Eight Millennium Development Goals (MDGs) were agreed by member countries following adoption of the Millennium Declaration by the United Nations Millennium Summit in 2000 — ranging from halving extreme poverty rates to providing universal primary education to all— to be realised by the target year 2015.

One of the goals, MDG 5 was about improving maternal health by bringing down the Maternal Mortality Ratio (MMR) — a target was set for each country to bring down their ratio by three quarters between 1990 and 2015; which for India meant 109 per 100,000 live births by 2015. In 2007-09 the MMR was 212; it declined in 2011-13 but remains high at 167\(^1\) with huge inter-state and intra-state disparities.

Striving towards Oxfam’s vision of ‘right to life with dignity for all’, a project ‘Improving Maternal Health in Six States of India’ was conceptualised under the Global Poverty Action Fund (GPAF) with support from Department for International Development (DFID). GPAF focussed on poverty reduction and pursuit of MDGs through improved service delivery, empowerment and accountability, work on conflict, security and justice\(^2\).

Jharkhand, formed in 2000 after separating from the state of Bihar, is the fifth least-developed state\(^3\), with historically alarming levels of poverty, hunger and ill health. The poverty ratio of Jharkhand is 45.3 per cent (national average of 37.2 per cent), but a broader definition of poverty suggests that 74.8 per cent of the state is poor. The health indicators too show a dismal picture: 43 per cent women in Jharkhand have a Body Mass Index (BMI) below normal\(^4\).

According to the Annual Health Survey (AHS) 2011-12, Jharkhand’s MMR at 267 lagged behind the national figure of 178\(^5\). The Infant Mortality Rate (IMR) was only marginally better, at 38 deaths per 1000 live births, as against the national figure of 44\(^6\). The 2012-13 AHS data showed some improvement for Jharkhand - MMR was at 245\(^7\) and IMR at 36\(^8\). Infant and child mortality rates, however, are disproportionately higher within the state among the adivasis and poor households; adivasis consisted 28 per cent of the state’s population\(^9\).

Jharkhand lags behind in other health-related parameters as well— only Bihar and Rajasthan rank lower than Jharkhand in terms of proportion of child marriages\(^10\).

Oxfam has partnered with Child In Need Institute (CINI) in two districts of Jharkhand — Ranchi and Hazaribagh. CINI, established in Kolkata in 1974, has since worked on health and nutrition in West Bengal, Jharkhand and Chhattisgarh\(^11\). In health, it has been working for long in the regions lending technical support to the National Rural Health Mission (NRHM)\(^12\) by providing training modules for the state Accredited Social Health Activist (ASHA or Sahiyya).

In 2013, Oxfam partnered with CINI in Jharkhand in 70 villages covering 15 Gram Panchayats in two blocks of Churchu (Hazaribagh) and Ormanjhi (Ranchi). These villages are a mix of Adivasi, Dalit and Muslim families. “An integrated approach is necessary to have an impact on issues related to nutrition and maternal health,” said Faiz Ahmad, project coordinator, CINI.
INTEGRATED APPROACH TO NUTRITION AND MATERNAL HEALTH

Jharkhand, till 2010, was the only Indian state where panchayat polls were never held and Panchayati Raj Institutions (PRIs) continue to be in their infancy. Ranjan Panda of CINI feels that since PRIs are still in the process of being built, “the health monitoring systems do not always work the way people normally expect them to.” While strengthening the PRIs has been a challenge for activists forming the Village Health, Sanitation and Nutrition Committee (VHSNC) under the ambit of PRI compound it further.

Oxfam focused on leveraging and activating existing village-level institutions like the VHSNC and strengthening capacities of the community to ensure better delivery of health and nutritional services. This was complimented by formation of Village Health Resource Centres (VHRC) that provided the village a library with Information, Education and Communication (IEC) materials, posters and calendars to build community awareness on health and nutritional aspects. Mass awareness campaigns were organised to underline the importance of nutrition to maternal and child health.

The VHRC also acts as a repository of information on existing government schemes. The centre offers useful information to the community, particularly pregnant / lactating mothers and adolescent girls. It hosts regular meetings of adolescent girls, VHSNC, and women’s SHGs of the village and displays the outcomes of these processes prominently at the Centre. VHRCs are run out of community centres or attached to the Anganwadi or Sub Centre. In some cases, the house of the Barefoot Auditor becomes the VHRC.

VHSNCs were formed as part of NRHM to take collective actions around health and its social determinants at the village level. It acts as a sub-committee of the Gram Panchayat with a minimum of 15 members led by an elected panchayat member. Potentially, all those working in the village around health related services would participate in its meetings. Till recently, VHSNCs have been more on paper and not been very active in the project areas. However, things have changed in recent years. The VHSNCs are now a pressure group within the Gram Sabha and the block. At the district level, VHSNC federations are being put in place.

In the villages, VHSNCs comprise of 15-25 members. Women participation in general has remained low in the past, for instance, in Gram Sabha meetings. Powerful and influential men would often hold Gram Sabha meetings at night and circulate the register the following day at the women’s SHG meetings for them to sign, essentially leaving the poorest and weakest out of the decision making process. However, VHSNC guidelines mandating 50 per cent women membership improved their participation both in the Gram Sabha and VHSNC in the last three years. For instance, out of the 25 VHSNC members at Palu village in Ranchi district, only four are men.

Now, the VHSNC and Gram Sabha meetings are well coordinated. In Ormanjhi block, for instance, Gram Sabhas are held on the 19th of every month and, in all the 35 villages, VHSNC meetings precede them. This is to ensure that decisions taken at the VHSNC are shared with the Gram Sabha for implementation. Decisions are taken democratically and CINI played a key role in facilitating this. Most of the villages were unaware of the provision of untied funds, of Rs 10,000 provided to the VHSNC.

Training by CINI ensured better planning and spending of the untied funds on sanitation, drainage, hand-pump

ANNUAL HEALTH SURVEY DATA

![Graph showing annual health survey data for Jharkhand, Ranchi, and Hazaribagh]

Source: http://www.censusindia.gov.in/vital_statistics/AHSBulletins

Integrated Approach to Nutrition and Maternal Health
A committee, with members from the VHSNC and the Gram Sabha, monitors local institutions like Anganwadis and Sub Centres. To equip them better, CINI trains the VHSNC and joint committee members on Community Based Monitoring (CBM). As a part of this monitoring system, in some places, VHNDs are held on the same day as VHSNC meetings. This apart, hemoglobin and blood pressure checks are conducted and tests for expectant mothers, if incomplete on one day, are carried over to the next day.

In this regard, the Auxiliary Nurse Midwives (ANM) from Olattu village informed that the Sahiyya and Anganwadi worker supported by Barefoot Auditor (BFA) and field animator ensure that all women attend. They also shared that trainee nurses from nearby private hospitals volunteer with the ANMs who are usually overworked.

**TRAINING ADOLESCENT GIRLS ON MATERNAL HEALTH AND NUTRITION**

Seventeen-year-old Suman sings a song at the VHND meeting at Jidu block in Ormanjhi. “Chatta umare chotta umare na debe biha, suna baba ho, chotta umare na debe biha.” The song, loosely translated is a plea to her father to not marry her off, as she is very young. An active member of the adolescents’ girls group, Suman is a local celebrity who composes and sings her own song in Nagpuri, the local dialect of the adivasi belt. She motivates villagers around entitlements, ills of child marriage and importance of nutrition to the health of mother and child. Suman is part of the team of peer educators who are involved in Oxfam’s GPAF project in Jharkhand.

Adolescent girls in these project villages meet regularly at VHRC to discuss issues related to nutrition, personal hygiene and marriage. Sahiyyas, Barefoot Auditors and project animators are also present at these meetings. They play a vital role in creating awareness on health and nutrition among the young and expectant mothers. VHRCs are designed to become a knowledge hub around which peer educators, like Suman, train and motivate young girls from the village on health and nutritional aspects.

Apart from trainings on health, the adolescent girls group works to ensure that every girl is educated. In Hazaribagh’s Mukru village, where the group meets every Saturday at VHRC, they have started an informal small savings scheme. All the 19 girls deposit Rs 5 every week; these are savings from their pocket money. The saved money is then used to pay for the board exam registration fee for those who cannot afford to pay.

Earlier, girls were confined to their homes and were not permitted to attend meetings. Since CINI’s intervention, things have changed for the better. Like Suman, not only do they attend meetings but are spearheading activities around health melas. “I got an opportunity and I came out of the house,” says Suman. She recently made her debut on radio and now plans to train as a singer. A Sahiyya points out that girls were not allowed to sing earlier. Suman’s popularity has brought a positive change; many young girls are now encouraged to participate in events during health melas.

Health melas held in the last three years have helped spread awareness about a balanced diet. Innovative concepts like ‘Tiranga Bhojan’ or tri-color meal is promoted and discussed in the adolescent girls’ meets. This focuses on nutritious food available locally and helps pregnant and lactating mothers inculcate right food habits and follow a balanced diet at an affordable cost. Sahiyyas, Barefoot Auditors and field animators from CINI conduct nutrition counselling around Tiranga Bhojan.

Health melas have helped question objectionable cultural practices around pregnancies and motherhood. For
instance, colostrum was avoided earlier but now, there is an increased awareness of its significance to the child. For home deliveries, the only known disinfectant was cowdung and its application to the umbilical cord was standard procedure, often leading to infection and possible death. Things are changing and deliveries by trained skilled health workers are increasing; out of 1,196 deliveries in 2014 in all the 70 villages, skilled health personnel delivered 1,087.

Once the project is complete, the immediate challenge for CINI will be to prevent a possible backlash driven by disappointment of the community whose expectations from the health care delivery system have tremendously grown, given that the rate at which the system responds is far less than satisfactory. Though the awareness amongst the community and the expectation from health care delivery system has risen exponentially, health care system continues to be riddled with problems. The girls are, however, confident of keeping the VHRC active thus ensuring that the initiative outlives the project period. Jharkhand may be on its way- albeit at a slow pace- to realise some of the human development goals but a lot remains to be done. There is hope that the achievements in these 70 villages create a ripple effect across other districts of the state.

NOTES

1 http://www.censusindia.gov.in/vital_statistics/mmr_bulletin_2011-13.pdf ; these are the latest figures, the earlier figure was at 178.
4 http://www.in.undp.org/content/india/en/home/operations/about_undp/undp-in-Jharkhand/about-Jharkhand.html
7 The latest SRS data suggests that the MMR is at 208; http://www.censusindia.gov.in/vital_statistics/mmr_bulletin_2011-13.pdf
10 http://www.unicef.org/india/The_Situation_of_Children_in_India_-_A_profile_20110630_.pdf
11 http://www.unicef.org/india/The_Situation_of_Children_in_India_-_A_profile_20110630_.pdf
12 http://www.unicef.org/india/The_Situation_of_Children_in_India_-_A_profile_20110630_.pdf
13 http://www.cini-india.org/content/history
14 National Rural Health Mission and National Urban Health Mission were merged in 2014 to form the National Health Mission
15 http://www.thehindubusinessline.com/features/blink/know/barefoot-auditors-call-local-officials-to-account/article6937338.ece
16 http://nrhm.gov.in/comminitisation/village-health-sanitation-nutrition-committee.html
17 Tiranga Bhijan or Tri-Colour Meal is a concept used by CINI to help pregnant and lactating women and children inculcate right food habits and achieve a balanced diet with locally available food items. They are instructed to follow the colours of the national flag, the white for milk, eggs and similar food items; the green for fresh green vegetables and the saffron for ripe fruits, fish and meat, a combination of all three being necessary for a balanced diet that will help prevent anemia. Around Tiranga Bhijan, there are group exercises, theatre, and also, nutrition counselling by Sahiya, BFA and the field animator from CINI. Importance of Tiranga Bhijan is often discussed in the adolescent girls meetings too and they take part in all these IEC activities as well.