

Visit Report

People First, Bodh Gaya

During my visit to People First in December, 2005; I tried to see the activities of the organization, with especial emphasis on its health program activities. I also had discussion with the health program staff of the organization. Based on my observations of the program activities and discussion with the health program staff, I am preparing this report.

Observations & Recommendations

1. **Program Area:** The program has added three small villages around Kanjar for the health activities. This is a good initiative and the result was visible in form saving of time of the program staff. The organization has decided to continue its health activities in villages like Vinobapuri, Painsi and Gangabigha. This decision of the organization is understandable, as it does not want to break the commitment given to the villagers.

Recommendations:

- The program should not expand its activities in the villages away from the defined cluster.
2. **Community Mobilization:** Nine SHGs have been formed. More SHGs are in the process. I visited three of the SHGs. All of them seem to be mature. The SHG members also seemed motivated to undertake other activities. All the groups that I visited also had a well-maintained bank account. A women fair was also organized for the SHG members last year. As reported this women fair was a success. The organization has given bonus money to all the SHGs during Deepavali.

Recommendations:

- Records of SHG need to be improved. The women themselves should do account maintenance. However, literacy level being very poor in the area; there are usually no women literate enough to maintain the accounts of women. So, the program staff may be allowed to maintain the accounts. But, the staff should maintain the records in consultation with the secretary of the group and the records should be maintained in local language and in as simple a way as possible.
- I saw only one register being kept in the SHGs. However, for proper accounts maintenance, a few other records should also be maintained.
- A women fair was also organized for the SHG members last year. However, no such effort was made this year. On discussion, it was found that there is no plans to organize women's fair this year probably due to lack of resources. Women's meet where the members of different SHGs are able to share their experiences should be made a regular feature of the activities and should be conducted at least once every year. Effort should be made so that the activity becomes less resource intensive and a part of the cost can be born by the SHG women themselves. In other areas, women usually bear the cost of travel and organizations do not need to bear the cost of travel for women. This may be tried in this area also.
- Effort should be made to involve the women in activities related to health, education. Effort should also be made to start income-generation activities either at individual or group level.

3. **Survey:** The organization has decided to conduct survey to get basic information on health and education indicators. The survey was complete in a few villages. It is a good initiative to put house number plates for all the households in the program villages. The survey team is also making a social map for the villages.

Recommendations:

- In my opinion, the survey form should have been more extensive to capture important indicators related to health and education.
 - Although a social map is being made for all the program villages, villagers are not being involved in making the social map. This is an opportunity to get community participation in the program activities in these villages.
4. **TBA kit:** The program has provided kit to all the traditional birth attendants in the program villages. The kit was locally designed.

Recommendations:

- No training program has been arranged for the TBAs in the use of the kit or to improve their knowledge and skills. If the organization wants to involve TBAs in its health activities, it must start a training program for them. The training program may be conducted at monthly or quarterly depending upon the resources.
 - The organization should also think about providing regular supply of Disposable Dai Kit (DDK) to the dais. These kits can be prepared locally by the organization.
5. **ANC/ PNC counseling:** It is a good idea to conduct clinics for the Antenatal and Postnatal checkups.

Recommendations:

- This is an excellent idea to conduct clinics for Antenatal and Postnatal checkups. The ANM requires more training for this activity.
6. **Home visits:** Not organized properly.
 7. **Village Health Workers:** Although the program has identified a Village Health Worker in each of its program villages, it has not been able to define their roles and responsibilities.

Recommendations:

- It is very important for a program of this sort, especially in an underprivileged area, to have home visits for maternal and child health component. The program does not have enough staff to implement it. However, the village health workers employed in each of the program village should be utilized to do home visits after providing them proper training.
- No training program has been conducted for the village health workers till now. I understand that the People First health staff may not have enough capacity to provide training to these village health workers. The program should contract some organization to conduct training for its 8 workers. There are a few good training modules available for village level health workers.

- As India has accepted to implement IMNCI (Integrated Management of Newborn and Childhood Illnesses), it might be a good idea to train the staff and village health workers in IMNCI. I will suggest that some local organization in Bihar can be contacted for doing the training for both the program staff and village health workers in IMNCI. (I think Sherin can help here, as he is organizing training programs for ICDS program staff in IMNCI. Sherin, will it be possible to send three or four program staff in one of these training programs so that they can come back and train the other staff after coming back?)
 - The program is not conducting any monthly meetings for the Village Health Workers. It is very important that monthly meeting of the village health workers are organized. This will provide a platform for 1) continuing training as per the need of the program, 2) planning for the next month, 3) sharing of experience. The program may decide to fix a monthly meeting day, on which all the field staff (Village Health Workers, Traditional Birth Attendants, Teachers). This will provide an opportunity to motivate all the staff and they will cooperate each other in the field program.
 - When decision to conduct meetings of these workers is made, the major problem is for inviting people from the villages outside the Kanjiar cluster. In my opinion, the program may decide to conduct further training of VHW and TBA in the Kanjiar cluster only and the activities in other program villages can be restricted to the minimal activities for which the organization has committed earlier to the villagers.
8. **Tubectomy camp:** The program organized a tubectomy camp at Kanjiar during October, 05. The attendance of women during this camp speaks volumes about the acceptability of the organization in the program area and the scope for doing such activities in the future.

Recommendations:

- No efforts have been made to provide spacing method to couples. The program should ensure adequate supplies of contraceptives through the district health authorities and have a system for ensuring regular supply of spacing methods of contraception in its program area.
9. **Resource Library:** The program has built a resource library for its staff.

Recommendations:

- The number of books in the resource library is limited and most of the available books are in English. More books in Hindi should be purchased so that the health staff can utilize it. List of books to be given.
- More efforts are required for capacity building of the health staff. There are several organization (IHMP, Pachod; CINI, Kolkata etc.); which conduct regular training programs for the health program staff. The organization should find out relevant training program for its staff and send them for training to these organizations.

Planning for the future

1. It is very important at this point that the organization plans for the expansion of its activities. The vision should be for both; 1) adding more services and making the program more comprehensive; 2) expanding the program area.
2. Adding more services: At this point of time, the program must think of adding the following services:
 - Immunization
The immunization coverage in the area is very poor. There is emphasis on improving the immunization coverage. Therefore, the organization will be able to get free supply of vaccines (especially with help of Dr. Sherin).
 - Contraception
Although the program had organized a tubectomy camp, very less effort has been made to provide the spacing methods of contraception in the program area.
 - ANC/ PNC counseling
 - Home visits & nutrition education
 - IMNCI
3. The organization should also think about expanding its area further. This will be possible only if the program has additional funding and more manpower for the health program. It will depend on availability of funds.
4. As the political environment in Bihar is changing, the organization should also think about finding alternate sources for funding for its activities. It should explore possibilities of getting funds from the state government.
5. The organization should start thinking of a model based on its experience for expanding its activities in new areas. For example, number and type of staff for every 5000 or 10,000 population and defining the role of each cadre of staff. This will be part of preparedness for getting a larger project.
6. The organization should be an active partner of network of NGOs; e.g. VHAI (Voluntary Health Association of India)
7. The program should make an advisory board and put key personnel from the local partners on the board.
8. The organization should also think of linking with and supporting government health activities, if situation changes in Bihar. I had visited the Medical College Hospital with Mr. Nick, Mr. Deepak and Ms. Alpena. The response in the Medical College Hospital was a mixed one. However, a few persons were ready to help at their personal level. I feel that the organization should actively pursue these links; however, at the same time, they need to be cautious.

When seen in the light of my previous visit to People First, I feel that the organization has put serious efforts to improve the quality of its health program activities.

(Subodh S Gupta)