DERIVATIVES OF RCH PROGRAM AND THEIR DIFFUSIVE EFFECTS ON MOST DEPRIVED COMMUNITIES IN INDIA: INTERACTIONS OF POVERTY, FERTILITY AND MICRO-ECONOMIC EFFECTS

INTRODUCTION:

The Government of India adopted an expanded package of services, called Reproductive and Child Health Strategy that was consistent with recommendations of ICPD (1994), focusing on enhancing health-care-seeking behaviors, increasing access to care, and improving quality of care and emphasized community participation, client-centered services, and involvement of additional sectors to speed implementation. The challenges were multiple as were the opportunities. One question that arose to in response to new policies and programme direction was whether a community based approach, overseen by competent, experienced nongovernmental organizations (NGOs), could complement and extend the effectiveness of RCH services) or the successful programs have indirectly served in many ways.

Keeping this mind, direct effects of the RCH program have been monitored and measured but the derivates and their diffusive effects are a less studied event though established authors have argued that diffusion is a very powerful tool for fertility reduction at least in India. Further, though the success of poverty reduction through microeconomics is debatable in India but the vast potential of self help groups still remain unutilized especially in health sector and particularly for RCH services. In the light of this discussion following **objectives** are being framed:

- To understand the microeconomic effects on RCH of deprived Self Help Group (SHG) members
- To understand the mechanisms of program sustainability and the effects of their derivatives in strengthening the RCH status of women
- To understand the interactions of poverty, fertility and micro-economic effects
- To study the development of intra-sectoral linkages at the local level

METHODS AND MATERIALS:

The RCH Program in Faizabad district, India:

In Faizabad district, a RCH program is being conducted with the help of SHG by taking help from local community leaders, members of the three-tier elected health committee members, local NGOs and with the links of medical and Para-medical staffs in the area. The women are also linked to the trainers who visit to train them and a network of interrelated women of deprived community has been formed for sharing their resources may be knowledge, skills, time, money and emotions.

Sampling and Data Collection:

The paper is based on primary data collected from 340 Self Help Group (SHG) members in the age group 21-45 years and citizen leaders by two-stage sampling procedure from Faizabad district, India in Feb-June, 2006.In total there are 2045 SHGs in the area. For the qualitative phase, FGD and case studies have been conducted. At least one FGD was conducted in each of gram panchayats in the district. Only those women who have taken loan from SHG and have excelled in health care due to SHG have been considered for case studies. For quantitative phase, semi-structured questionnaire have been prepared.

Data Analysis:
Bi-variate as well as multivariate techniques have been employed for analysis. Cross classification have been done with different dependent variables. Key areas of reproductive and child health namely age at marriage, use of contraception, safe motherhood and avoidance of STDs, immunization, ARI and Diarrhoea have been considered. Also, capacity building, network formation and the role of local leaders and communities have been analysed. Following nine mechanisms are considered as a derivates of RCH program operating the district:

1. Communication and Awareness Raising Mechanism about RCH Programme
2. Monitoring and Accountability for RCH programme
3. Information System: Tracking trends, Issues, needs: Research and Analysis in RCH programme
4. Strategic Assessment: Social, Economic and Environmental Issues in RCH programme
5. Participation Mechanism in RCH programme
6. Negotiation and Conflict management in RCH programme
7. Prioritizing, Planning and Decision Making in RCH programme
8. Financial Resource Mobilization and Allocation for RCH programme
9. Change Management Mechanism including Pilot Activities

These nine program derivatives have been utilized to develop log-linear model for choosing the best paths to program sustainability. Higher order odds ratios have also been computed because the model showed no significant interaction in the between two or more variables.

MAJOR FINDINGS:
Diffusion of RCH program is more fruitful for women in low standard of living. If diffusion of RCH program is taking place then current use of contraceptives is also increasing. There are some specific activities of SHGs like financing of health care through SHGs and group process also helps in leadership development and development of political leadership among women. Effect of current membership to groups is less important in explaining current use of contraception, however, experience of ever group membership is important. Explanatory power of period of membership to SHGs is very high. It suggests that more than three years of membership to SHGs is very effective in promoting current use of contraception among SHG women. It is observed that 82.4 percent women have been trained about RCH issues. Strikingly, more rural women than urban received training. It appears that there is higher need of training to illiterate women. It is interesting to find that women with two children are the least participant to these training programmes, therefore even in the most active women of society in this area, two child norm does not appear to be in adoption though these are other indicators of the society progressing towards such norm**.** Highest 93.2 percent women have received training through SHG meetings followed by 37.9 percent women through song/dance/drama. Even training includes visiting health fair (23.5 percent), distribution of books and pamphlets (23.7percent).Training programmes have changed the knowledge about safe delivery and motherhood triggering action among 20 percent women and 19.2 percent women have got information about local health care practices which they were

not doing earlier.SHG program has a differential impact on leadership development of different socio-economic and demographic strata of group women. The fact that program impact is not always limited to the targeted women is brought the leadership development among dependent motive women. This differential impact of the process of leadership development indicates that there is a need to concentrate on those women to whom program have not sufficiently affected. Capacity building has a very important component of leadership development. It is found that diffusion is playing the largest role among 65 percent women while 21.4 percent women have developed leadership for RCH due to being power motive. Therefore, leadership development among women will help create RCH program managers at the local level who can help in brining sustainability to the program. The more intensive the exchange of resources is either in terms of Multiplexity or reciprocity, the more she is willing to use contraceptives. It is argued that embeddedness of SHG women as a decision-maker of contraceptive use in her personal social environment has to be considered for a better understanding of contraceptive use related decision-making.

There is an urgent need for improving the use of services from government sector and awareness strategies for reducing dependence on traditional healers and quacks. SHGs can be integrated to public health system and can also take part in early detection of communicable diseases. It can also help in maintaining the accountability of village panchayat health committee. Also, SHGs can be easily helpful in reviving the local health care system. Intra-sectoral linkages at the local level have assured sustainability of reproductive and child health programme and such programmes can be replicated. Lesser women are in best form of intra-sectoral linkages when sustainable programme is considered. Therefore, it is not only important that women meet the criteria of a sustainable strategy for RCH program rather they should be roped into best program strategy. As the interaction of VPHC and SHG are able to improve the RCH status of women eight fold, they can be programmatically handled. The effects of change management mechanism of reproductive and child health program through self help groups were very strong which suggests SHGs as a change agent for RCH program. If the change management mechanism is operating, there is a strong effect of planning and prioritization of RCH program which suggest that with the group processes, planning and prioritization of RCH program will also follow. The effect of strategic assessment is also strong as the odds ratio is 1.75 with positive effect which suggest that group processes help in strategic assessment of program components. The odds for negotiation and conflict management in RCH program services and delivery is 1.6 though have a strong positive effect yet less than both the strategic assessment and change management mechanism. Therefore, conflict management has comparatively lesser impact than strategic assessment and change management mechanisms which suggest that conflicts in service delivery can be tackled with the group processes. The direct effect of needs identification into RCH for SHG women is remarkably strong which assures Sustainability of Reproductive and Child health Program. Further as Sustainability of Reproductive and Child health Program increases, the role of conflict management decreases substantially by 50 percent. At the stage where RCH program is becoming sustainable, there is less need of conflict management among various actors contributing to sustainability of reproductive and child health program. Financial resource mobilization by SHGs also has a very strong and positive impact in assuring

Sustainability of Reproductive and Child health Program through Self help groups. Actual needs identification effects of RCH program for SHG women appear to be fairly strong for ascertaining sustainability of RCH program.

Appendix: Main Table:

Table: Estimates of the logit parameters and odds ratio for the effects in the best fit causal model from logit log-linear models for sustainability of RCH Programme, Sohawal, Faizabad, 2006

DETERMINANT	LOGIT PARAMETER	ODDS RATIO
First Stage: Effects on Prioritizing and Planning (No vs Yes)		
Strategic assessment (no vs yes)	.28	1.75
Negotiation and conflict management (no vs yes)	.24	1.61
Change management mechanism (no vs yes)	.98	7.09
Second Stage: Effects on Sustainability of RCH Programme (NO VS YES)		
Needs and research (no vs yes)	.83	5.25
Negotiation and conflict management (no vs yes)	-.38	0.46
Financial resources mobilization and contribution to RCH care by women (no vs yes)	.52	2.82

A: Communication and Awareness Raising Mechanism about RCH Programme; B: Monitoring and accountability Mechanism; C: needs and research; D: strategic Assessment; E-Participation mechanism in RCH Programme; F: negotiation and conflict management; G: prioritizing, planning and decision making for RCH care; H: financial resources; mobilization and contribution to RCH care by women; I: change management Mechanism.

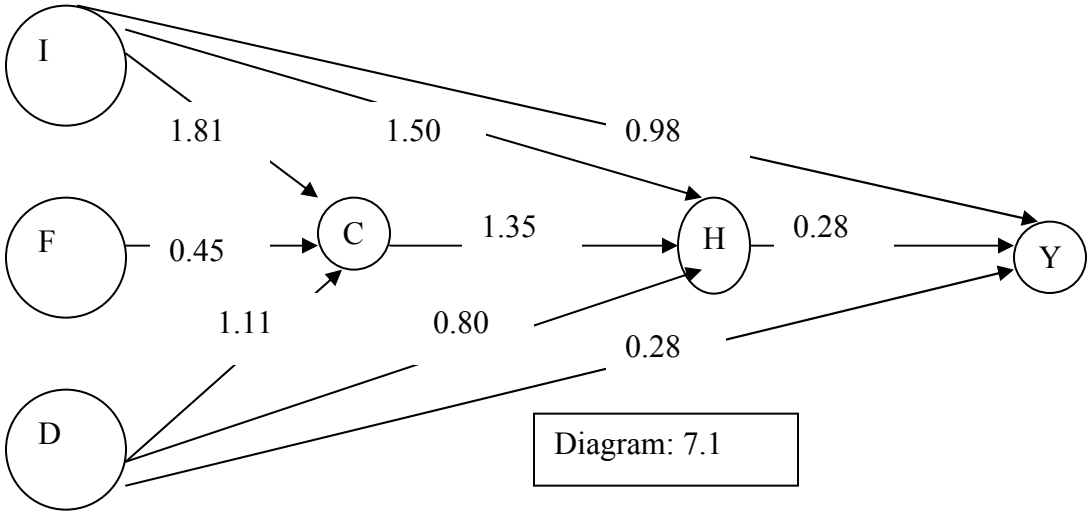

Diagram: 7.1

Y: Path Diagram for Sustainability of Reproductive and Child Health Programme