COMMUNITY BASED MONITORING IN JHARKHAND, INDIA

CHILD IN NEED INSTITUTE
ABOUT CINI

• Established in 1974.

• MISSION
  • Sustainable development in Health, Nutrition, Education and Protection of Child, Adolescent and Women in need.

• APPROACH
  • Rights Based Approach with focus on Gender and social inclusion.

• Geographic Coverage: 4 States in India.

• Development Partners: GOAL UK, Give India, ICCHN, PLAN, OXFAM, SKN Netherlands, DFID, EU, USAID, SDTT.
ABOUT JHARKHAND

• State formation in 2001
• Geographic area: 79,700 Sq. km.
• Total population: 26.9 million
• Tribal %: 26%

• Literacy: 53.5%
• Female literacy: 38.9%
• Tribal literacy: 40%

• IMR: 312
• MMR: 46
• % of Institutional delivery: 40%
GEOGRAPHIC COVERAGE & ISSUES

- Education
- Health & Nutrition
- Adolescents
- HIV/AIDS
## GEOGRAPHIC COVERAGE

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Projects</th>
<th>Districts</th>
<th>Blocks</th>
<th>Villages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>NRHM AGCA (PFI)</td>
<td>Hazaribagh, Palamu, W. Singhbhum</td>
<td>9 nos.</td>
<td>135 nos.</td>
</tr>
<tr>
<td>2.</td>
<td>DASTAC</td>
<td>Hazaribagh &amp; Giridih</td>
<td>9 nos.</td>
<td>90 nos.</td>
</tr>
<tr>
<td>3.</td>
<td>CP / PRAYASH</td>
<td>Hazaribagh</td>
<td>2 nos.</td>
<td>200 nos.</td>
</tr>
<tr>
<td>4.</td>
<td>Education</td>
<td>Ranchi</td>
<td>9 blocks &amp; Urban Ranchi</td>
<td>25 Schools</td>
</tr>
<tr>
<td>5.</td>
<td>VISTAAR</td>
<td>Chatra, Hazaribagh, R’garh, Latehar &amp; Garhwa</td>
<td>47 nos.</td>
<td>470 nos.</td>
</tr>
<tr>
<td>6.</td>
<td>Oxfam</td>
<td>Simdega &amp; Gumla</td>
<td>2 nos.</td>
<td>72 nos.</td>
</tr>
<tr>
<td>7.</td>
<td>VSRC</td>
<td>24 nos.</td>
<td>24 nos.</td>
<td>1200 nos.</td>
</tr>
<tr>
<td>8.</td>
<td>ICDS</td>
<td>24 nos.</td>
<td>212 nos.</td>
<td>848 nos.</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Project Title</td>
<td>Supported by</td>
<td>Issues</td>
<td>Target Groups</td>
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<td>----------------------------------------</td>
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<tr>
<td>1.</td>
<td>CBM of Health Indicators.</td>
<td>NRHM AGCA (PFI)</td>
<td>Health</td>
<td>Rural populous, esp. women &amp; children</td>
</tr>
<tr>
<td>2.</td>
<td>Developing AIDS sensitization through Appropriate Communication</td>
<td>DASTAC</td>
<td>HIV / AIDS</td>
<td>Youths, migrants, SPs, PLHAs &amp; general community.</td>
</tr>
<tr>
<td>3.</td>
<td>Promoting RB Action to improve RSH issues.</td>
<td>CP / PRAYASH</td>
<td>ARSH &amp; HIV/AIDS</td>
<td>Adolescents</td>
</tr>
<tr>
<td>4.</td>
<td>Social Audit in Education</td>
<td>Education Dept. of Government</td>
<td>Education</td>
<td>School children, VECs, Community &amp; School Management</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Project Title</td>
<td>Supported by</td>
<td>Issues</td>
<td>Target Groups</td>
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<tr>
<td>5.</td>
<td>Reducing Anemia among adolescents &amp; delaying age at marriage.</td>
<td>VISTAAR</td>
<td>Anemia &amp; early marriage</td>
<td>Adolescent girls &amp; community</td>
</tr>
<tr>
<td>6.</td>
<td>“Janta ka swasthya, Janta ke haath”</td>
<td>Oxfam</td>
<td>Health &amp; Nutrition</td>
<td>Esp. women &amp; Children</td>
</tr>
<tr>
<td>7.</td>
<td>Empowering Community through Community Workers</td>
<td>VSRC</td>
<td>Health &amp; Nutrition</td>
<td>Esp. women &amp; Children</td>
</tr>
<tr>
<td>8.</td>
<td>Strengthening ICDS services</td>
<td>ICDS</td>
<td>Health &amp; Nutrition</td>
<td>0-6 yrs children, pregnant &amp; lactating mothers and Adolescent Girls</td>
</tr>
</tbody>
</table>
CBM Process & Strategies

- Community Assessment
- Community Mobilization
- Capacity Building
- Youth Sensitization
- Public hearing
TOOLS

- Song Book
- Questionnaires
- Report Cards
- Posters
CBM teams comprising of members from Village Health Committees, Village Education Committees, Accredited Social Health Activist, People’s representatives, elderly villagers, opinion leaders & youths. Issues concerning HIV/AIDS involved PLHAs and migrants.
OUTPUTS

• Village Plans & Block Plans
• Infrastructure developments undertaken
• Appointment of Front Line Workers
• Health incentives streamlined for more health coverage
• Cases of corruption highlighted.
• Absenteeism of Nurses in the Health Centers reported.
OUTCOMES

• **Level 1 : Awareness :**
  Community mobilization process leads to awareness generation

• **Level 2 : Acceptance of issues :**
  Community and Service Providers sensitized, thereby recognizing the gravity of the issue.
  Sensitization process leads to behavior and attitude change.
  Accountability ensured among the Service Providers

• **Level 3 : Change:**
  • Quantitative changes in terms of recruitment of personnel for better service delivery, infrastructural developments and increase in referral cases.
OUR INNOVATIONS

• CBM AS A FACT FINDING EXERCISE NOT FAULT FINDING.
• SOCIAL MOBILIZATION THROUGH LOCAL CULTURAL GROUPS.
  PEOPLE'S DESIGNED TOOLS PROVIDE
“EVERY KING MUST DEVISE WAYS TO KNOW ABOUT THE EXPECTATIONS, ASPIRATIONS, PROBLEMS OF HIS PEOPLE AND IF HE DOES NOT DO SO, HE MUST FEEL WORRIED FOR HIMSELF.”

— Chanakya, Great Indian Economist and Political Scientist (c. 370 – 283 BC)