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 develop 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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