

Oxfam India believes that the right to universal access to good quality healthcare and education is a practical way of closing the ever-widening gap between the rich and the poor. Oxfam India works in six states¹ to empower the community to improve accountability of public delivery systems of healthcare and education. While in most states the initiatives on health and education are exclusively implemented, in Jharkhand, the two strands have come together. Oxfam India supports three non-government organisations (NGOs) in Jharkhand — Child In Need Institute (CINI), Nav Bharat Jagriti Kendra (NBKJ) and Society for Participatory Action and Reflection (SPAR) — in three districts since 2011. Oxfam India, along with its partners, works closely with community advocates in an effort to strengthen the civil society movement towards realising the entitlements for health via the National Rural Health Mission (now National Health Mission) and for education through the Right To Education (RTE) Act 2009.

Jharkhand was carved out of erstwhile Bihar in 2000. Though endowed with natural resources, it continues to be the fifth least developed state in the country². The state has a poverty ratio of 45.3 per cent as against the national average of 37.2 per cent³.

Despite some improvements, health and education parameters in Jharkhand continue to be dismal. Focusing on health outcomes, data from the Sample Registration System, Registrar General of India (RGI-SRS) reveals that national Maternal Mortality Ratio (MMR)⁴ reduced from 212 to 167 in the period 2007-09 to 2011-13 respectively. Though Jharkhand's MMR reduced from 261 to 208, for the same period, it continued to remain higher than the national average⁵. The data on Infant Mortality Rate (IMR)⁶ is marginally better. While the national average declined from 47 in 2010 to 40 in 2013, Jharkhand registered a change from 42 to 37 for the same period⁷.

While poor maternal health indicators poses a serious challenge nationally (and in the states), data suggests it is worse for *Adivasis*. In Jharkhand, *Adivasis* constitute 26.2 per cent of the

population⁸. A high-level committee, headed by well-known academic and *Adivasi* activist, Virginius Xaxa⁹ on tribal health highlighted *Adivasis'* poor access to maternal health services. According to the latest-available district level data, District Level Health Survey (DLHS)-3 (2007-08), India recorded 47 per cent institutional delivery. Jharkhand, however, was the worst performing state with 17.7 per cent¹⁰. The *Adivasi* women in Jharkhand were worse off with only 7.9 per cent having any access to institutional delivery¹¹.

Looking at education indices, the state's literacy rate improved from 53.5 per cent (Census 2001) to 66.4 per cent (Census 2011) but it still remains below the national average of 74 per cent¹². The literacy rate of the *Adivasis* in the state is lower at 57.1 per cent¹³. The Xaxa Committee pointed out that even with reasonable infrastructure and student enrollment, regular school attendance remained a problem in the *Adivasi* belt. Some of the most educationally backward states in central India like Madhya Pradesh and Jharkhand have the lowest student attendance rate (below 60 per cent). To make matters worse, the old problem of teacher absenteeism, that *Adivasi* areas are known for, persists¹⁴.

In 2011, Oxfam India¹⁵ partnered with three NGOs in Jharkhand to build capacities of the community to demand and ensure delivery of health and education services, provide support to stakeholders to monitor the implementation of plans, and to strengthen state and national level networks of NGOs.

Oxfam India, through the three NGOs, works in 60 villages in three districts — Hazaribagh (NBKJ), Gumla (CINI) and West Singhbhum (SPAR). The project has helped the community track budgets of various schemes under health and education, hold social audits, and recruit multi lingual part-time teachers in schools. Though the three organisations were already working separately in the respective districts, this project enabled them get together to mobilise people to demand their health and education rights.

JHARKHAND VS INDIA

	JHARKHAND	INDIA
POVERTY RATIO	45.3 %	37.2 %
MATERNAL MORTALITY RATIO (2011-13) (PER 100,000 LIVE BIRTHS)	208	167
INFANT MORTALITY RATE (2013) (PER 1000 LIVE BIRTHS)	37	40
INSTITUTIONAL DELIVERY (2007-08)	17.7 %	47 %
LITERACY (CENSUS 2011)	66.4 % (<i>ADIVASIS</i> - 57.1%)	74 %

BUDGET TRACKING OF HEALTH AND EDUCATION (NBJK)

"The scholarship money wasn't reaching the students in time. We found that it was actually being diverted to the *Gram Shiksha Samiti*¹⁶. The money should have actually come to the School Management Committee (SMC). The SMCs had replaced the *Gram Shiksha Samiti* since the implementation of the RTE Act," says Prem Kumar Paswan, president of the SMC in Chordaha Gram Panchayat. The matter was brought up at the SMC meeting and action was taken. The money was finally diverted to the SMC and the scholarship amount was deposited in the bank account of all the students.

Earlier, money coming in for the different schemes remained unaccounted for. Hence, NBJK and Oxfam India made budget tracking of health and education schemes and entitlements a priority. The first stage was putting in place community based monitoring systems like Village Health Sanitation and Nutrition Committee (VHSNC) and SMC. These committees were formed to ensure the smooth delivery of health and nutritional services, and the compliance to the RTE Act as well as to track the budget allocated for them.

For the formation and effective functioning of the SMC, parents, teachers and members of the Panchayat were brought together and trained on the provisions of the RTE Act. "Parents first had to be told about the importance of education – children were either found grazing their cattle or helping the parents in the farm during school hours. Teachers were hardly present in school – they were pulled out of school for government duties (like elections, census etc.). The role of the different stakeholders was defined and responsibilities fixed. Once this process started, it garnered a lot of interest among the parents," explains Prabhu Nath Sharma, project coordinator, NBJK.

Para teachers were appointed – this ensured that classes became more regular and children could attend classes. *Bal Sansad* or children's parliament¹⁷ were formed – the elected students made sure that students and teachers came to school regularly and the mid day meals were cooked and served hygienically. The SMC, comprising parents and teachers, have started keeping a close

SOCIAL AUDITS (CINI)

"We have regular meetings with SMCs and VHSNCs together. Some of the community members are part of both the committees and so the joint meetings are helpful. The meetings are held to ensure that the two health and education committees are functioning as per the norms," says Cresenshia Kujur. She is the *mukhiya*²⁰ of Janawal village in Gumla's Chainpur block.

The village, a predominantly *Adivasi* village, has a government-aided school. The school was severely understaffed. Being a minority school, the SMC has the mandate to appoint teachers. Facilitated by CINI and Oxfam India, in 2011, the SMC was formed and two additional teachers were appointed to the school. The SMC ensured increased enrollment and student retention. It has also brought down the pupil teacher ratio (PTR) from 96:1 to 32:1 up to class V. As in Chouparan, here too, the *Bal Sansad* is very active. It keeps a close tab on the attendance of the students. "A fine of Rs 2 per day is imposed on students who bunk classes. Of course, those who are genuinely sick are exempt," smiles Asmita Kujur, President, *Bal Sansad*.



Sahiyyas' attend review meeting at Chordaha village in Hazaribagh district

tab on the scholarship amounts supposed to be deposited in the bank accounts.

The VHSNC, a community based monitoring committee under the National Health Mission (NHM), was formed as well. This was done to increase the accountability of the health workers as well as to utilise the untied fund of Rs 10,000 diligently. Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife (ANM), the *Anganwadi*¹⁸ Worker (AWW) and other members of the Panchayati Raj Institutions (PRIs) were brought together on one platform. They, along with the community members, were trained on the provisions of different health schemes and entitlements.

"The accountability of ASHAs and ANMs has increased because the community is actively involved in the work. Vaccinations have picked up, wells have been bleached, the uptake of *Mamta Vahan*¹⁹ has improved, and institutional deliveries have increased," says Sujanti Devi, ASHA (*Sahiyya*), Chordaha village in Chouparan block.

However, despite a marked improvement in service delivery since the budget tracking exercise, there is still a long way to go. There are some teething problems but the community is warming up to the fact that now there is a platform for them to track and participate in the health and education schemes. The members are exclusive to each committee as the work is diverse; the VHSNC meets on the 20th of every month while the SMC meets every third week or whenever the need arises. "To take the work forward now, SMC federations are being formed at the block and the district level. This is the most sustainable way to take forward the work," says Prabhu Nath Sharma.

"The VHSNC members provide support that an ANM needs. These are far flung areas and when she comes it is important that everyone is present. The immunization drives have picked up. Earlier, people were a bit wary of getting immunized. The VHSNC members have played an important role in convincing the community to benefit from the health services," says Jyoti Kujur, VHSNC member.

Social audit was introduced by CINI and Oxfam India in 20 villages in Gumla. Ten member audit teams, one each for health and education, from the community carry out the social audits. These are the barefoot auditors who have been trained on the NHM provisions and the RTE Act respectively. Basic school education is the criteria for selection of barefoot auditors. They audit the books and tools maintained by the two committees bi-annually.

The community mobilisers, usually selected from within the community and appointed by CINI, are key to the functioning of the committees. Since most of these villages are in far-flung

areas, the community mobilisers train the committees and are a source of information for the community.

The community, in these 20 villages, have been provided with community based monitoring tool on RTE. "There are school report cards enlisting different provisions of the RTE Act. These provisions are color coded to show the actual status of their implementation. The school report cards and the *Bal Sansads* have ensured that all children in the villages, where we work, have been enrolled in age-appropriate classes," explains Vijay Shankar Dubey, project manager, CINI.

These social audits have encouraged participation of the community through the year. "The community ensures that the VHSNC and SMC meet regularly through the year as per the norms and also deliver accordingly. This has helped create a demand

for the services," adds Vijay. For the purpose of social audit, the VHSNCs maintain records of utilisation of services, expenditure of the untied funds as well as a record of the visits and activities of the ANM and ASHA. Records of health indicators like antenatal and postnatal care, institutional delivery and immunization of children are maintained. Further, according to the social audits, these parameters have improved.

CINI also conducts *Jan Sunwais* (public hearings) regularly. "The public hearings are held at the school, block and district level and then the issues raised during these hearings are taken to the respective departments for further action," says Vijay. The state government has, in fact, adopted and institutionalized the model of social audit system, for VHSNC and SMC, put in place by CINI and Oxfam India²¹. These audits will be held twice every year.

MULTI LINGUAL EDUCATION (SPAR)

At the *Nav Prathamik Vidyalaya* in Kolpotka village, in West Singhbhum's Manoharpur block, it was lunch time. Rice and *dal* was served under the mid day meal scheme. 'The meals are regular and the quality is good', we are told by the SMC members who accompanied us during the visit. As the children finished their lunch and went to their classes, we noticed ribbons pinned to their shirts. They were of different colours.

"The coloured ribbons monitor the attendance of the students. This helps us identify the students who are most likely to dropout and need more attention," explains Naval Kishore Lugun, a para teacher at the school. The ribbons are a monitoring tool used under Prayas, an initiative of the Jharkhand Education Project Council (JEPC) and UNICEF to bring back probable dropouts to school²². Prayas was initiated in 2011. Naval explains that students who have been absent for less than three days have green ribbons, those who missed school for three to 11 days in a month had red ribbons. Students with blue ribbons skipped school for more than 11 days in a month and those who wore the yellow ribbons were those who were absent for most of the days. SPAR-Oxfam India help schools implement Prayas, through the SMCs, in 20 villages²³.

Students who are irregular at school are often visited by the teachers. Meetings are held with the parents to understand the reasons for poor attendance of their children. "A couple of reasons came up. One, the school timings coincided with when the cattle have to be taken out for grazing or when farm work has to be done. The other was the language barrier. Children, who are mostly from the Munda tribes, were taught in Hindi. Since this is not their mother tongue, it was difficult for them to grasp what was being taught in schools. This lack of interest also affected their attendance," says Binod Kumar Horo, project-in-charge, SPAR.

In order to raise interest among the students, Oxfam India-SPAR introduced Multi Lingual Education (MLE) in these schools and appointed part-time teachers in April 2015. These teachers, after training, started teaching in July 2015. The MLE part-time teachers are conversant in the tribal language. They are appointed in addition to the other school teachers. In Kolpotka, the appointed part-time teachers taught in Mundari since the village comprises mostly of the Munda community.

"We have managed to get students, who had dropped out of school for various reasons, back into the classes. And because we are teaching them in their language, their

interest in attending school is also evident. The SMC too has played a crucial role in getting children back to school," says Hiramani Lugun, a MLE part-time teacher. Hiramani, who herself is in the first year of college, said that the attendance has improved and is now, on an average, 50 students.

SPAR-Oxfam India revived the VHSNC in these villages. The difficult terrain of the far-flung blocks of the district and the impact of Naxalism had kept the administration and, to a large extent, the schemes away from these tribal villages. "The impact is evident. The demand for *Mamta Vahan* has surged, institutional deliveries have increased and so has the number of women bringing their children for immunization. The referrals to the Community Health Centre have increased," says Binod.



Part-time teacher appointed by SPAR taking a class at Kolpotka village in West Singhbhum's Manoharpur block

THE WAY FORWARD

The simultaneous intervention in healthcare and education supports an all-round development of the community. The active participation of VHSNCs and SMCs indicate that the community is keen to demand the services, benefit from them and plug the loopholes in its implementation. The formation of these committees has made the PRIs and the service providers accountable and transparent, to a large extent.

There are some hiccups. For instance, in one of the villages under the NBJK project, the ANM had not mentioned to the VHSNC that the haemoglobin kit was not provided to her for the last few months. Another instance is from one of the project villages of SPAR when it came to light that separate VHSNCs in two hamlets had been merged as one and the committee was now housed in that part of the village that had a higher concentration of non-tribals. Information such as these do not surface naturally, yet.

These districts have been long neglected due to geographical and social reasons. "These communities, in the past, have neither had the opportunity of a dialogue with the service providers nor the chance to monitor and audit their work. So these issues need ironing out but the small successes are very crucial," says Binod.

As a next step, the NGOs plan to train the members of the VHSNCs and the SMCs on filing requests under the Right to Information (RTI) Act and use the information to approach the necessary departments to ensure proper service delivery in their districts and blocks.

The way forward is to make these processes sustainable. For instance, a federation of the committees at the block and district level planned by NBJK is the key to keep the community engaged, informed and empowered. It is a big boost that CINI has been approached to provide a model of social audit to the state. SPAR's work in Jharkhand is likely to get a boost too since the state government is very keen on introducing an MLE policy.

NOTES

- 1 Uttar Pradesh, Bihar, Jharkhand, Odisha, Chhattisgarh, and Assam
- 2 http://articles.economictimes.indiatimes.com/2013-09-27/news/42463817_1_ajsu-special-status-backward-states (as viewed on 18 March, 2016)
- 3 Report of the Expert Group to Review the Methodology for Measurement of Poverty (Government of India Planning Commission June, 2014) | http://planningcommission.nic.in/reports/genrep/pov_rep0707.pdf (as viewed on 17 March, 2016)
- 4 Maternal Mortality Ratio is calculated as the number of maternal deaths as per 100,000 live births
- 5 <http://nrhm.gov.in/nrhm-components/rmnc-h-a/maternal-health/background.html> (as viewed on May 13, 2016)
- 6 Infant Mortality Rate is calculated as the number of death of infants (under 1 year) per 1000 live births
- 7 SRS Bulletin | Sample Registration System | Vol. 49 No. 1 | September 2014
- 8 Jharkhand's Adivasi population is 8.29 per cent of the national Adivasi population
- 9 This committee was constituted by the Prime Minister's Office in August 2013 to look into the socio-economic, educational and health status of the tribals of India
- 10 India Report- DLHS 3, pg. 70 | http://rchiips.org/pdf/INDIA_REPORT_DLHS-3.pdf (as viewed on 17 March, 2016)
- 11 Report of the High Level Committee on Socio-economic, Health and Educational Status of Tribal Communities of India, pg. 236 | <http://www.kractivist.org/wp-content/uploads/2014/12/>

- Tribal-Committee-Report-May-June-2014.pdf (as viewed on 17 March, 2016)
- 12 Literacy Census 2011 | <http://www.census2011.co.in/literacy.php> (as viewed on 17 March, 2016)
- 13 Tribal Profile at a Glance, May 2014 | <http://tribal.nic.in/WriteReadData/CMS/Documents/201410170116549630578TribalProfile.pdf> (as viewed on 17 March, 2016)
- 14 Report of the high level committee on socio-economic, health and educational status of tribal communities of India <http://www.indiaenvironmentportal.org.in/files/file/Tribal%20Committee%20Report,%20May-June%202014.pdf> (as viewed on 14 January, 2016)
- 15 The project was supported by Oxfam Germany from 2011 to 2014
- 16 The *Gram Shiksha Samiti* or the Village Education Committees were formed under the National Policy of Education, 1986. The Policy visualized direct community involvement in the form of Village Education Committees (VECs) for management and improvement in school education at the village level. These were later replaced by the School Management Committees (SMCs) under the RTE Act, 2009. The Act recognised the role of local governance in school education by necessitating the formation of a School Management Committee (SMCs) in each school
- 17 Though it is considered to be a part of SSA, but not mentioned exclusively in the policy documents. However, it is largely dependent on the states to form it and make it functional. The five states that have Oxfam India's education project have Bal Sansad's in place. http://ssa.nic.in/monitoring-documents_old/jrm/JRM/JRM_JHARKHAND_1_.pdf
- 18 Anganwadi centre is a government sponsored child-care and mother care centre as part of the oldest

- centrally sponsored scheme in India. It caters to children in the 0-6 age group. The word means "courtyard shelter" in Hindi. They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition
- 19 An ambulance facility for the community from the village to the health facilities
- 20 Village headwoman
- 21 CINI also studied and reviewed the status of implementation of GRM (Grievance Redressal Mechanism) of five states (Uttarakhand, UP, Bihar, Gujarat and Rajasthan) and submitted a draft report for GRM to the concerned department. These recommendations were submitted to ensure that the state HRD includes GRM as per the provision of the RTE Act
- 22 Prayas - an attempt to enhance student attendance in schools in Jharkhand, India by Binay Pattanayak | academia.edu (as accessed on 18 March, 2016)
- 23 Prayas is one such attempt by Jharkhand Education Project Council (JEPC) and UNICEF to attract children to schools on a daily basis through mutual cooperation among students, teachers, school management committee (SMC) members and other community members. Focus of this initiative is on children who, due to some cause or, other, remain absent in school in Elementary Schools (Classes I-VIII) and work with the concerned child, her/his family in a systematic manner to enable the child come back to school. Prayas was initiated on a pilot mode in 2011 in around 10 schools of Ranchi district where the interventions demonstrated visible achievement, attendance in some schools booming from a mere 40% to around 90%

Author: Savvy Soumya Misra

Contributors: Pallavi Gupta, Sanjay Suman, Prabhu Nath Sharma (NBJK), Vijay Shankar Dubey (CINI), and Binod Kumar Horo (SPAR)

Inputs: Pooja Parvati, Ranu Kayastha Bhogal, and Mirza Firoz Beg

Editing: Pooja Parvati

Photo Credit: Savvy Soumya Misra

© Oxfam India, May 2016

This publication is copyright but the text may be used free of charge for the purposes of advocacy, campaigning, education, and research, provided that the source is acknowledged in full. The copyright holder requests that all such use be registered with them for impact assessment purposes. For copying in any other circumstances, permission must be secured. E-mail: policy@oxfamindia.org.

Oxfam India, a fully independent Indian organization, is a member of an international confederation of 17 organizations. The Oxfams are rights-based organizations, which fight poverty and injustice by linking grassroots interventions to local, national, and global policy developments.



ऑक्सफैम इंडिया
OXFAM
India

Oxfam India, 4th and 5th Floor, Shriram Bharatiya Kala Kendra, 1, Copernicus Marg, New Delhi 110001

Tel: +91 (0) 11 4653 8000 www.oxfamindia.org

Oxfam India is a member of a global confederation of 17 Oxfams and is registered as a company under section 25 of the Indian Company Law.