Report

National Seminar on
"Role of Women- Based Self Help Groups in the Execution of Rural Health Programmes of National And State Governments",

KDS-Delhi : Resource Centre for the Development of States
(Set up by Kerala Development Society, Delhi)

A national seminar on "Role of Women- Based Self Help Groups in the Execution of Rural Health Programmes of National And State Governments", was held on 8th December, 2009 at India International Centre – Annex, Lodhi Estate, New Delhi. It was organized by Resource Centre for the Development of States of Kerala Development Society, Delhi. The seminar was supported by UNICEF, New Delhi

A total of fifty nine participants including social scientists, academics, domain experts, policy administrators and activists attended the seminar. The seminar evaluated the functioning of Women-based SHGs in the states of Andhra Pradesh, West Bengal , Madhya Pradesh, Rajasthan, Orissa and Kerala. It identified different areas of operations of SHGs and analysed to what extent their social capital can be utilized for the execution of various rural health programmes with an emphasis on Reproductive and Child Health (RCH) Programmes. It has also suggested measures to enhance the contribution of Women SHGs and their network in the execution of various rural health programmes with an emphasis on Reproductive and Child Health (RCH) Programmes.

The seminar was inaugurated by Dr. Prema Ramachandran Director of Nutrition Foundation of India and keynote address was given by Dr. Mira Shiva, the well-known Health Activist. Dr. N.J. Kurian President of KDS - Delhi chaired the inaugural session and welcome address was delivered by Prof. KRG Nair, Senior Advisor of KDS-Delhi. Special addresses were given by Mrs. Kimberly Allen, Health section of UNICEF, New Delhi and Mrs. N. Bhanusree, Mayor, Nellore, Andhra Pradesh. Dr. Prema Ramachandran in her inaugural address stated that SHGs could contribute to the substantial improvement in the rural health system of India. If women-based SHGs are given opportunities, rural women can make substantial contribution in this field. If rural women involve them selves we can ensure minimum health care by enhancing preventive care. Women can prevent misuse and corruption in the health delivery system. Dr. Ramachandran briefly explained her field experience in the Telungana Region on women health-related issues.

Dr. Mira Siva in her keynote address expressed concern over low level of allocation of funds for public health. There is a serious mismatch between the declared objective of universal healthcare and public expenditure for health care in India. That is why India's IMR and MMR are unacceptably high. There is also serious gender gap in health care and health outcomes. The women-based SHGs can play a significant role in community healthcare. They can function as effective watchdogs to curb the various malpractices in the health sector including female feticide. They can be an effective link in school health programs and midday meal schemes. SHGs can also play a significant role in sustainable development and solving environmental issues.

Chairing the inaugural session, Dr. N.J.Kurian stated that India has unacceptably high maternal and Infant Mortality Rates. Even after years of planned levels of development India remains one of the unhealthiest places in the world. Provision of healthcare is one of the basic responsibilities of the state. He suggested that rights – based approach to healthcare should be ensured.

Kimberly Allen in her special address provided a brief on the interventions of UNICEF in 15 Indian states. She pointed out the need for improving hospital facilities for poor women in rural areas. She expressed the hope that Anganvadis and woman SHGs will advocate for enhancing health care needs in the rural areas of India.

Mrs. N. Bhanusree, Mayor of Nellore had emphasized the need for involving women-based SHGs in the execution of health programmes , especially with the support of municipalities and panchayats.

State specific presentations were made by resource persons from the states of Andhra Pradesh, West Bengal , Madhya Pradesh, Rajasthan, Orissa, Kerala and Delhi. These

presentations, not only evaluated the functioning of women-based SHGs in the field of health, but made concrete suggestions for enhancing their role in future.

Dr. K.P.Fabian Ambassador and President AFPRO, Delhi chaired technical session on SHGs and Rural Health Programme in South India. Dr. Joy Elemon, Health Specialist and Moderator MCH Community and Decentarlisation Community UNDP, Dr. Jacob John, Director KDS-Delhi, Mr. Anjani Parasad, SHG specialist in Andra Pradesh made presentations.

Dr. Subrata Bagchi , Reader in Political Science, Calcutta University chaired the technical session on SHGs and Rural Health Programme in East India. Those who made presentation of papers include Mr. Biswajit Pandhi, Health Activist, Orissa and Dr. (Mrs.) Bidyut Mohanty Gender specialist Institute of Social Sciences, New Delhi and Orissa.

Mr. N.D.George Economic Adviser, Ministry of Textiles, New Delhi chaired the technical session on SHGs and Rural Health Programme in West and North India . Mr. Hemant A. Borker, Sampark, Madya Pradesh, Mr. Arun Jindel, Director, Society for Sustainable Development, Rajasthan and Mrs. Sindhu Nambiath, Council for Social Development, New Delhi made presentations.

The concluding session on SHGs and Rural Health Programme: A New Way Forward was chaired by Dr. N.J.Kurian. Those who made presentations included Prof. Dr. N. Ashok Kumar, Professor in Regional Centre for Urban & Environmental Studies, Hyderabad, Andhra Pradesh, Dr. Amit Nair, Consultant, Water Supply and Sanitation, World Bank. Mrs. Gomathy Nair, President , All Indian Women Conference, New Delhi made special interventions.

The main issues discussed, observations and suggestions made can be summarized as below:-

There is a need for a clear definition of SHG group. SHG is a group in which members provide each other with various types of help for a particular shared cause. SHGs are organised and led by lay people, rather than professionals. Different types SHGs have been formed in India. These include those formed under government programmes, with the support of NGOs/International Organisations, political parties and religious organisations and those formed without any external support. There have been sharp state level variations in regard to the role and functioning of SHGs in general and

women-based SHGs in particular. Kerala and Andhra Pradesh have made remarkable progress in strengthening women-based SHGs in executing rural health programmes.

Kudumbasree, the poverty eradication mission of the state of Kerala, community based self help initiative involving poor women is a Areas of operation of Kudumbashree include community health, education, basic needs like housing, sanitation and drinking water supply, destitute identification and rehabilitation. This programme has contributed to the expansion of elementary capabilities, be it health care, gender equity, employment and the like. The major objective of the programme is “to eradicate absolute poverty in ten years through concerted community action under the leadership of local governments” by facilitating self-help groups of poor women identified on the basis of a well-defined nine-point criterion. Poor women are the means as well as the end of this programme. It may be noted that state government and various government agencies in Kerala have effectively been using this SHG network for execution of various development programmes. This network is being given more and more assignments by the state government such as conducting health related surveys, distribution of medicines, etc. In each Neighborhood Group (SHG) from among the poor women five volunteers are selected for undertaking various functional activities. Community Health Volunteer looks after various health- related aspects of the group members including children, women and the aged. Convergence of various programmes undertaken by Health and Social Welfare Departments is also carried out under the leadership of the Community Health Volunteer. The slogan of the mission is “reaching out to families through women and reaching out to community through families”.

Andhra Pradesh has also strong presence of women based-SHGs. There are about 4.65 lakhs women SHGs in Andhra Pradesh covering nearly 61.70 lakhs poor women. SHGs have been widely adopted in Andhra Pradesh, especially to eliminate the social exclusion of poor women and to improve their access to health by thrift and credits. Various training and capacity building programs have been conducted on production, packing, marketing, micro-credit and utilization of loans etc. to women SHG’s in Andhra Pradesh. However, their role in the execution of rural health programmes is limited. In Rajasthan, there are number of Woman SHGs which are interested to work on health issues .Some of them are involved in various health committees. In the states of West

Bengal , Madhya Pradesh, Rajasthan and Orissa women-based SHGs have been emerging and these states need more support in strengthening women-based SHGs. Poverty alleviation programmes have abysmally failed to correct nutritional deprivation and inequities among the society. The main reasons for malnutrition in India are poverty, illiteracy, negligence, non-awareness and lack of availability of nutritious food. High maternal mortality rate, low intake of nutritious food, repeated cycles of pregnancy, early marriage and early pregnancy are serious health issues in many Indian states. Women-based SHGs can play a significant role in tackling these problems. The effectiveness of various government health programmes such as Integrated Child Development Services (ICDS) can be improved with the involvement of women based SHGs.

Apart from expanding coverage of various government schemes, people need to be made more aware of the programmes as also the services they can get from each scheme. Safe drinking water deserves the same importance as balanced diet, micro-nutrients etc. safe drinking water is an integral part of good health and needs emphasis. One may have the best food with full nutrients but with poor quality water all nutrients go to the drain. Poor quality drinking water exacerbates existing health problems. Malnourishment cases deteriorate further with poor quality drinking water. It is very important to have SHGs involved in Water and Sanitation issues as well. In the village water and sanitation committee, there should be members from SHGs.

SHG network can be supported in distributing genetically modified food. Potential of Woman SHGs to act as pressure groups and watch dogs on health issues are considerable. They can check misuse and facilitate delivery of quality health care services. They can coordinate the work of ANM, ASHA and AWW. SHGs can carry out campaign to prevent child marriages in states like Rajasthan. SHGs can be a vehicle for change in the health scenario. Social audit of health services can be promoted with the involvement of SHGs. Parents can be educated about immunization through women based - SHGs. As capacity development of ASHA needs to be ensured, and it could be done through the involvement of NGOs and SHGs. There is a need for community mobilization for health-related activities and SHGs can play a major role in these SHGs, and other groups can plan an important role in the effective implementation of HIV prevention programme among the rural community

SHGs understanding of RCH issues is poor and hence SHGs need continuous training on health issues. There is lack of coordination among different departments in the execution of health programmes. PRIs involvement needs to be ensured in the execution of development programmes with the participation of SHGs.

Detailed discussions were held in the seminar to formulate an action plan for other Indian States for strengthening women- based Self Help Groups and using the social capital of women SHGs in the execution of rural development programmes focusing on health and education. In states such as Kerala and AP, SHGs have emerged as a powerful and effective tool for execution of rural health programmes . States of Rajasthan, Madhya Pradesh, Orissa and West Bengal have strong potential for strengthening women-based SHGs as these states have significant number of SHGs especially emerging women-based SHGs. Participants from various states suggested that women SHG network can be assigned several roles in the process of implementation of various rural health programmes. State government and various government supported institutions can use women SHG network to execute various rural programmes, and preference should be given to them in government sponsored rural health programmes.

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