

Institutional Distinctiveness

COMMUNITY MOBILIZATION FOR HEALTH ACTION

Objectives of the Practice:

The Department of Community Medicine, MGIMS, Sevagram engages in community mobilization with the following objectives:

- To mobilize and empower community based organizations (with a focus on women) for leadership in health
- To create platforms for community dialogue in health and catalyzing the process of community health action through engagement of various community-based organizations

Context:

The Department of Community Medicine at MGIMS, Sevagram, has been working with community-based organizations in more than 80 villages in Wardha district for almost two decades and has developed model of community mobilization for health action.

Practice:

The Practice over the last two decades, in the field practice area of MGIMS, Sevagram, a strong network of community-based organizations has been developed. The process started with sensitization of Village Panchayats for health action. Later, in order to further strengthen health action efforts by Village Panchayats, community-based organizations were formed. In an average-sized village minimum of 3-4 women's self-help groups (SHGs), one 'Kisan Vikas Manch' (- Farmers' Development Associations) and one 'Kishori Panchayat' (KP - Adolescent Girls Forum) was constituted. These community-based organizations were oriented to health issues in the rural areas through discussions held during their monthly meetings. Later, Village Coordination Committees (VCCs) were constituted in every village by including representatives from each these community-based organizations, Gram Panchayat, village informal leaders and frontline workers from health and ICDS. The community-based programme operated through the Village Co-ordination Committees (VCCs), thus constituted. These village committees entered into a social franchise agreement under this project where the VCC ensured provision of essential maternal and child health services to the villagers, while MGIMS, Sevagram took up the responsibility of building capacity of these committees and developing tools and techniques for community-based activities to be conducted by the committees. With strong and sustained capacity-building form of regular handholding for more than a year, the VCCs could take charge of community-based activities at the village level. In most of the programme villages, the VCCs participated in assessment of community health needs, developed village health plans, implemented the activities decided in coordination with other stakeholders, and monitored the community-based health activities in their respective villages. The community networks were especially effective in disseminating health messages in the village and creating new social norms. When guidelines for formation of Village Health Nutrition and Sanitation Committees (VHNSC) were issued by the Government Maharashtra under NRHM, we engaged with them and worked to build their capacity. Currently, we are working in more than 90 villages in Wardha. There are total 275 Self Help Groups and 89 Kishori Panchayats functional in the four primary health centre (PHC) areas adopted by the Department of Community Medicine.




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