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SAMBHAV Social Service Organization, Shivpuri, Madhya Pradesh

The project was initiated in 1993 in 20 villages in Shivpuri block of Shivpuri district in Madhya Pradesh for the benefit of Saharia tribes, which belongs to one of the most backward communities in the state. The block is barely 125 km from Gwalior city and 300 km from Delhi and yet it had remained resource poor and marginalized for years. Lack of appropriate health services and communication facilities were the major problems. Besides, there were a host of other problems including land alienation, exploitation, illiteracy, and lack of safe drinking water and sanitation. Saharias live under extreme poverty. There is rampant malnutrition especially among women and children. Drinking was a serious social problem. The resultant effect was a self-perpetuating indebtedness.

Since health was a major concern, health services and health education was given top priority. Right from its inception, the project put emphasis on participatory approach. Various village based groups, Village Development Committees, Youth Groups, SHGs etc. were formed, duly trained and involved in the project. This gave the community a sense of ownership and confidence. While community capacity was thus being built, rapport was established with the district administration. This had a very desirable effect and the community began to demand proper health services from the government. Gradually, ambit of health services was enlarged to include referrals, pathology tests, immunization, ante and postnatal clinics. A well developed planning and management system, with clearly defined parameters for monitoring, evaluation and a functional MIS has seen to a very efficient implementation of project.

There has been tremendous impact of the project on the health and overall development of the people. Improvement in health care has been significant and can be judged by a constantly declining trend in the Infant Mortality Rate (IMR), which from 124 in 1993 has declined to 50 in 2003. Better ANC/PNC coverage (79% as against 16% in 1993), skill enhancement trainings of Dais and better immunization coverage have reduced maternal and infant mortality rates. 100% deliveries are now conducted by trained personnel.

There has been overall reduction in morbidity and mortality due to increased awareness and knowledge about various diseases, their causes, prevention and management, for example, diarrhea related morbidity is well under control and there has been a declining trend in mortality related to the same. No diarrhea deaths were reported during the previous year as against 30 in 1993. Further, increased health awareness has encouraged people to come forward to seek treatment for TB, which was very difficult for them earlier due to stigma attached.

Local capacity building with a view of long-term sustainability was a very important component. Thus, due emphasis was laid on local capacity building of village health workers and TBAs etc. on regular basis. Village Panchayats have been fully involved. Building linkages with the government departments has improved health services, encouraged peoples groups like SHGs etc. to avail of various income generating schemes of the government. Beginning with nil in 1993 now there are 64 SHGs (they have so far been able to save Rs 2,07,390. -), 20 Mahila Mandals and 20 Village Development Committees which have helped in raising awareness about existing government schemes and facilities and have been able to raise voice for bridging the gaps. This is reflected in various memorandums submitted by people to the government. Promotional programmes like education and school health etc. have resulted in better attendance, increased health and environmental awareness. Success of income generating programmes have motivated people to join in.



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Various village development and income generating activities like kitchen gardening; livestock farming, poultry etc. are being implemented through the above people's organizations. New technologies have been introduced in agriculture. Mahila Mandals have created a conducive atmosphere towards gender equity and overall empowerment of women. Some 1000 women have been participating in their meetings every year. They also take care of programmes for adolescent girls. Women actively participate in advocacy campaigns through SHGs and Shabri Mukti Morcha etc.

Now, the project has completed its full term of 10 years. To make the programme financially sustainable in future, several funds like Health Fund, T.B. Fund, Education Fund have been set up. There has been increased collaboration

with the government and Panchayats for future support to development programmes. There is full community support for TBAs, village meetings and cultural programs. SHGs have already made rapid advancements towards self support. Some funds will also be generated by running a school in village Satanwara.

One can say with confidence that the project has entered the phase of self-sustenance with due preparation and confidence. There is now a strong network of VHW, Dais, Animators and Panchayat workers. Health workers are well versed to identify common ailments, their treatment and referrals as well as disease surveillance. It has also a functional training center at Shivpuri. With years of hard work, the project enjoys very good relationship with various government departments.

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Sambhav

Particulars	Baseline year 1993	Status on 31.12.99	Status on 31.3.2003
Nb. of villages	20	20	20
Health			
a) Morbidity % of total cases			
Diarrhea	10.8	6.5	4.6
ARI	14.7	4.1	2.3
Malaria	19.38	9.2	10.4
TB	2.8	1.2	1.2
b) Mortality % of total death			
Deaths due to Diarrhea	30	7	Nil
Deaths due to ARI	25	6	8
Maternal deaths	15	Nil	Nil
IMR per 1000 live births	124	64	50
c) Maternal and Child Health			
Complete ANC Coverage	1.6%	81%	79%
TT Immunization	20%	85%	87%
Primary Immunization Coverage	4.9%	68%	78%
Registration in first trimester	10%	60%	60%
Deliveries/Births	35-45% by untrained personnel	100% by trained personnel	100% by trained personnel
Community Organization, no. and types of groups			
SHGs	Nil	14	64
M.M.s	Nil	20	20
V.D.Cs	Nil	20	20
Income Generation Programmes			
Self Help Group Members	Nil	267	674
Agriculture Programme	Nil	327	400
Goat Breeding	Nil	10	40
Poultry	Nil	95	100
Capacity Building			
Nb. of VHWs trained	Nil	15	15
Nb. of TBAs trained	Nil	21	21
Nb. of participants in health education programme (average no. of participants are 3000 per year)	Nil	3219	2907

Abbreviations:

SHG – Self Help Group, MM – Mahila Mandal, VDC – Village Development Committee, ANC – Ante Natal Care, IMR – Infant Mortality Rate, VHW – Village Health Worker, TBA – Traditional Birth Attendant, TT – Tetanus, TB – Tuberculosis, ARI- Acute Respiratory Infection.

