Still some way to go: Communitisation of Health Services among Dalit Community

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BACKGROUND

India has committed itself to a process of ‘Inclusive Growth’ where the needs of the most marginalized receive priority attention. This approach was articulated in the Eleventh Five Year Plan and emphasised through programmes like the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) and National Rural Health Mission (NRHM) during the plan period. Community participation is seen as a key mechanism to involve local communities and under the NRHM, a Village Health and Sanitation Committee (VHSC) has been formed in every revenue village under the leadership of gram panchayat chairman. The VHSC has representatives from all groups, especially women’s group, scheduled castes (SCs) / scheduled tribes (STs) / other backward classes (OBCs) and the minority communities. The VHSCs are responsible for the overall health related activities of the village. They are also responsible for creating awareness about the various health programmes and developing Village Health Plan (VHP). Despite the NRHM strategy to constitute a VHSC in every village, data from the concurrent evaluation of NRHM (2009) for Andhra Pradesh shows that VHSCs are present in only 59% of gram panchayats (GPs) and only 6% of the people in the villages are aware about their existence. The national level data also highlights that there is low level of awareness and use of health care services.

There are caste differentials in relation to health status of the community. This has been highlighted by different surveys like the National Family Health Survey- III (NFHS 2005-06). Rama Baru and her colleagues have argued that despite economic growth the differentials in health outcomes have increased between social groups. Findings from NFHS 3 show that in Andhra Pradesh there are caste differentials across many of the maternal and child health services. For example, while 44% of SC children have received complete vaccination, the corresponding figures for STs is even lower at 26%, while for Others, it is 58%. For institutional delivery, the differences are also stark at 66%, 27% and 82%, while for utilization of ICDS for pregnancy related services it is 62.7%, 68.4% and 86%. If these differences have to be reduced there is an urgent need to build awareness among the VHSCs about the health issues of Dalits to ensure their active participation in the formation and functioning of VHSCs and also formulation of VHP and its implementation.

STUDY OBJECTIVES

The overall objective of the study was to identify whether the VHSCs and its members were aware of the key issues being faced by the Dalit community and whether the Dalit community were aware of the VHSC and its potentials for helping them access health services. The specific objectives of this study were:

1. To assess the knowledge and awareness regarding VHSCs as an institution among the Dalit community.
2. Awareness and knowledge of the members of VHSCs pertaining to VHSCs functioning and their roles and responsibilities.
3. To study what the members of VHSC see as the important health and sanitation issues with regards to Dalits and how they respond to it.
4. Identify critical divergence of perception of the Dalit community and members of the VHSCs.

STUDY SETTING

In Andhra Pradesh, 16.3% of the population belongs to schedule castes communities (2001 Census). About 82.8 % of this population resides in rural areas working as agricultural workers, artisans, daily wage labourers and migrant labourers (2001 Census). Andhra Pradesh has made rapid progress on many development and demographic indicators in the last two decades. The population growth has declined considerably and the proportion of population below the poverty line is less compared to the national average (National Human Development Report 2001). However, the estimates for health indicators among marginalized sections in Andhra Pradesh indicate that the ST and Dalit community lag behind other communities. Mortality as measured by the crude death rate is marginally higher among them. Infant mortality rate (IMR), which is an important indicator in the human development perspective, is highest among the ST (104) followed by Dalit (97). The great difference between ST/SC and the others in terms of IMR indicates the

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participated. The VHSC and some key members from the Dalit community (one in each village) were conducted in which all members of the VHSCs (44 members). Additionally six FGDs of the Dalit community (180 members in all) and all the training at SRM University. was collected by the researchers themselves. They underwent modifications were made after consulting the mentors. Data from SRM University. They were pre-tested and necessary were prepared in consultation with the mentors of the study. The questionnaires, interview schedules and FGD guidelines were prepared for conducting the FGDs. The 25% of the people that know about the existence of the VHSC are also aware of the roles and responsibilities of the VHSC. Only 7% of the respondents know that Rs.10,000/- has been allotted to every VHSC. Around 21% had some idea regarding VHP. Among women respondents Rs.10,000/- has been allotted to every VHSC. Around 21% had some idea regarding VHP. Among women respondents only 4 (4.3%) knew about VHP. Among women respondents only 4 (4.3%) knew about VHP.

**METHODOLOGY**

A descriptive cross-sectional study was undertaken in three villages each from Ravulapalem Mandal of East Godavari district and Bobbili Mandal of Vizianagaram district.

**Sample:** The sample consisted of randomly selected members of the Dalit community (180 members in all) and all the members of the VHSCs (44 members). Additionally six FGDs (one in each village) were conducted in which all members of the VHSC and some key members from the Dalit community participated.

**Data Collection:** Quantitative data was collected using two sets of questionnaires. One was for community people and had 30 questions and the second was for VHSC members and had 47 questions. For qualitative data collection a set of guidelines were prepared for conducting the FGDs.

The questionnaires, interview schedules and FGD guidelines were prepared in consultation with the mentors of the study from SRM University. They were pre-tested and necessary modifications were made after consulting the mentors. Data was collected by the researchers themselves. They underwent training at SRM University.

**Ethical review:** The study proposal was reviewed by the Ethics Group of School of Public Health, SRM University. A consent form was read out to all respondents prior to the interview informing them about the purpose of the study, confidentiality and the choice to opt out during the interview.

**Limitations:** The study concentrated mainly on the awareness among the Dalit population regarding VHSC. No information was collected in the area to gauge the understanding regarding VHSC among the general population. Therefore, there was no reference to make comparisons.

**FINDINGS**

**Awareness and knowledge of Dalit population pertaining to VHSCs**

Out of the total respondents (180), only 25% had any knowledge about VHSC. For women the figure is very low. Out of 93 women respondents only 3 (2.15%) had some knowledge about VHSC. Around 77.2% of respondents said they have no information regarding the structure and functioning of the VHSCs. Out of the total respondents, only 28% know the VHSC members. The VHSC members who are known in the village are the Sarpanch (26.7%), ANM (23.3) and AWW (22.2%). There was limited knowledge about the membership of ASHA (8.9%), NREGA field assistant (7.2%), school teacher (2.8%) and Mahila Samakhya secretary (1.7%).

The 25% of the people that know about the existence of the VHSC are also aware of the roles and responsibilities of the committee members. Only 7% of the respondents know that Rs.10,000/- has been allotted to every VHSC. Around 21% had some idea regarding VHP. Among women respondents only 4 (4.3%) knew about VHP.

A majority (75%) of the Dalit community respondents said that VHSCs do not give any importance to Dalit issues. While 55% of men interviewed said that VHSC members did come and inquire about the health related issues of Dalits, only 4.3% of women said that this was true. 74.4% of respondents said that there was hardly any participation by the Dalit community in the VHSCs.

When it comes to functions of ANM workers, 92.2% women said that ANMs do visit the households and 67.7% said that they are available during delivery. Interestingly, among men...
91.5% said that ANMs were available at the time of delivery. Regarding ASHA, 57.7% said that they knew about the roles and responsibilities of ASHA but only 45.5% said that ASHA is available during delivery. Respondents (67.2%) said that ASHA was providing help to pregnant mothers while only 2.15% (2) women said that they provide help to lactating mothers also.

There was an effort to understand the Dalit communities’ experience of service delivery and interactions with the health system and there was some difference in the two districts where the survey was done (Table 2).

### Awareness and knowledge of the members of VHSCs pertaining to VHSCs’ constitution, roles and responsibilities.

Of the 44 VHSC members who responded, 38 (86%) VHSC members said that regular meetings are held in the villages although there is no uniformity regarding the frequency of the meeting. All the respondents knew there was a VHSC in their village. All the members know that village sarpanch, village secretary, AWW, ANM, ASHAs are the members of the VHSC. Out of total 44 respondents, 42 (95%) said that there were 50 percent women in VHSC and 32 (72.27%) members were aware about their responsibilities as a VHSC member. Ten VHSC members were not aware about the reason behind constitution of VHSC in the villages and only 28 VHSC members said that importance was given to the health issues of SC community.

Thirty four members (77.27%) were aware about the VHP and 32 (95%) among them knew that they have the responsibility of drawing the VHP. Only 36 (81.1%) knew that Rs.10, 000/- is allocated for Village Health Fund (VHF) and has to be used for the implementation of the VHP. While 39 (68.2%) members said that VHF is being spent for Dalit community. Thirty three (75%) members said that no training was given to the members regarding their roles and responsibilities.

### Response of VHSC members to the health and sanitation issues of Dalit population.

Out of the 44 VHSC members interviewed only 29 members said importance is given to the issues of SCs in the VHP. About the activities included in the VHP, 38 responded for cleanliness, 37 responded for sanitation issues and only 11 VHSC members said that the health of school children is included in the VHP.

According to 28 VHSC members, importance is given to the health issues of SC community in VHP. Forty three members said that environment and sanitation related issues are discussed in the meetings and only 19 said that they also discuss village health and nutrition related issues in the meetings.

### Divergence in perceptions of Dalit community and members of the VHSCs.

The study shows some divergence between the perception of Dalit community and members of VHSC around health issues of the Dalits. While a minority of only 25% of the respondents from the Dalit community said that VHSC gives importance to Dalit issues, a majority (63.33%) of the VHSC members said that importance is given to the Dalit issues. In Table 3, the issues have been given a rank indicating 1 as most important to 7 as least important.

### Conclusion and Recommendations

The idea of setting up the VHSCs was for “Communitisation” of health services, leading to its better ownership, planning, implementation, monitoring and long term sustainability.
The study shows that this process has started but there is still some way to go. The study shows that the Dalit community still does not know much about the VHSC structure and is not able to use its potential. The extremely low levels of knowledge of Dalit women is a cause for concern because it is very important to have women as stakeholders in any programme for its better implementation and success. Women face double discrimination being members of specific caste, class or ethnic group apart from experiencing gendered vulnerabilities.

While the members of the VHSCs do claim that they are fulfilling their assigned roles and respond to the concerns of the Dalit community, the community does not have a corresponding perception. However, there is a reasonable similarity between their assessment of Dalit communities’ needs and the assessment of the members of the community about their needs. It was also noticed that members like ANM and ASHA are seen as fulfilling their designated responsibilities but this may not extend to fulfilling their roles as members of the VHSCs.

**Recommendations**

While VHSC functioning overall may need to improve in order to fulfill the larger objective of communisation, this study brings to light the need to have better interaction among the VHSC members and the Dalit community. Some specific steps which may be considered to bring the NRHM mandated institution closer to the Dalit community and serve their needs better are as follows:

- Steps need to be taken to create awareness among the Dalit community regarding the existence and importance of VHSCs.
- Participation of women is very important for better functioning of VHSCs and effective implementation of NRHM. Therefore, adequate steps should be taken to ensure their participation, especially women from Dalit communities.
- Capacity building of VHSC members is very important for understanding the roles and responsibilities to ensure better delivery of their duties.
- Sensitization regarding Dalit issues should be an integral part of capacity building of the VHSC members.

The first few steps towards communitisation have been taken and these recommendations, if implemented, will make NRHM more successful in fulfilling its objectives.

**REFERENCES**

1. VHSC Guidelines, NRHM, MoHFW, Government of India.
2. Institute of Rural Research and Development, 2010

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**About the Organization:** People’s Action for Rural Awakening (PARA) was initiated with the intention of creating awareness among the rural masses, with an object of people’s (especially Dalits) empowerment which is considered as a precursor to people’s development. It is based in East Godavari district of Andhra Pradesh, India.

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