



TRAVERSING JOURNEYS OF LEADERSHIP

Elected Representatives Transforming Health
Services in UP villages

Authored by Richa Hingorani, W Sita Shankar, Ameerah Hasnain and Deepak Mishra (Global Health Strategies)

Edited by Sharla Issar

Designed by Kriti Dubey

Photo Credits: Sunny Singh and Dr. Kaushik Ghosh

All images in this book have been produced with the knowledge and prior consent of the concerned individuals.

© All rights reserved

ACKNOWLEDGEMENT

– ANJALI NAYYAR –

Executive Vice President, Global Health Strategies



The Government of India, through its many initiatives, has reiterated its commitment to improving maternal, newborn and child health services especially among vulnerable groups. Both the National Rural Livelihoods Mission and National Health Mission are focused on achieving universal access to equitable, affordable, and quality healthcare services that are accountable and responsive to people's needs both in rural and urban areas. With a mission to advance this vision, Global Health Strategies designed and implemented a comprehensive and multi-pronged strategy to create a conducive political and policy environment for improved awareness, access, and acceptance of RMNCH+A and nutrition services, aimed at better health outcomes and reduced malnutrition levels for women and children in Uttar Pradesh (UP). As part of this strategy, GHS identified and engaged key stakeholders i.e., policymakers, elected representatives, relevant government officials, media decision-makers, and influential civil society members to accelerate progress toward prioritizing health and nutrition issues. A salient component was a community-based engagement and leadership development (CELD) initiative that engaged and sensitized leaders at the grassroots level on strengthening village level platforms for enhancing access to health and nutrition services. This initiative informed a total of 487 champions comprising *Gram Pradhans*, religious leaders, Members of Parliament (MPs), Members of Legislative Assembly (MLAs), and significantly contributed to build an environment conducive to enhanced services at the village level for improved health and nutrition outcomes. This photobook spotlights stories of change from the CELD initiative including women *Gram Pradhans* treading the male bastion; *Gram Pradhans* leveraging convergence platforms and making sustainable impact; religious leaders addressing myths and misconceptions; MP & MLAs spearheading lasting change and civil society champions contributing to the cause of strengthening grassroots leadership. Those profiled in this book have been bulwarks of change and consistently engaged community members by building their understanding of maternal, child health, adolescent and nutrition issues; addressing myths and misconceptions; improving quality of village health & nutrition services encouraging community to avail health services; and amplifying correct and concise messaging within communities. The change and shift the project has brought about would not have been possible, had each one of the involved individuals, teams and, organizations not shared our belief and vision. First and foremost, we would like to extend our sincere gratitude to Bill and Melinda Gates Foundation teams who not only brought the much-needed focus on RMNCH+A and nutrition, but tirelessly provided timely guidance and counsel. Implementing partners SATHI and Vatsalya paved the way with their arduous and tireless efforts and rendered tangible change in the state of UP. At the state level, the project received much needed support from Mission Director, National Health Mission, UP; Director, Department of Panchayati Raj; Director General, State Nutrition Mission and Director, ICDS. The team would also like to extend earnest gratitude to the elected representatives and political leadership in UP such as Prof Rita Bahuguna Joshi, MP, Prayagraj and Former Cabinet Minister, Government of UP, for her anchoring support throughout the project's tenure; Mr. Ajay Mishra, MP, Lakhimpur Kheri; Mr. Jawahar Lal Rajput, MLA Garautha, Jhansi; Mr. Rajmani Kol, MLA Koraon, Prayagraj; Mr. Bala Prasad Awasthi, MLA Dhaurhara, Lakhimpur Kheri; and Mr. Anil Kumar Dohrey, MLA Kannauj Sadar; for their undeterred support toward health and nutrition issues in the state. We are also grateful to all the Friends of UP coalition members for their unfeigned support and contributions to the CELD initiative. Block and district level authorities echoed our belief and played a salient role in actioning ground-level changes.

Lastly, this effort would not have borne fruit without the support and commitment of eclectic RMNCHA team under the able leadership of Anuj Ghosh, Project Director with guidance of W Sita Shankar, Project Advisor. Deepak Mishra, Firoz Alam, Ameerah Hasnain Praveen Tiwari, Amit Sharma, Ashok Kumar, Prabhakar Dubey, Richa Hingorani, Aditi Joshi, and Shobhit Sharma helped navigate the crests and troughs that this initiative witnessed and ensured we emerged triumphant.

This book is dedicated to all our champions – thank you for reiterating that sustainable change is possible when we empower grassroots leadership. We hope that the learning and takeaways detailed in this photobook serve as an inspiration to other districts in UP and beyond.

FOREWORD

– AJAY MISHRA –

Member of Parliament, Lakhimpur Kheri

अजय मिश्र 'टेनी'

संसद सदस्य (लोक सभा)

खीरी-लखीमपुर (उ.प्र.)

सचेतक

भारतीय जनता पार्टी संसदीय दल



सदस्य :

- लोक लेखा समिति
- खाद्य, उपभोक्ता मामले और सार्वजनिक वितरण संबंधी स्थायी समिति
- सभा की बैठकों से सदस्यों की अनुपस्थिति संबंधी समिति, लोक सभा
- खाद्य प्रसंस्करण उद्योग मंत्रालय संबंधी परामर्शदात्री समिति
- SGPGI, लखनऊ
- AIIMS, रायबरेली

Elected representatives have the power to act as catalysts to transform health seeking behaviour in communities, by improving the quality of and access to health and nutrition services. Leveraging their influence guarantees successful implementation of government schemes and programs. Under the CELD program, implemented by GHS, the capacity of 329 Gram Pradhans and 14 elected representatives in UP was built, to activate and strengthen village level health platforms. The involvement of elected representatives at various levels, has shown improvements in convergence between various government departments, improved accountability and reinstated people's faith in government services thereby creating a feedback mechanism. CELD initiative has also spotlighted the criticality of district level review meetings and elected representatives' mandated to chair it. Upon associating with GHS' CELD endeavour, I have been active in chairing the District Development Coordination and Monitoring Committees (DISHA) meetings in my constituency which has allowed me to monitor and review implementation of government schemes. Through DISHA meetings, key health indicators such as complete Ante-Natal Check-ups, institutional deliveries, Infant and Neonatal Mortality Rate, Post-Natal Care, and important indicators under nutrition and sanitation can be monitored by elected representatives, which will in turn lead to improved health outcomes in their constituencies.

Besides this, elected representatives can be effectively motivated to support and promote awareness and foster trust between the community and health services. Chairing interface meetings provides them with an opportunity to create an environment of trust between all stakeholders. Their involvement is effective in addressing systemic challenges at district/block level and is sustainable and scalable. Along with the undeterred support of elected representatives, another deciding factor for any government program to succeed is the collaborative effort from the community. One of the best examples which demonstrates this is the 'Swachh Bharat Abhiyaan' which transformed behaviour of countless communities while improving general hygiene and sanitation. A similar *Jan Andolan* is the need of the hour for improving health seeking behaviour among the masses. Taking cues from the achievement of CELD, I would like to add that initiatives such as these can act as a potent force of change in transforming behaviour on a large scale. My heartiest congratulations to the team!



MESSAGE

HEALTH MINISTER

– JAI PRATAP SINGH –

Minister of Medical and Health, Family Welfare, Mother
and Child Welfare, Government of Uttar Pradesh

जय प्रताप सिंह

मंत्री

चिकित्सा एवं स्वास्थ्य, परिवार कल्याण
तथा मातृ एवं शिशु कल्याण विभाग।



कार्यालय : 2235675
सी. एच : 2213608
आवास :

4, एन. डी. एम. आर
विक्रमादित्य मार्ग, लखनऊ
विधान भवन, लखनऊ

Uttar Pradesh is often considered a bellwether state for India's overall development strategy which is why health and nutrition indicators of UP must show an upward trajectory for India to show overall gains. To manifest these changes, decentralized health planning or a bottom-up approach is an integral strategy in which Panchayati Raj leaders and other elected representatives can play an effective role in empowering communities to improve demand generation and the implementation of services.

Global Health Strategies has taken on this initiative in select districts whereby elected representatives including Gram Pradhans have become advocates in health and nutrition of their constituencies which through monitoring show improved accountability. My association with their initiative dates back to October 2018, when I was a part of a state level symposium in the capacity of Minister of Excise and Liquor Prohibition, and an elected representative from the aspirational district of Sidharthnagar. The symposium was titled 'Building a Healthier UP' around the theme '*Swasthya Poshan Sabko Samman, Uttar Pradesh ka Abhiman*', with the objective of prioritizing and reinforcing Reproductive, Maternal Newborn Child and Adolescent Health (RMNCH+A) and nutrition issues.

Their strategy of working with elected representatives and Gram Pradhans and their inclusive approach towards aspirational districts and low performing districts in UP through the CELD model is commendable. The work under this innovative initiative has led to improved services at the grassroots level and has found success in the intervention areas, which further establishes the potential and need for a possible scale-up across the state of Uttar Pradesh.

I must also congratulate the team for putting together this book which provides a brief glimpse of the dedicated hard work and achievements of grassroots-level leaders. I hope to continue my association with GHS and work in synergy toward building a healthier Uttar Pradesh through dissemination of these best practices that deserve to be implemented across the state.

With Best wishes,

(Jai Pratap Singh)

PREFACE

– NIDHI DUBEY –

Senior Vice President, Global Health Strategies

India's development story, as is popularly understood, is scripted by its most populous state – Uttar Pradesh. The state holds one of the highest disease burdens in India and is recognized by the SDG India Index as one that requires concerted and urgent efforts to overturn the current health and nutrition indicators. The SDGs can only be realized if women and child health and nutrition services are prioritized and a healthy population is built. In order to bring UP on the path of achieving SDGs, GHS, as part of its larger advocacy to prioritize RMNCH+A and Nutrition in UP, initiated the Community Engagement and Leadership Development (CELD) initiative in five districts of UP, namely, Prayagraj, Kannauj, Lakhimpur Kheri, Pilibhit, and Jhansi, reaching 329 Gram Panchayats - spanning 432 revenue villages - in five blocks. Village Health Sanitation and Nutrition Committees (VHSNC), one of the key platforms introduced by NRHM, is an important platform to ensure community participation at all levels, including participation from beneficiaries, in supporting health activities, in implementing, and even in action-based planning and monitoring of health programmes. The Gram Pradhan is the president of the VHSNC and is entrusted with the responsibility of mobilizing the expertise of VHSNC members, including frontline workers, to achieve RMNCH+A and nutrition goals. Often, Gram Pradhans, either do not have the necessary knowledge and information to fulfil their intended role or are reduced to being mere figure heads which compromises community health.

Besides Gram Pradhans, religious leaders were also sensitized to improve community participation and bring about a transformative change in the community. GHS provided messaging materials and encouraged them to utilize their platforms and position of trust to encourage people to adopt best health practices in their daily lives and to avail of the range of free RMNCH+A and nutrition related services available at community health centres.

Another key focus was to improve inter-sectoral convergence at the block level by organizing block level interface meetings under the chairmanship of the Block Development Officer (BDO). The meeting was attended by all Gram Pradhans of the area with block level officials from line Departments-Health, Integrated Child Development Scheme (ICDS), Education and Panchayati Raj Institution. This provided a platform for the Gram Pradhans to raise issues related to the services, improve accountability, enable redressal of issues and share their achievements. It also provided an opportunity for health officials to discuss their concerns and emphasise areas where the Gram Pradhans could support them to improve community level health and nutrition services. An effort was made, successfully, to encourage more women Gram Pradhans to attend these meetings and to take on a more proactive role. This book of case-studies spotlights stories of select Gram Pradhans who, after being empowered through training and a communication toolkit, went beyond their prescribed roles and became champions of health and nutrition services in their communities.

OVERVIEW

“I measure the progress of a community by the degree of progress that its women have achieved”

These words of social reformer Bhim Rao Ambedkar resonate deeply with the global development framework and more importantly hits close to home in India. Women’s health, specifically their sexual and reproductive health, holds the key to stronger communities, healthier generations, efficient health systems and reduced poverty. The United Nations’ SDGs, a global blueprint for development, placed women at the very centre of the agenda and drove collective action towards prioritizing women’s sexual and reproductive health. Initiatives and policies in India have long mirrored this focus and recognized the symbiotic relationship between women’s health and greater development.

For Gram Pradhans to be able to play an influential role, it is imperative to empower them to ensure the availability, accessibility and last mile reach of health services. The Gram Pradhans, once motivated on key RMNCH+A and nutrition issues, can enable VHSNCs to take decisions to address gaps in healthcare and improve health and nutrition services on the ground. In order to sensitize Gram Pradhans so that they understand their roles and responsibilities which can bring about positive changes in the community, a user friendly 15-hour curriculum to be completed in 20 visits (one-on-one) for Gram Pradhans and their representatives, was developed. This helped to draw their attention towards the health indicators of their respective panchayats and understand the pivotal role they could play in monitoring and improving the quality of health services in their community. In addition, essential IEC material was also developed -- such as a pocketbook, handout booklet, and a monitoring checklist -- and shared with all Gram Pradhans. They were also counselled to assess the gaps and resolve issues in collaboration with the frontline workers (FLWs). These efforts came to fruition when Gram Pradhans started making a direct difference in the overall performance of service delivery of health and nutrition in the Panchayats, through regular monitoring. Having emerged as health champions, Gram Pradhans are now reinforcing people’s trust in public health services provided during the Village Health and Nutrition Days (VHND) sessions and at the sub-centres.

Some important gains achieved from the CELD initiative are listed below:

Filled ANM vacancies in three project districts: The dearth of human resource at the field level is often a formidable challenge in ensuring quality health services are delivered at the last mile. With the Gram Pradhans sensitized about their own roles in monitoring village health services and empowered with advocacy skills, as many as 9 ANM vacancies were filled in districts of Lakhimpur, Prayagraj and Pilibhit. Upon learning about a vacancy, Gram Pradhans raised the issue in block-level meetings; drafted letters to Medical Officers In-Charge (MOIC); liaised with the Chief Medical Officer (CMO) to have it filled. With these positions filled, quality health services can be availed at the ground-level.

Provision of budget for revitalizing Health Melas to prioritize RMNCH+A and nutrition: At a roundtable meeting organized by Mr. Ajay Mishra in New Delhi in 2018 and supported by Global Health Strategies, the need to regularly organize Health Melas was voiced by the participating MPs. The meeting was chaired by Ms. Anupriya Patel, the then Minister of State, Ministry of Health and Family Welfare, Government of India who took note of this recommendation and ensured appropriate action be taken. Ms. Patel was instrumental in expediting the issuance of ‘National Guidelines for Conducting Health Melas under NHM’ (July 2018) with a provision of Rs 12 lakhs annually for every constituency to conduct health melas across India.

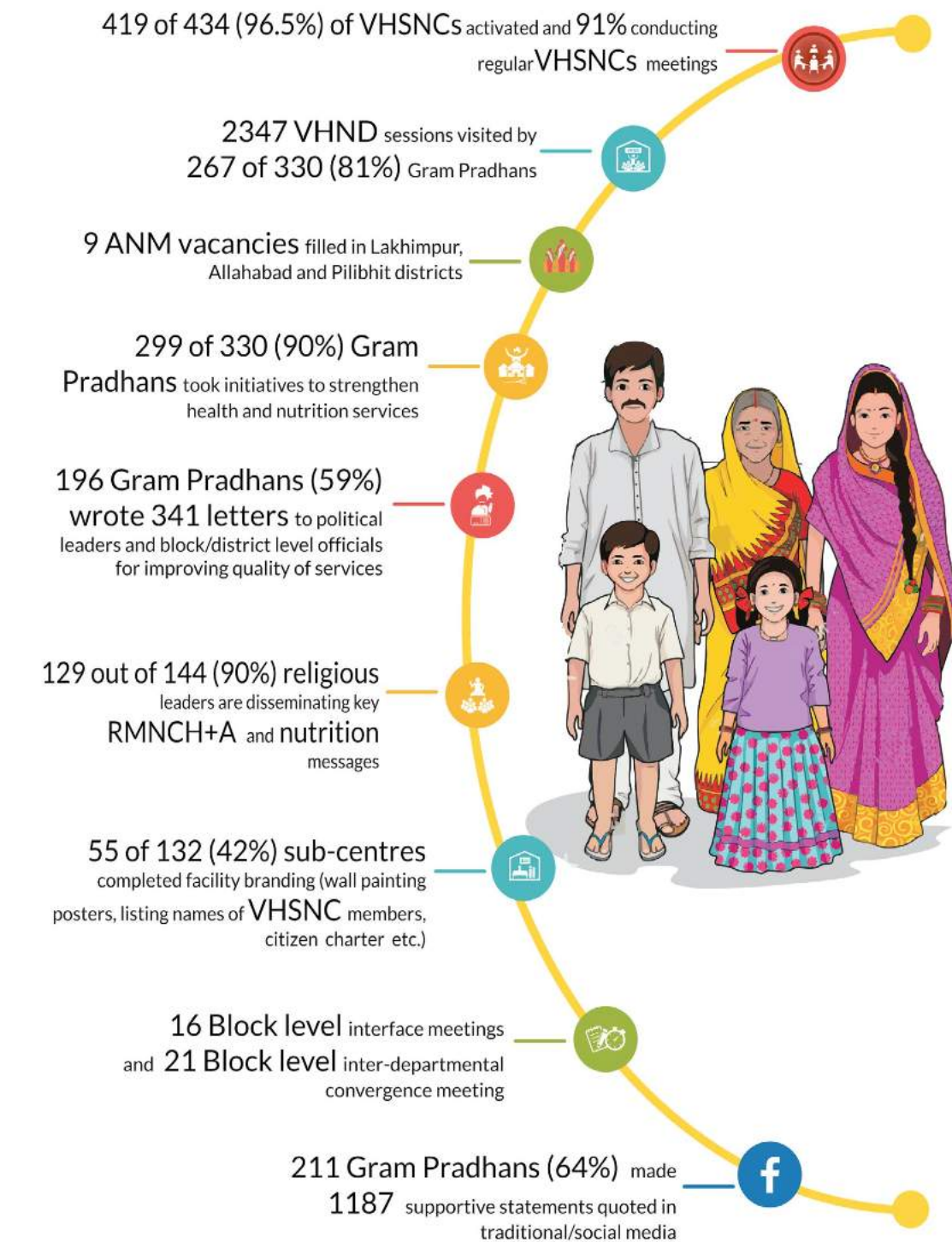
Enhanced accountability and convergence among front-line health workers: A clear development as convergence between ASHA, ANM and Anganwadi has been established.

Positive impact of Community Champions at different levels: The extent of training and sensitization of the Panchayati Raj Institution [PRI] champions of health and nutrition is reflected through improved services and has led to an overall positive impact at the community level. Government officials have acknowledged the contribution of Gram Pradhans during interface meetings at the block level, in state-level roundtables, state-level symposiums, and through appeals by political leaders and other champions for a state and national-level scale-up of the CELD initiative.

Working with Women Gram Pradhans: The CELD intervention has made an effort to help women Gram Pradhans understand their role and responsibilities towards advancing health and nutrition services in their Gram Panchayats. Traditionally, these women are allowed to contest elections but only as a proxy as their duties are carried out by their husband or a male relative. However, a few of these women have found the courage to confront a deep-rooted patriarchal system and take on leadership roles. The endeavor has been to provide them with an opportunity to hone their organisational skills. Capacity building efforts under CELD motivated the women Gram Pradhans to take on important responsibilities that would help to strengthen the VHSNCs and VHND sessions.

Greater communication and advocacy skills: The elected representatives and Panchayati Raj leaders were motivated to actively use social media, given its vast outreach so that they can raise awareness on pressing issues within and outside their community. The CELD initiative supported MLAs/MPs to make positive public statements on issues through opinion articles and interviews and facilitate learning visits for FoUP members to demonstrate successes and learnings. It has also encouraged Gram Panchayats to organize community awareness programs and conduct communication activities (e.g. wall writing, rallies) in their Panchayats and take up issues with relevant government officials to improve the quality of health and nutrition services.

The CELD initiative proves that Gram Pradhans can be effectively involved to promote awareness of health services, plan community needs assessment, carry out village level health activities and foster trust between the community and the health services. Thus, participation of elected village leaders has the potential to address health and nutrition issues. It was also observed that by the end of the CELD intervention, Gram Pradhans in intervention areas considered maternal, child health and nutrition as critical issues. The initiative was also found to be a sustainable model which has immense potential if scaled and implemented across the state.



* Data as on Dec. 31, 2018.

EDITORIAL

– SHARAT PRADHAN –

Senior Journalist and Member, Friends of Uttar Pradesh

The importance of media cannot be underplayed when it comes to leveraging its essence to amplify voices from far-flung communities. This becomes essential with health and nutrition related issues which merit editorial space in well established and widely circulated dailies and journals.

The state of UP has a vibrant media landscape with a sizeable presence of English, Hindi and Urdu newspapers. A mix of national media along with state, district and even town level news outlets.

As for health reporting, for a long time, the usual trend was to churn out stories about callousness on the part of hospitals or their medical or para-medical personnel.

Since journalism continued to be guided by the age-old adage –“dog bites man is no news ; man bites dog is” – bulk of the headlines were made out of negative events. No wonder, issues related to public health would hit the headlines only through incidents of administrative lapse or medical negligence. What was worse that sometimes these were coupled with insensitive reporting on immunization or maternal and child health.

GHS entered the picture in 2017 and with that began a new era of intensified engagement with editors, bureau chiefs and senior media professionals from regional Hindi, English and Urdu media organisations. Evidently, that is what paved way for establishment of a conducive environment for sustained, evidence-based reporting on maternal and child health and nutrition issues. GHS also expanded its outreach efforts to a wider range of online and electronic news platforms including TV channels, radio stations and online blogs. The efforts started showing results with bureau chiefs displaying a sustained interest in and commitment to covering maternal health, child health and nutrition related issues. Media persons at various levels also began actively seeking out GHS for data and messaging support.


With state level media advocacy touching a new high, the next endeavour was to leverage this base to highlight the voices of public health champions working with the local level community.

Leadership Development and community engagement by GHS was responsible for evolving Gram Pradhans as champions who chose to monitor health and nutrition services in their respective Panchayats. This intervention has reached a population of approximately one million in five blocks of five districts in UP.

Upon visiting two such intervention sites, it was heartening to witness Gram Pradhans taking full ownership of providing quality services to their communities. At one of the block events in Prayagraj in 2018, women Gram Pradhans turned up in huge numbers for a block level interface with government officials and local elected representatives. They attended the meeting defying the rampant malpractice of their husbands usurping their position and proclaiming themselves as what was widely known and accepted as ‘Pradhan-Pati’ (pradhan’s husband) who represent the women pradhans in meetings.

Significantly, the women gram pradhans at the block event in Prayagraj made their presence felt through their vocal assertions. They clearly added value to the discussions. The inputs of these women pradhans about the challenges they faced in providing quality health services, nutrition and sanitation to the communities were truly meaningful. Field visits by media personnel and coverage of these exceptional stories of ‘change’, provide a significant platform, which has paved way for discussion and discourse.

Community Endeavour and Leadership Development has proved to be a truly useful exercise and I am delighted to be a part of this success story. I would like to congratulate the entire team for preparing a compendium of champion stories which , I am sure , will continue to inspire others to emulate such initiatives in times to come .



MALTI DEVI

*Block & Panchayat, Jalalabad,
District Kannauj*

BREAKING INTO A MALE BASTION

“Until I attended the training workshop, I had no idea what my job entailed for improving health services.”



MALTI DEVI

In the district of Kannauj a small close-knit panchayat called Jalalabad has a population of around 6,213. Houses lean against one another and a sense of camaraderie fills the air. Venture a few feet into the village and it becomes evident that it is mostly the men who leave the confines of their homes to work. Traditionally, in Uttar Pradesh, like in most parts of rural India, decision-making has typically been a male domain. This translates into women being confined to the roles of wives, mothers-in-waiting and caretakers. Malti Devi, a 70-year-old woman, was an outlier. She defied widely accepted norms and was elected to the most revered position in the village – that of a Gram Pradhan. Her position meant she took on the role of head of the village which brought with it the responsibility of ensuring and monitoring health services in the community. Yet, before she became a part of this project, Malti Devi had never set foot inside a VHND Centre.

“I was not aware that I was supposed to ensure that the funds allocated to VHSNCs are being properly utilized and that the services being offered at the village level during the VHND are to be promoted and advertised. I thought that I was merely meant to assemble village members for routine meetings and speak about best health practices,” Malti said. It was not until the 20-hour curriculum wherein the local health systems, roles and responsibilities and poor health and nutrition indicators of the district, were explained that Malti understood the important role she could play in the village. “Until I attended the training workshop and was given a pocketbook and other important guidelines and monitoring checklist, I had no idea what my job entailed to improve health services. Now I use the monitoring checklist during every visit to observe a VHND.”





Malti Devi is not alone. Many among the 154 Women Gram Pradhans have long believed that they are just nominal village leaders and that only a male representative from their family is meant to take charge. “I did not even know what the phrase ‘untied funds’ meant, a term this project introduced me to. Together with Auxiliary Nurse Midwives (ANMs), I began planning for the utilisation of those funds to ensure that services were reaching their intended beneficiaries and to ensure that regular VHSNC meetings take place. We made sure the sub-centre building was refurbished, government branding protocol displayed clearly like the citizen charter, ANM roster, emergency numbers and other important information; chairs and desks bought; toilets built for urine tests; a private space for ante-natal check-ups provided, breastfeeding corners instituted and we now also have a dedicated room where we hold meetings,” Malti explained with pride. Although she is now getting on in years and is not literate, Malti has been resourceful enough to take the help of her son to spread messages about health and nutrition on social media.

Seeing Malti run from pillar to post to ensure that correct village health services are implemented has ushered in a new era of hope in Kannauj. Now not only does the local community have access to regular health check-ups and health services but Malti has inspired many other women in her village to defy patriarchal practices and traditions that limit women’s decision-making and deny them access to critical quality health services.

GIRIJA SHANKAR

*Umapur Kala Panchayat, Block Manda,
District Prayagraj*

ENSURING RIGHT NUTRITION FOR A HEALTHY NATION

*"I will only stop when there is no malnourished child in
my village."*



GIRIJA SHANKAR

Manda block in Prayagraj continues to be one of the most backward areas in Uttar Pradesh, home to a community that is hard to reach yet Gram Pradhan, Girija Shankar, still believes there is hope. He says poverty can be eradicated from his village Umapur Kala if future generations are provided access to education and healthcare. Though Girija has always been committed to ensuring the health of children in his community, it wasn't until he attended the CELD training that he truly understood his role as a Gram Pradhan. Equipped with the correct information and resources, he proactively began to monitor VHND sites and take stock of the Take Home Ration (THR) distribution by the ANM during designated days.

"After completing this training course, I felt more confident in my endeavor to ensure that no child in this small village remains malnourished", Girija says. The capacity building training provided Girija with a greater awareness of the detrimental effects of malnutrition and he became aware of the signs of undernutrition in children at the VHNDs. During one of his visits to VHNDs, Girija saw a few children who were visibly undernourished and directed frontline workers to take immediate action.

"I recall seeing a seven-year-old child who looked undernourished and I knew instantly that I needed to intervene", Girija shares. With his help, the child was sent to the Community Health Centre where it was confirmed that he was underweight. The child was then referred to the nearest Nutrition Rehabilitation Centre (NRC) where adequate steps were taken to improve the child's physical, mental and emotional well-being.





The child's parents were also counselled on the steps they should take to keep their child healthy. Girija's efforts did not end there. He resolved that he would work towards ensuring no child in his Panchayat suffered from malnourishment. Towards this end, Girija provided nutritious food to this malnourished child from his own kitchen. This helped the child regain his health completely and gain a new lease of life. "My responsibility towards eliminating malnutrition does not just end with ensuring children are provided with the right diet. Through block-level interface meetings, I highlighted the need to ensure regular support of THR at relevant centers."

Girija's commitment and unique efforts have not gone unnoticed. He was felicitated at the state-level symposium in Lucknow by the then Minister of Women Welfare, Family Welfare, Maternity and Child Welfare and Tourism, Professor Rita Bahuguna Joshi. Speaking about the road ahead, Girija mentions, "I will only stop when there is no malnourished child in my village."

NEERAJ YADAV

*Satwari Panchayat, Block Jalalabad
District Kannauj*

CHANGES THAT LAST A LIFETIME

"No one can stop us now "



NEERAJ YADAV

“My mother is a hero. She has built roads, toilets and addresses endless queries from villagers who come to her asking for help,” says Parul, her eyes shining with joy when asked about her mother, Neeraj Yadav, the Gram Pradhan of Satvari panchayat in Kannauj. Having dropped out of school at the age of 14, Neeraj always knew that she wanted to work towards bringing development to her native village. She dared to do what many women could only dream about – contest a village election and win. After Neeraj was elected Gram Pradhan the task ahead of her was a herculean one – transforming how village members accessed health and nutrition services. Under the National Health Mission, VHSNCs are supposed to be set up in every revenue village and the active involvement of the Gram Pradhans is essential to its successful implementation. “From building handpumps to schools and a health centre, my vision for Satvari panchayat is to ensure every individual has an opportunity to lead a healthy and content life”, she says with a smile.

Described as ‘proactive, dynamic and swift’ by community members, Neeraj has been instrumental in ensuring quality VHNDs are being held regularly and services such as providing vaccinations and nutritious food to children and ante-natal check-ups among others are availed of by the community. Meera Dubey, village Auxiliary Nurse Midwife (ANM), shares how initially there were no spaces of privacy provided for women who came for ante-natal check-ups. Nor did the health centre have lab coats, curtains or furniture.





These items are often regarded as ‘miniscule’ and ‘ordinary’ yet play an important role to ensure the dignity of women and help to make them feel comfortable enough to return to the centre for ante-natal check-ups. “Today women visit this centre in Satvari panchayat, instead of going to the Community Health Centre (CHC) or to Kannauj. This has not only built their trust in local governance systems, but also helped conserve their already limited financial resources.”

The transformation that Satvari has witnessed today has not been an easy feat. The role of a Gram Pradhan is typically associated with men and Neeraj does not shy away from speaking about the struggle she has faced. “I know that many people would prefer seeing a man in my place, but I know I am doing my job well. Earlier I did not possess any of the information that I have today. Had it not been for the training and this resourceful pocketbook, user-friendly checklist and government guidelines this village would have only been known for its backwardness.”

RAM NARESH

Geruha Dih Panchayat, Block Manda,
District Prayagraj

BETTER INFRASTRUCTURE ENHANCES ACCESS TO HEALTH SERVICES

*“There was a time when no one believed that
this could be a thriving health centre again”*



RAM NARESH

Geruha Dih is a backward, tribal village in the district of Prayagraj. Surrounded by mountains on one side and jungles on the other, the village is cut-off from the nearest city which has led to a lack of awareness about key issues such as health and nutrition. Though the remote village did have a health sub-centre, it often wore a deserted look. Unaware of the services available, community members would not access the sub-centre thus putting their own health and well-being in jeopardy.

“The health centre used to be a rickety building whose walls were covered with stickers and bills. It was completely non-functional,” Ram Naresh, Gram Pradhan and a resident of Geruha Dihh, narrates. While he was aware about the significance of VHNDs, the training imparted on community engagement and leadership development increased Ram Naresh’s understanding of the importance of regularly organizing VHND sessions. “In the absence of physical space, an entire population – especially women and children – was compromising on their health. This required an urgent change,” Ram Naresh adds.

Although Ram Naresh dreamt of transforming the rickety old building into a fully functional sub-centre his plan required outside help. A MLA, Rajmani Kol, has brought the much needed attention on reproductive, maternal, neonatal and child health– and Ram Naresh knew that he was the person to reach out to. After a close consultation with Rajmani Kol they set up a plan to build a functional sub-health centre which could serve 5,000 tribals and provide them with the kind of health services they had only heard of before.





The road ahead was difficult, but Ram Naresh's spirit and commitment knew no bounds. Day after day, Ram Naresh liaised with district level officials making sure to emphasise the importance of a sub-health centre for the local population. Leveraging the communications and advocacy skills he learned during his training, Ram Naresh was able to play a pivotal role in not only galvanising support from district level officials but also ensuring that the sub-health centre became operational. Medical equipment such as a weighing machine, a blood-pressure machine and essential supplies were also purchased to adequately equip the VHND site.

Today, this health centre is a hive of activity, abuzz with community members. Ram Naresh stands at a distance from the entrance and recalls, "There was a time that no one believed that this could be a thriving health centre again – complete with medical services related to reproductive, maternal, neo-natal, child, adolescent health and nutrition. Thanks to the efforts of Rajmani Kolji and other district officials, this population has been given the greatest gift."

RAMBHAJAN MAURYA

*Rudrapur Kalan Gram Panchayat, Block Isanagar,
District Lakhimpur Kheri*

RESTORING FAITH IN IMMUNIZATION THROUGH HOME VISITS AND SOCIAL OUTREACH

“There is zero awareness about immunization due to a lack of accessibility to health services. This, in turn, has meant that for some, medicine has become the fear of the unknown.”



RAMBHAJAN MAURYA

The weather gods have not been kind to Rudrapur village in Lakhimpur Kheri district. Frequent flooding over the last few years has resulted in poor access to health services. To ensure that community members have timely access to health services and medical supplies, Rambhajan Maurya supervises regular VHSNCs. During one of the meetings he was presiding over, the ANM raised a common yet unresolved issue of how local myths and superstitions hinder health work in rural areas. Narrating an incident, she mentioned that many families would staunchly refuse to immunize their children citing ancient or religious superstitions that vaccines caused life-threatening illness and had irreversible side-effects. When he heard this Rambhajan devised a unique solution by leading a mobilization campaign in the village. MLAs, families that have successfully vaccinated their children before and district officials were all brought together by Rambhajan who then asked them to pay reluctant families a visit and convince them not to give in to unfounded fears and confusion. "I knew I was not going to endanger the lives of children residing in this village. Myths and misconceptions have always been the biggest barrier in our crusade to ensure health for all.", Rambhajan says.

On the next VHND, Rambhajan and his team had a plan. He enquired about the families who had refused to immunize their children. Small teams paid a visit to each family member and spoke to them at length about their reservations. During one of his interactions with a particular family, Rambhajan learned how and why superstitions often trumped science and medicine.





“There is zero awareness of vaccines due to a lack of accessibility to health services. This, in turn, has meant that for some families’ medicine has become the fear of the unknown. They have never seen a child being vaccinated nor do they know of many families who have taken their children for immunization drives,” Rambhajan explains. Referring to the pocketbook he obtained at the training, he has sensitized families on the many benefits of immunization as well as the potentially fatal consequences of not vaccinating their children.

At home visits, Rambhajan says “We explained to every family we visited that immunization is critical to ensuring children have an opportunity to lead healthier lives. As their immune systems are not developed enough to battle dangerous diseases such as polio, TB and Hepatitis B, declining or refusing immunization may mean parents are putting their lives at risk.”

It is community efforts such as these that has helped build faith and trust in immunization and local health services including VHNDs. However, as Rambhajan says, “My responsibility is not only to encourage them to attend VHNDs but also to ensure that the VHND is appropriately equipped to successfully offer the kind of quality services it is mandated to.”

Keeping this credo in mind, the Gram Pradhan was able to purchase a blood pressure machine for VHND sessions. New medical equipment combined with a change in perception towards immunization coupled with strengthened village health services has led to an increase in the number of locals accessing health services.

MOHAMMED WASEEM KHAN

*Safipur Japti Panchayat, Block Jalalabad,
District Kannauj*

RELIGIOUS LEADERS AS AGENTS OF CHANGE

*“Once I understood the importance of maternal and
child health, I knew what I had to do!”*



MOHAMMED WASEEM KHAN

Safipur Japti is a small village in the interiors of Kannauj. Most of its inhabitants don't have a fixed income and are mostly illiterate. Due to a lack of education, ancient superstitions often supersede science and endorsements from fellow village members, especially revered religious leaders, are regarded as gospel. In the past, critical decisions – especially on matters of health – were usually based on myths and misinformation. Pregnant women refrained from visiting the nearest health centre especially during their first trimester due to superstitious beliefs and a lack of knowledge about the benefits of regular health check-ups. Women preferred to deliver their babies at home. Misconceptions about professional health care were not limited to pregnancies and childbirth, immunization continued to be a contentious issue. Rumours of vaccinations being harmful to the extent that those vaccinated could lead to health complications meant they were widely opposed.

Dispelling these myths became a challenge for public health workers in this community because of which the CELD intervention began to enlist the help of local religious leaders. Waseem Khan, a revered religious leader (Maulvi), was one of the few village members who sought to clarify myths and misconceptions in his circle of influence. “The few times I had spoken in favour of ante-natal check-ups, or stressed on the importance of institutional deliveries, vaccinations and regular visits to health centres, I saw that it had led to a small yet significant changes. I wanted to ensure I was disseminating correct information, for any misinformation would have shaken the belief that villagers had just started placing in health services,” he said. When the opportunity to strengthen his understanding of health services and initiatives arrived, Waseem Khan knew that his fears would be allayed.





“Once I understood the importance of reproductive, maternal, new-born and child health and learnt about the diseases and complications that could be averted if women receive regular health check-ups during pregnancy, I knew there was no looking back. I knew that Safipur Japti was on the cusp of change,” Waseem added.

Myths were slowly but surely replaced with medical facts and accurate information on the importance of utilising available health services. “It was an uphill task trying to explain to men that if their wives did not go for regular medical check-ups during pregnancy it could jeopardize the health of their babies. Through the training workshops my communication skills improved, and I knew I had to do something different to solve this problem,” Waseem said. He hit upon the idea of using the loudspeaker at the mosque, which is used for prayers, to spread important health messages in his village.

Friday prayers in Safipur Japti are today also known as being a platform for local meetings where men in the community are sensitised about their roles in ensuring that women and girls in their households have adequate information on reproductive health and childcare.

“I use a loud-speaker for prayers, and this helps even even the women listening at home to learn about important health messages,” adds the Maulvi. One woman in the village remarked, “Even when we are at home, we are able to hear the messages our religious leader is imparting. This has been very beneficial for us.” Waseem Khan is not alone. 128 other religious leaders like him have spread key messages in their communities on issues of RMNCH+A and nutrition at public gatherings/platforms leading to reinforcement of key messaging and increasing demand for public health services.

SOME OF THE KEY MESSAGES DISSEMINATED DURING PRAYER MEETINGS BY WASEEM KHAN

- All pregnant women must go for at least 4 ante-natal check-ups [this includes haemoglobin estimation, urine test, blood pressure check-up and recording weight gain]
- All pregnant women must consume 180 iron folic tablets during pregnancy, and 180 tablets post-delivery to keep anaemia at bay
- It is important to deliver a baby at a health facility
- Vaccination is important for all children to help protect them from preventable diseases
- Colostrum feeding is essential to boost the immune system of a new-born
- Male participation is essential when it comes to family planning -- for delaying, spacing and limiting the number of births

HARI SHANKAR VYAS

*Iskil Bujurg Panchayat, Block Bamour,
District Jhansi*

TEMPLE PRIEST DEBUNKING MYTHS AND MISCONCEPTIONS

*“Imagine the kind of change we can create if priests make it
their responsibility to dispel myths and superstitions”*



HARI SHANKAR VYAS

“Even having your new-born baby weighed meant inviting bad luck!” exclaims Gayatri Devi, an Anganwadi worker, as she narrates common myths that prevail in her village of Iskil Bujurg in Jhansi. Superstition has been a way of life in this village and has gone a long way towards contributing to a widening trust deficit between the local community and public health workers, driving countless individuals away from health services and the medical treatment they need. Things changed in Iskil village once Hari Shankar Vyas, a religious leader, took it upon himself to ensure myths were countered by scientific evidence. “If Panditji (religious leader) calls a meeting and tells village members that their apprehensions are based on unfounded beliefs, then they will start taking a different view of health services and check-ups. What Panditji says is considered the Gospel around here,” says a woman in the village.

Every year pregnant women in the village, would be repeatedly advised by Accredited Social Health Activists (ASHAs) and ANMs to visit the health centre for vaccinations and ante-natal check-ups. Yet, cultural and religious myths and superstitions were so deep-rooted and prevalent that the women and their families would prefer to rely on home-remedies for any illness rather than visit a doctor. When this was brought to Hari Shankar’s notice, he confessed to feeling “disappointed and aghast”. “When locals refused to listen to repeated requests by ASHAs and ANMs I knew that the health of many in this village was being jeopardized.” Describing himself as an “ally of ASHAs and ANMs”, Hari says, “When these village members place so much faith in me and my recommendations, then I feel it is my duty to ensure that orthodox beliefs do not stop women and children from accessing and using healthcare services.”



These stories provide just a brief glimpse of the many extraordinary ways in which 329 Gram Pradhans are working to seed change in their Panchayats. Their efforts, however, do not end with influencing the demand side of reproductive health services. With an increased knowledge of their roles and renewed energy, Gram Pradhans have also come together to participate in block-level interface meetings which highlight the challenges and barriers that impede access to health services. One such meeting was held in Manda, Prayagraj, where MLA, Rajmani Kol met with representatives from Integrated Child Development Services (ICDS) department and 61 Gram Pradhans (which accounts for 88 per cent of the total strength in Manda). Of these 61, 10 women Gram Pradhans also attended this meeting - many of them for the first time.

Kunti Devi, the Gram Pradhan from Gajadharpur, leveraged this platform to share her story. Individuals from her village demonstrated very poor knowledge of available health and nutrition services, with poor attendance even in the VHNDs organized. Immunization drives were riddled with misconceptions and misbeliefs prompting village members to refuse vaccines. She took it upon herself to go door-to-door to encourage village members to come with her to avail health services. After Devi made repeated efforts to address these misconceptions and counter myths with science, VHNDs began observing higher attendance figures which ultimately led to an increased awareness of the importance of health services in Gajadharpur.

Apart from Kunti Devi's story, there were several others that were shared at this block-level interface meeting. The active participation of Gram Pradhans at this meeting was a sign that things were changing in the field of health and nutrition services in Uttar Pradesh. Being able to represent local, grass-root issues and discuss the strategies employed to overcome them is a significant shift for Gram Pradhans - especially women - who were often pushed to the periphery. Interface meetings such as these are convened with the purpose of strengthening local health systems and ensuring optimum delivery of services. It also provides a platform for both officials and elected representatives to deliberate upon measures to strengthen implementation of schemes and programmes. Since Gram Pradhans are the main local representatives of the common man their participation is an essential component of prioritizing reproductive health and nutrition services till the last mile.

Across some of the most marginalized blocks, Gram Pradhans have played an instrumental role in underscoring the importance of health for overall development and ensuring health services are made available. Mobilizing allies who could reiterate the availability of health services and influence uptake was a vital part of this endeavour. Revered religious leaders were a trusted cohort of individuals demonstrating potential to help overcome one of the most formidable challenges plaguing these blocks namely misinformation and misconceptions. To complement the efforts of Gram Pradhans, religious leaders – of various faiths – were identified and trained as advocates of health and wellbeing. Leveraging platforms and occasions such as religious gatherings and festivals, religious leaders ushered important mindset and attitudinal shifts. A glimpse of this change is reflected in the stories that follow.



Hari Shankar used his position as a temple priest to embark upon a one-of-a-kind initiative. Hari Shankar would speak to the women from the village who were regulars at the temple where he is a priest and ask them to follow ASHAs and ANMs' suggestions. "Everyone wants the best for their family. I understand that these women are only acting out of concern when they start believing in superstitions about vaccinations and health check-ups," Hari Shankar says. "Once I tell them about the benefits of these services, I know it will make them think differently about vaccinations, weighing their children and nutritional food available at the health centres. I use the messages and pictures provided in the colourful pocketbook to provide correct information," he adds. Hari Shankar met the Deputy General Manager, Community Process NHM, UP, who was visiting the village, and on being asked by the official, was able to provide important information related to various government schemes, the functioning of VHSNC, VHND and explained how he referred community members to the right health services. He said he had gained this knowledge thanks to attending the orientation programme and reading the information booklets he was provided.

Today, Hari Shankar Vyas sits through most of the health meetings hosted in the village and helps the Gram Pradhan find solutions to the problems faced by members of the village. "Imagine the kind of change we can create if other priests like me make it their responsibility to address myths and misconceptions. What a service to humanity that would be," he says.



Mr. Sharat Pradhan addressing an interface meeting in Prayagraj in 2018.



Ms Mehru Jaffer interacting with a woman Gram Pradhan during an interface meeting in Prayagraj in 2018. Her prominent interactions led her to publish an article in The Citizen, titled 'The three amazing women of Manda'

FRIENDS OF UTTAR PRADESH: AUGMENTING EFFORTS TO PRIORITIZE RMNCH+A AND Nutrition

Borrowing from the African proverb, “If you want to go quickly, go alone. If you want to go far, go together” – the efforts of each one of these Gram Pradhans was further augmented by influential civil society individuals equally committed to ensuring Uttar Pradesh achieves its RMNCH+A and nutrition goals. To garner collective support a non-partisan coalition was formed i.e., Friends of Uttar Pradesh (FoUP) that brought together individuals from various walks of life such as academicians, professionals, media leaders, entrepreneurs and policymakers. Comprising 15 influential individuals, this group played a pivotal role in raising the visibility of public health issues and driving public and political prioritization of RMNCH+A and nutrition issues in UP. By leveraging their respective positions of influence and expertise, these FoUP members spotlighted these issues across platforms such as television programs, film, round table meetings with decision-makers, social and print media and interactions with senior government officials.

“Film making is my forte; I wanted to use my creativity to do something unique and meaningful for Lucknow and UP where I belong”, says Mr. Iqbal Kidwai, FoUP member since its inception. Through this association with this project and through his visits to the village, he realized that the paucity of information of village health services contributed to the low uptake of services. “I decided to make a film on VHND to reiterate its relevance to District Magistrates, Community Development Officers, and communities at large”, he said. The film generates awareness about the importance of VHNDs and educates grassroots health workers and community leaders about their roles and responsibilities in ensuring that VHNDs function timely and properly as per the government guidelines. Professor Rita Bahuguna Joshi, the then Health Minister of UP, had launched the film at a Kumbh Mela multimedia event in 2018 that saw participation from over 200 government officials across departments. The film

has been included in NHM’s IEC repository in April 2019. The CELD project too has widely disseminated the film at block level events, which is attended by many government officials from departments such as Health, Education, ICDS and PRI.

FoUP member Pankaj Pachauri and his team have developed 10 champion stories from CELD intervention areas along with 12 factoids on essential health and nutrition information and were disseminated through GoNews channel. The coalition is held together by the strong sense of voluntarism that each of the FoUP members demonstrates. Much like Iqbal Kidwai, Sharat Pradhan, Mehru Jaffer, Pankaj Pachauri, Santosh Mehrotra and other members have routinely leveraged their own expertise to amplify the reach of quality village level health services. From a feature story on women Gram Pradhans to developing short stories on exemplary Gram Pradhans, and making field visits and attend interface meetings, the contribution of FoUP members to champion the cause of grassroots leadership and monitoring cannot be overstated.

MEMBERS OF PARLIAMENT: ACTIONING SUSTAINABLE CHANGE

For the change that the CELD model brought about and for it to be sustainable, political will garnered through engagement with (MP) and Members of the Legislative Assembly (MLA) is of paramount importance. Political leaders play a salient role in ensuring the implementation of appropriate policies and finances, improving accountability, influencing the strengthening of health systems, addressing roadblocks and building demand at multiple level, the state, district, block and village. With an objective of meaningfully engaging 50 MPs and MLAs to enable improved access to quality reproductive, maternal, child health and nutrition services, an approach to orienting political leadership across party lines was followed. This was premised on the belief that health as a development agenda is agnostic to political affiliations.

Over the course of the project, a total of 100 political leaders were engaged and sensitized leading to a two-fold increase in coverage including high-level champions such as Prof. Rita Bahuguna Joshi and Former Minister of Women Welfare, Family Welfare, Mother and Child Welfare) and Mr. Ajay Mishra (Member of Parliament). Prof. Rita Bahuguna Joshi issued letters to all MPs and District Magistrates (DMs) across the state, urging them to regularize the District Level Vigilance and Monitoring Committee (DLVMCs, also known as DISHA) meetings to effectively monitor NHM and Integrated Child Development Services (ICDS) services. This has had direct impact on delivery of RMNCH+A and nutrition services across the state. In the same vein, Ajay Mishra 'Teni' also consistently motivated other elected representatives to participate actively in the DISHA meetings. Furthermore, Gram Pradhans were also linked with MPs and MLAs for greater awareness of health services at the grassroots level in addition to creating a conducive environment at various levels of governance. Gram Pradhans, after collaborating with MPs and MLAs, demonstrated greater efforts to promote information on health services; greater understanding of community needs; better planning of village health activities among others.

This engagement paved the way for several concrete steps taken by the state political leaders. These range from signing a Call to Action at a high-level ministerial symposium to end preventable maternal and child deaths including improving nutritional status in UP, mobilizing MPs and DMs to regularize DISHA meetings and expediting the National Guidelines for Health Melas leading to a provision of INR 12 lakhs annually for every constituency across the country. Today many of these political champions are routinely speaking out on these issues in public and small group meetings, highlighting the barriers to services, urging government officials and frontline workers to be more accountable; including dearth of human resources and stock outs in their constituencies, advocating for improved delivery of RMNCH and nutrition services through regular monitoring by Gram Pradhans leading to increased recognition and addressing of barriers. The linking up of political leaders at the State and National level helps in creating a conducive environment and a chain of action at all levels.

Contributions of MPs/MLAs:

- **10 block level interface meetings** organized by five MLAs to encourage Gram Pradhans/their representatives to promote uptake and delivery of RMNCH+A and nutrition services in their respective panchayats
- **32 field visits** were conducted by political leaders in their respective constituencies.
- **211 supportive statements/interviews** issued at public events by 27 political leaders who have also been quoted in print/electronic media, across project thematic areas.
- **Increased number of constituency visits by political leaders:** Political leaders have started taking ownership of improving health and nutrition profiles of their constituencies. 12 of 14 sensitized leaders undertook visits, while ten interface meetings were chaired by elected representatives. Some of the leaders also wrote letters to address challenges such as ANM vacancies.



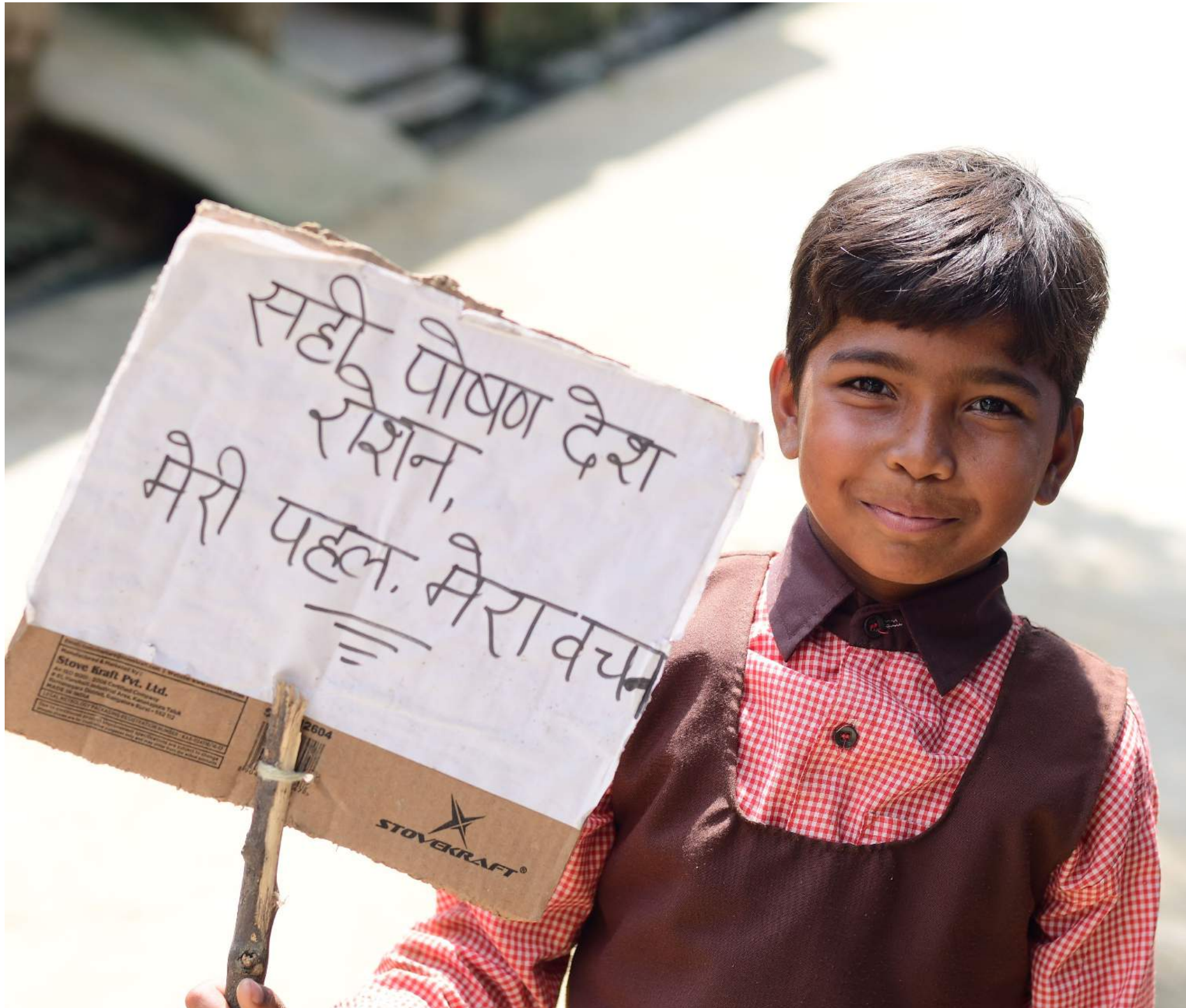
Mr. Ajay Mishr Teni, MP, Lakhimpur Kheri during his visit at Community Health Centre (CHC) in Lakhimpur Kheri in 2018



Mr. Jawahar Lal Rajpoot, MLA, Garautha, Jhansi during his field visit at Suposhan Swasthya Mela in Jhansi in 2018



Mr. Anil Kumar Dohre, MLA, Kannauj District during his visit at a Sub centre in his constituency in 2018



MILES TO GO....

India's Constitution has designated Gram Pradhans as the local representatives of the people, thus decentralizing governance and making each village responsible for its own affairs. As the head of the village, Gram Pradhans play an important role in the implementation of various government initiatives and the overall development of a village. When Gram Pradhans lack the understanding of their role or the seriousness of the duties vested in them by the Constitution, the development of a village will remain unfulfilled.

This model of engaging community leaders created a sea change in not only reproductive health and nutrition services, but also highlighted the importance of these services in the minds of those who were initially sceptical. Today, Gram Pradhans proudly narrate their stories of change and narrate how thanks to a collective effort, change has been made visible. Women Gram Pradhans, who would ordinarily shy away from taking on responsibility, are today vociferously advocating for reproductive health services.

This change has triggered a ripple effect, prompting other panchayats to learn from the lessons and experiences of those chosen for the intervention. In the words of a Gram Pradhan who echoed the sentiment of many others like him, "There are miles to go before we can safely say that UP is a healthy state."

FOOTSTEPS OF CHANGE

“Health and nutrition issues related to the village are discussed in block level coordination meetings from time to time between the health, ICDS, Panchayat Department and Gram Pradhans at the block, so that health and nutrition related problems can be dealt with immediately. Solutions to many problems is also achieved. I am a regular participant in these meetings and I also urge fellow Gram Pradhans to participate.”

**- Kamal Kishore Mishra, Gram Pradhan, Mudiya
Block Isanagar, District Lakhimpur Kheri**

“Unless one doesn't understand something properly, one is unable to work on it. As I came to terms with health and nutrition, it heightened my interest on these subject matters and I also came to know what my responsibilities towards health and better nutrition services are. This is the reason why I started taking keen interest in building Anganwadi centre and got one of them constructed. Also, now I monitor the health and nutrition services being provided in the village better than before.

”

**- Mahendra Pal, Gram Pradhan, Bhadari
Block Bisalpur, District Pilibhit**

“The sub center of my village panchayat was in a dilapidated state. I got the funds allocated for the health schemes and re-furbished this subcenter, almost rebuilding it entirely. now people are coming here and are getting better health and nutrition services.”

**- Guddi Devi, Gram Pradhan, Kakarbai,
Block Bamour, District Jhansi**

“For the successful organization of VHND in the village, I discuss with the religious leaders and other village heads. As a result of which, now they also enthusiastically encourage the community members to avail health and nutrition services at the VHNDs.”

**- Jalil Khan, Gram Pradhan, Safipur Japti
Block Jalalabad, District Kannauj**