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COMMUNITY CONNECTION NEEDS SOME ACTIONS FOR HEALTH

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Abstract

Community engagement process in India has been a vital component in the development sector. Voice of people has emerged and heard in several areas to fulfil the demand. Right to information, food security, sexual harassment of women at workplace are some of the examples in which Government of India has formulated laws and regulations. Connecting with community in health is a decisive component and it is required not only at planning level but also to ensure execution and monitoring. Though people are not experts of managerial issues and lack technical knowledge but with a support system, a lot can be achieved. In India, the connection with community emerged in the form of "community monitoring" in health sector under National Rural Health Mission and now present as "Community Action for Health". The current paper is a review article based on experiences in the works of public health communication in Rajasthan. It has been attempted to establish the importance of community engagement processes for achieving the health goals. Issues, understanding, context of connecting community for health has been summarised with the background of communicating health in India particularly in the state of Rajasthan.

Keywords: *community, community connection, community action for health, universal health coverage, health equity*

Introduction

Community is a social unit with commonality such as norms, religion, values, customs, or identity. Communities may share a sense of place situated in a given geographical area (e.g., a country, village, town, or neighbourhood) or in virtual space through communication platforms. Communities may have intent, belief, resources, preferences, needs and risks in common, affecting the identity of the people and their degree of cohesiveness.

Every community has needs and deficits that ought to be attended to and many community organisations focus on them. But it is also possible to focus on assets and strengths - emphasising what the community does have, not what it doesn't. Those assets and strengths can be used to meet their needs to improve community life. To draw upon a community's assets, we first have to find out what they are.

Community asset can be a person – any leader, an expert or influential person, physical structure or place such as a school, hospital, library, recreation centre, social club, a public place as a park, or other open space etc. Community resources created by community itself or government or obtained as natural resource is anything that can be used to improve the quality of community life. But some time belongingness or ownership is not found in community towards these resources and hence these are not protected or represented by community.

Community engagement is the process of working with groups of people related by location, interest, or similar issues that affect their well-being. Community engagement is to build trust, enlist new resources and allies, create better communication, and improve overall health outcomes. The rationale for community-engaged and health promotion is largely rooted in the recognition that lifestyles, behaviours, and the incidence of illness are all shaped by social determinants (Centers for Disease Control and Prevention, 1997).

Health inequalities have their roots in larger socioeconomic conditions thus health issues are best addressed by engaging community partners who can bring their own perspectives and understandings of community life and health issues (Centers for Disease Control and Prevention, 1997).

Individuals and families are part of communities, and the role of communities is crucial to promoting health equity for several reasons. To address health equity, behavioural health promotion continues to show little success in reducing disparities. Community health refers to the overall well-being of a community at all levels.

Connecting Community for Public Health Goals

A healthy community is the foundation for achieving all goals, as it is essential for a productive society. Addressing the root causes of health inequities, such as the social determinants of health, is important in part to enable sustainable interventions by engaging multiple sectors and addressing multiple health outcomes.

Health care is the key to the attainment of goal of 'Health for All'. It reflects the values of social justice, where every person has the right to make choices regarding their lives, and participation, where every individual has voice to make such choices.

The Alma-Ata Declaration of 1978, emerged as a major milestone of the twentieth century in the field of public health, and it identified primary health promotion and collective action as important tools. It was expected that such empowerment where people take charge of their own lives and act to change their own life situations would result in improved health.

Since the past 70 years governments and political leaders are quoting and reaping the soul sense and recommendations of Bhore Committee made in 1946. India's Health Survey and Development Committee, under the leadership of Sir Joseph Bhore, recommended that for health care to become accessible to all people a greater and more active involvement of community was required. As per the comments of the Bhore committee (1946), community health cannot be attained until "individual has learnt to realise that his neighbour's health is a matter of as much concern to himself as his own, that it is his own effort which must help to decide the health pattern of the community circle in which he lives and that only a combined co-operative endeavour on the part of all workers in the many fields of activity in that circle can yield results that are worth achieving."

Connecting with problems, issues, concerns of community is receiving greater interest and support in NHM in India. Governments, communities and nongovernmental organizations (NGOs) are exploring the possibility of creating innovative types of partnerships for health which could contribute to building the goal of "Health for All" a reality.

The mechanisms for the engagement of community members, civil society NGOs in the health sector in India were initiated with the launch of the second phase of the National AIDS Control Program in 1999. A wide range of NGOs were engaged in the delivery of targeted interventions, preventive services, and program monitoring and evaluation. This engagement has continued and matured other initiatives, such as tackling the challenges India faced in polio elimination, especially vaccination hesitancy which were effectively addressed through increased participation on the part of faith-based organizations, professional associations, CSO, CBOs and NGOs. However, most of these initiatives for CSO and CBO engagement in health services were program specific, focused on limited geographical areas and had a narrow scope of implementation.

In the NRHM Framework for Implementation, it is clearly articulated that communities must be "empowered to take leadership in health matters". In order to ensure the reach of programs and schemes to reach every segment of society, special provisions have been made. Communitisation was one of the components of the NRHM and included the creation of a new cadre of female community health workers – accredited social health activists. The Village Health Sanitation and Nutrition Committees (VHSNC) set up under the NRHM are "envisaged as being central to 'local level community action' under NRHM, which

would gradually develop to support the process of decentralized health planning (National Rural Health Mission 2005-2012, 2005, p. 38).

These initiatives resulted from the recommendations and advice of the various task forces that had been set up in 2004–2005 to design the architecture of the NRHM in India. The task forces included representatives of civil society, public health activists and community representatives. The term 'Community Action for Health' (CAH), was subsequently coined to denote communitisation at the operational level. To provide guidance on the roll-out of communitisation and CAH processes, in 2005 the Ministry of Health and Family Welfare constituted the Advisory Group on Community Action, comprising eminent public health experts and practitioners with experience in community engagement and empowerment.

Thus, VHSNCs are expected to act as leadership platforms for improving awareness and access of community for health services, support the ASHA, develop village health plans, specific to the local needs, and serve as a mechanism to promote community action for health, particularly for social determinants of health (National Rural Health Mission 2005-2012, 2005, p. 29-30).

The Indian National Health Policy (2017) stressed in its goal about the attainment of the highest possible level of health and well-being for all, at all ages, and includes universal access to good quality health care services without anyone having to face financial hardship as a consequence. This would be achieved through increasing access, improving quality and lowering the cost of healthcare delivery.

Without ensuring the active role of community in health whether it is a matter of planning or execution or the monitoring, it is very difficult to achieve the goal of universal coverage of health. Community action in health has met with a mixed response and despite the many instances of expressed interest, it has rarely been vigorously taken up at a central level or been systematically translated into broad national action. First of all, we need to make clarity on the concept of community action. There are many terms in use as community participation, community involvement, community ownership and community action. Each term has its deferent sense of meaning and connotations. Purpose of the entire connotation regarding community is to connecting with people.

Process of Community Monitoring is found as example of communities getting involved in monitoring activities and holding the health system accountable. Such monitoring may focus on availability of services, accessibility of services, quality and equity (Gaitonde et al., 2012). The increasing popularity of the term 'Community Action for Health or CAH' responds too many of the conceptual and operational limitations inherent in the term "community involvement". Not only does it imply a partnership between the community and the health sector, it goes further and also denotes a pro-active role for the community and the implicit objective and obligation of the formal sector to share power rather than merely to foster cooperation. In the context of community action for health the community is an agent for health and development rather than a passive beneficiary of health and development programs **(**Population Foundation of India, 2016).

Ideally, community action for health arises from within the community itself, and is then essentially run and supervised by the community using community-generated resources, with collaboration from the formal sector in the form of technical and financial support as and when required.

To address health in a meaningful way we must start by redefining what health is and considering the relationship between wellness and the key components of our living and working environments. "In many cases, solutions to our health challenges can be mounted at the local level, with people and communities taking the lead. It is within communities where collaboration can occur most effectively, where resources can be pooled most efficiently' and where the results of positive action and change are most manifestly recognized.

Community visioning is both a process and an outcome. Its success is most clearly visible in an improved quality of life, but it can also give individual citizens and the community as a whole a new approach to meeting challenges and solving problems (*Health Community Handbook*, 1993).

The policy-makers and health care providers have always appeared to have remained sceptical about the benefits of the community engagement itself in health care activities. They have been even more hesitant about the community's role in defining health problems, prioritizing them and contributing to their solution.

Health planners are now appreciating the role of the community in health matters. They thought that now there is need to invest on preventive and promotive part rather than curative aspects of medicine and the role of community has emerged as more participative than a passive receiver.

Community Action for Health is one of the pillars of the National Health Mission (NHM) in India, which places people at the centre of the process of ensuring that the health needs and rights of the community are being fulfilled. It gives communities an opportunity to participate and provide regular feedback on the progress of the NHM interventions in their areas, thus contributing to strengthening health services and 'Bringing Public into Public Health'. The CAH processes is being implemented in 22 states covering 2,02,162 villages across 353 districts – that is nearly 32 per cent of villages and 54 per cent of the districts in the country (Population Foundation of India, 2016).

Community Engagement for Health in Rajasthan

Under the support of UNFPA, State of Rajasthan initiated a scheme in the field of family planning to ensure access and utilization of family planning services at doorstep by appointing the male and female (the Couple) as volunteer in each village to ensure the home-based supply of contraceptives. This 'Janmangal' Scheme (*Jan Mangal – Community based outreach: Good Practices Research*, n.d.), was first of its kind to ensure community participation ownership and management in health services. After piloting the scheme in two districts, it was expanded in entire state and was functional till 2013. Though ASHA has replaced the Janmangal Couple now, but after one and half decade, communities are still facing problem to obtain the family planning contraceptive services at doorsteps even the ASHA worker is doing the same and getting the incentives for the purpose. This initiative of community engagement was very helpful in reducing the TFR and involving community in health care delivery services.

Under World Bank supported IPP IX Project, Rajasthan initiated the Swasthya Karmi Project based on the successful implementation of Shiksha Karmi Project in education sector. Swasthaya-Karmis were to work for community on preventive, promotive and curative health.

Scheme of Swasthaya-Mitra under NIROGI Rajasthan (2019) declared by Chief Minister of Rajasthan is another effort towards involving community for ensuring Health for All and making society diseases free (NIROGI). Under the scheme at each village two volunteers will be selected as Swasthaya-Mitra they will be representatives of community having good communication skills and willing to give their time to community service. Swasthaya-Mitra will be inducted as member in VHSNC also. Key role of Swasthaya-Mitra is to serve community by communicating on health issues.

Under NRHM, selection of ASHA Sahyogini, formation of VHSNCs and their capacity building, Community Monitoring Project in 6 Districts with involvement of NGO was done to ensure the community ownership, participation and engaging community leaders by giving responsibility of health to Pachayats. However, these efforts have turned out to be only casual in approach area specific.

In the first phase of Community monitoring (now renamed as Community Action for Health) four districts were chosen, Alwar, Chittorgarh, Jodhpur and Udaipur in Rajasthan. The Community Monitoring process was carried out in 180 villages, 36 PHCs and 12 blocks from September 2007 to November 2009. As per the first phase report of Population Foundation of India and Center of Health and Social Justice, the process of community monitoring not only helped in increasing the utilization of vaccination services but also motivated ASHAs to visit door-to-door for service provision on a regular basis. The process also helped in effective utilization of public health services by the community. Unfortunately, this community monitoring process in Rajasthan was discontinued on account of withdrawal of support from NHM to the related NGOs (Singh et al., 2010).

Scale of implementation of CAH with support of AGCA Secretariat was re-initiated in the State in 2017 after a gap of seven years and scaled up in whole state by development of capacities of VHSNC members and supervisors for mentoring support. SIHFW Rajasthan has initiated the lead role to CAH activities to ensure.

Accountability mechanisms can help ensure that funding reaches its destination and policies and programs are implemented as intended, counteracting some of the barriers cited to accessing quality care such as poor provider practices, lack of facility resources and corruption in the health system. Though community accountability is featured as a key quality assurance strategy within the NRHM, it has faced several political and other barriers to implementation. To ensure the accountability meaningful involvement of citizens/CSOs in planning and budgeting, citizen testimony in public hearings/oversight committees or community representation on health committees is mandatory.

Diverse approaches and terms have been utilized in community-based monitoring of health services include: Citizen Voice and Action (World Vision), Partnership Defined Quality (Save the Children), Community Score Card (Care), Citizen Report Card (World Bank, others), Social Watch (White Ribbon Alliance), Community-Based Monitoring Program (Plan International). Accountability mechanisms, however, require the government and providers to be open to receiving and addressing feedback (McGinn & Lipsky, 2015).

As Rajasthan gears up to bring about the 'Right to Health Care Act', the first of its kind in the country, it held its first state consultation to finalize the formulation of the Act on 13th March 2019 at the State Institute of Health and Family Welfare (SIHFW), Jaipur. Subsequently, a number of consultations have been held so far. Representatives from civil society organizations, development agencies and experts from relevant fields including public health and legal have provided their inputs in the process.

Right to Health Care Act in Rajasthan will be the landmark to decide the future benchmark of community engagement in public health matters. This will be effective tool as well as weapon in the hands of people to receive the justice in health matters and also ensure the accountability of health system towards community. Years back Mahatma Gandhi said on issues of sanitation "*If we only realize that the public is a part of us and that we in turn are part of it, our unsanitary conditions would become impossibility and by freeing ourselves of disease etc would add to the nation's strength and even its wealth"*. This is applicable on all aspects of development including health (World Health Organization, 1994).

Community Engagement and Universal Health Coverage

Universalizing access to health care is one sustainable development goal that India is committed to providing in all rural and urban areas. Aggregate national indicators do not highlight the huge disparities which exist across the states and districts of India. A baby girl born in Rajasthan, for example, is at a sixfold higher risk of dying before her first birthday than a baby girl born in Kerala.

Across almost every health indicator, health inequity can be seen easily in the country. Rural, less educated and poorer sections of our population including dalits have a worse health status than more affluent, higher educated, urban and upper caste groups. Women too are worse off in health status and access to principally and theoretically we all are against the social exclusion of communities vulnerable from health entitlements but there is need to make more efforts to ensure social inclusion of certain people, communities those are abandoned from the services.

Community empowerment is a process of enabling communities to increase control over their lives. By addressing determinants of health community ownership and action are brought about. Empowerment strategies enable individuals and their communities to access appropriate information; develop critical thinking and decision-making capabilities to solve their own problems.

'Universal Coverage' refers to a scenario where everyone is covered for basic health care services. This is a scheme, under which all citizens, regardless of their economic, social or cultural background will have the right to affordable, accountable, and appropriate health services and benefits. To have access to

quality health care regardless of financial status, quality of health care institutions and hospitals have to be improved (Kieny et al., 2018).

Recommendations of The High-Level Expert Group constituted by the Planning Commission of India, 2011, suggests the needs to adopt Universal Health Coverage both as a developmental imperative and as an ethical commitment to equity in a vital area of human welfare (Planning Commission Government of India, 2011).

A dream of Healthy India, "Ayushman Bharat" was announced with two major initiatives, Health and Wellness Centers (HWCs) and an ambitious National Health Protection Scheme (NHPS). Engagement of community is first condition to ensure the goal of Ayushman Bharat. Concept of wellness can be achieved through people's participation. Creation of Ayushman Ambassador in each coverage area is a good effort towards community engagement. Provision of Electronic Health Record (EHR) of every citizen will ensure the UHC (Global Health Strategies, 2018).

NHP 2017 aims to ensure UHC and reinforce the trust in public health-care system by strengthening and expanding the services (Ministry of Health and Family Welfare, 2017). It is difficult to say that NHPS, will be able to provide health care but only medical care and that too in patient care largely at private/corporate hospitals.

It is expected that through UHC financial protection to people will be ensured in some extent as out-of- pocket expenditure will be reduced. If health system strengthened and ensure the coverage of services up to the outreach and vulnerable and all sections of society the health equity will be promoted. Access to and utilization of health care is vital to good and equitable health. The health-care system is itself a social determinant of health, influenced by and influencing the effect of other social determinants. Without health care, many of the opportunities for fundamental health improvement are lost. As per WHO, Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically" (*Final report of the Commission on Social Determinants of health,* 2008).

Implications of UHC will be seen in reduction of poverty by reducing the risk of ill-health and achieving the health equity. Chief Minister Chiranjivi Swasthay Bima Yojna by Rajasthan government further move towards UHC. It provides coverage of more families by eliminating limits of income in insurance.

Utilizing the Power of Community

Joining a community in programs can give more opportunity to achieve the goals. Community can be strong mentor in itself and willing to guide and give the benefit of experience means that making costly mistakes can be avoided which could have potentially derail the community health extension work.

Communities, by their very nature, contain a diversity of opinion, ideas, and knowledge that you would never encounter alone. Just being in proximity of such a whirlwind of ideas means that you're constantly challenging yourself to think creatively and constantly reconsider what you know.

Community Engagement and Covid-19 Pandemic

Community engagement is a pre-requisite for risk communication, which entails effectively communicating the threat due to the virus, instilling the right practices and etiquette, and combating rumours and stigma.

Efforts of community engagement has always been more complex and required strengthening of community platforms like SHGs, VHSNC in Villages and Mahila Arogya Samitis (MAS) in urban slums through regular orientations, trainings, meetings and handholding support of leadership in Covid-19 management. Enhancing testing for SARS-CoV-2 and concomitant expansion of quarantine, isolation, and treatment activities along vast expanses are tremendously strain our thin public health machinery. This will not be possible without community participation at every step. So, looking into the importance of community engagement for health, SIHFW Rajasthan under partnership with NHM initiated the campaign

to straightening the capacities of VHSNC Members in Rajasthan. Under this campaign SIHFW reached up the 20000 VHSNCs and 114000 members. During this campaign VHSNCs members informed about "Nirogi Rajasthan" 10 public health areas (includes-Maternal and Child Health, Vaccination (covid vaccination) Nutrition, Adolescent health, Family Planning, NCD and Communicable Disease, Food Safety, Environment Health and pollution control, Prohibition of tobacco use) covered and key messages were percolated regarding covid appropriate behaviour. Development of Village Health Plan and Community Monitoring of health services were discussed in the program. Further, mitigation activities in case of considerable rural penetration of COVID-19 will require efforts of dreadful, phenomenal proportions.

During pandemic response basic three strategies were identified as different models of community engagement. (a) *Recipients Model* in which communities played as role of passive receiver. They receive food, healthcare, and other essential services from donors. (b) In *Partner's Model* community members actively participate with donors in prioritizing needs, developing solutions, and implementation and (c) *Ownership Model* communities identify their own needs, design and implement solutions largely independently, and seek external support only to cover gaps in local resources.

Millions of masks, 10,000 litres of sanitizer and hand wash have been produced by some 20,000 SHGs across 27 Indian States. Since production is decentralized, these items have reached widely-dispersed populations without any logistics hindrances and transportation. *Almost* 90 % districts of the country SHG women has played an important role in producing facemasks, running community kitchens, delivering essential food supplies, sensitizing people about health and hygiene and combating misinformation (The World Bank, 2020)

With community volunteers and leaders in notified slum Dharavi, Mumbai Municipal Corporation and SNEHA assist residents in supply of essential public services and supported in health screenings, contact tracing, and sharing COVID-19 prevention measures in communities. SNEHA, YUVA, and the SPARC supported community collectives emerged as strong change-makers during the pandemic. Communities wish to retain or regain their autonomy, dignity, and self-reliance for survival and development. Communities wish to retain or regain their autonomy, dignity, and self-reliance for survival and development. the 'owners' and 'partners' models of community engagement emerged in slums with strong peer-to-peer bonds, community cohesiveness, and social ties to help each other (Venkatachalam & Memon, 2020).

Disaster management action plan developed by local bodies in Kerala was found good resource to respond to COVID-19. Kudumbashree (WEP) In Kerala, stepped in with massive production of personal care products-Mask sanitizer and Hand rub which faced a spike in demand from health workers and the general public. Kutumbshree also manage 1200-odd community kitchens across Kerala within three days of the government issuing direction. 1.9 lakh Whatsapp groups with 22.5 lakh members communicated and broadcast precautionary messages on Covid appropriate behaviours. Similar efforts have been made in Orrisa and Jharkhand states.

Conclusion

The motivation for increasing the involvement of communities and civil society differs quite widely depending on the group of stakeholders. Civil society and CBOs often employ rights-based approach. There are some essential requirements to involve communities or civil society on a sustained and effective basis. The requirements can be summarized as:

- A healthy community is a form of living democracy: people working together to address what matters to them. Without using community action plan tool which is one of the participatory tools used to build the capacity of community members in taking action in accordance with the problems, needs, and potential of the community, community action goals for health outcomes cannot be achieved.

- Without addressing the existing legal framework that defines rights of the people unambiguously community engagement cannot be achieved. The law needs to define a number of aspects like timeliness of implementation, feedback, institutionalization and redressal mechanisms.
- One of the crucial aspects of the legal and the policy framework is the involvement of the private sector. Another critical aspect is the regulation of the private sector. These and many other issues need to be well defined in the statutes for full enjoyment of their benefits.
- The second key aspect is of creating spaces and mechanisms for people/civil society to participate, like the formation of village level committees, institution level committees and a number of spaces where people and civil society can engage with the government, and mechanisms for this need to be evolved.
- Most important of all is the development of the 'spirit' of participation in society: This involves not only the people, but also sensitization to, and orientation about people's participation for public health staff and officers. There is also clear need to include this and related issues into the medical curriculum.

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