risk pregnant women referred	290	294
TT1	4003	4296
TT2	3764	3914
Number of women undergoing anemia treatment	4538	4594
Number of women given iron tablet	2570	2158
Number of Cases Referred	275	294
Number of Deliveries	3762	3984
-> Through ANM	394	522
-> Through LHV	51	57
-> Through TBA	2426	2942
-> Through Untrained Dai	25	0
Institutional Deliveries	366	462
-> At PHC	03	01
-> At Sub-Centers	54	23
-> Cases with complications referred	96	133

Immunization of Children	Male	Female	Male	Female
	Last Year (February)		Current Year (February)	
BCG	2243	1947	2082	1863
DPT 1	2125	1928	2152	1987
DPT 2	2079	1869	2053	1846
DPT 3	2081	1868	1970	1808
Polio 1	2146	1899	2152	1987
Polio 2	2047	1859	2053	1846
Polio 3	2086	1859	1970	1808

Measles	2028	2201	1978	1778
Complete Immunization	2030	2118	1978	1775

Vitamin A	Last Year (February)		Current Year (February)	
	Male	Female	Male	Female
(9 month to 3 years)				
First Dose	2223	1952	1925	1821
Second Dose	2079	2006	2076	1977
Third Dose	6814	6427	6340	5900

Mortality Rate	Male	Female	Male	Female
	Last Year (February)		Current Year (February)	
IMR				
Within 1 Week	44	42	40	34
1 Week to 1 Month	17	18	24	21
1 Month to 1 Year	41	47	47	34
1 Year to 5 Year	45	54	45	59
MMR				
During Pregnancy	00	01	00	02
During Delivery	00	00	00	03
Within 6 weeks of delivery	00	02	00	08

Training of SHGs

Date: 3rd March ' 2005

Venue: Dak Bungalow, Satanwada

Resource Person: Mr. Gayakwad- Nabard, Mr. R.K.Jain- GSGB- Shivpuri, Mr. Nabil Singh- Program Manager- Sambhav, Mr. Pradeep Singh Tomar- Project Coordinator

Objectives of the training:

- To provide guidance on the procedures of loaning
- To orient on the process of linking a group with the bank.
- Motivate groups towards undertaking economic activities.

Mr. Gayakwad of Nabard shared that SHG is not a program, but a concept that emphasizes that the community based organization of women at village is not only for economic stability and flow of funds, but on that states that such groups shall be able to provide a stage for discussion and consultation on other community related issues. SHGs should work as a pressure group that shall play a critical role in the process of service demand generation. Mr. R.K. Jain further discussed the process and guidelines of forming a SHG group, he also shared that banks at all level are in search of SHG that are stable, as a policy of the state and central government banks extend their economic support to groups that fall in the category of sustained SHGs. Mr. Nabil Singh further shared that SHG is one of the strongest medium for joining with the mainstream decision process.

A sustained SHG will have its presence at not only the village but at the local administrative level, which shall provide SHG women members a platform to actively participate in the process of local governance.

Seminar on "Water Resources & Management", Shivpuri, Madhya Pradesh

Shivpuri, Madhya Pradesh, India, 14 Apr 05

Organized By: Sambhav Social Service Organization
Venue: Kalyani Dharmashala, Hospital Road Shivpuri

A seminar was held on April 14, 2005 on "Water Resource and Management", on the occasion of world water day, organized on 22nd of March every year.

The seminar focused:

- To discuss the issues related to the availability of clean and ample amount of water.
- To identify the economic issues rising from the diseases due to unsafe water.
- Promotion of activities on economic rehabilitation through water and sanitation activities.
- To ensure community's participation in water, sanitation and hygiene related activities.

The event commenced with Mr. Pradeep Tomar, extending gratitude towards all the participants for coming from large distances to participate in the seminar. He also shared happiness that it is good to see that communities at large are getting sensitized on such crucial concerns, and participating in such events.

The world water day is identified as a day when people from all around the world, share their concerns and try to find possible solutions to problems pertaining to water. Some of the alarming facts that were identified in the year 2003 were:

- 1.1 billion people lacked access to improved water sources (tap water in the house or yard from public distribution systems, protected wells and springs, public stand posts, rain water collection), which represented 17% of the global population.
- 2.6 billion (42% of the world population) lacked access to basic sanitation.
- Of the 1.1 billion without access to improved water sources, nearly two thirds live in Asia.
- 1.8 million people die every year from diarrhoeal diseases (including cholera); 90% are children under 5, mostly in developing countries.
- 80% of the population without access to drinking-water were rural dwellers, but future population growth will be mainly urban.

Mr. Garg, Sub Engineer PHE Dpt, shared that water and its scarcity is an emerging concern in the global context. Government and its officials can alone not make a major difference. NGO's should come forward and join hands with PHE wherever possible, as NGO's have a strong hold in the rural communities and on the other hand the Government shall provide with all the necessary inputs. He further discussed on the total sanitation campaign being undertaken by the PHE Dpt.

Mr. Nabil Singh as a conclusion to the program suggested the future strategies that should be undertaken to promote safe water and hygiene conditions.

He said that water has a direct impact on the health and hygiene of the communities. But any activity shall be successful only when women are made the primary intervention partners in the process of change. Following are the suggestions:

1. Involve women and men equally in decision-making
2. Pay attention to the privacy and security needs of women and girls with regard to the location and design of sanitation facilities
3. Improve access to water for all.
4. Target women and men equally in water and sanitation education and training programmes
5. Water, sanitation and hygiene education programmes in every school
6. Effective and sustained advocacy on water, sanitation and hygiene at all levels
7. Focus on long-term, sustainable service delivery
8. Involve women fully in the planning and design of water and sanitation facilities
9. Prioritize water and sanitation in disaster-response planning.

The program had a participation of over 60 participants from 10 villages and the Shivpuri city.

Case Study: Champa Bai

Being a young widow Champa had huge amount of responsibilities after being separated from her husbands family, she had to not only look after her two kids, but also after his fathers family. Its been 13 years when Champa was first introduced to Sambhav, she kept on involving herself in every activity of Sambhav initially, but then later joined Sambhav as a regular field worker. After being inducted as an employee Champa worked very efficiently giving healthy results.

Champa played a founder role in the formation of Shabari Mukti Morcha, an alliance of women for rights. She also has been the key inspiration behind the formation of numerous SHG groups till date. As a result of her continuous interventions soon Champa started to be known within the district administration.

Hindustan lever limited identified Champa as a prospective medium for marketing their products, and now Champa is one of the leading Shakti dealers for HLL in the Shivpuri district. As a dealer champa has been able to extract a profit of 3-4 thousand every month.

Recently champa fought elections for the post of Mandi Director, she took care of publicity and campaigning on her own, as a result of her rigorous efforts, she won the elections and now is the mandi director

The extent of Champa's success can be measured by the fact that she alone has been able to get her brothers and sisters married, send her children to school and still is prospering day by day. Champa does very well understand the importance of education as a compulsion in todays life. Her son studies in 10th at a school in shivpuri and the rest 2 kids study at a school in the village itself.

Case Study: Narayani Bai

Narayani joined Sambhav 10 years back. In the past 10 years she has significantly contributed to the upliftment of women in Shivpuri Region. Some of her efforts and achievements in the past are as follows.

- Helping hundreds of children reach medical services at district hospital for treatment of mal-nutrition.
- Helping a large amount of pregnant women reach the district hospital, hence contributing to institutional deliveries.
- Eradication of alcohol from her village with the support of Self Help Group members. She filed a case against the liquor shop in the village and won the case, hence the shop has to be removed from the village.
- Being elected as the president of Van Samiti