

Participatory Learning and Action Approach: Increasing community participation to improve maternal and child health outcomes in Jharkhand

Over the years, Jharkhand has made remarkable progress with respect to maternal and child health. There has been a reduction in the Neonatal Mortality Rate (NMR) from 49 deaths per 1000 live births in 2010 to 21 deaths per 1000 live births in 2019; while the Maternal Mortality Ratio (MMR, number of maternal deaths per 100,000 live births) has plummeted by 67.6 percent from 2010 to 2018.¹ This progress has been possible due to the consistent endeavours undertaken by the state government through programmes such as the Maternal and Newborn Survival Initiative (MANSI) and the Mukhya Mantri Janani Shishu Swasthya Abhiyan (MMJSSA) among others. Over and above these, there is a notable programme which leverages the Participatory Learning and Action (PLA) approach to improve child and maternal health outcomes.

While studying about the PLA approach, I discovered the broad relevance and applicability of this approach to solve issues such as family planning, nutrition, WASH² among other developmental themes. However, I was still curious to understand its practical application. Hence, despite the lingering fear of COVID-19, I packed my bags and set off to Ranchi, the capital city of Jharkhand, in February 2021. I undertook this field trip to gain a perspective on the PLA approach and observe its implementation first hand.

What I found?

On arriving in Ranchi, I headed straight to Ekjut's office. Ekjut is a civil society organisation that works in partnership with the Department of Health and Family Welfare, the National Health Mission (NHM) and Children's Investment Fund Foundation (CIFF) to implement the Facilitated Learning and Action Groups (FLAG) programme, which deploys the PLA approach to reduce neonatal and maternal mortality rates in the state. Through this programme the sahiyas³ (Accredited Social Health Activists or ASHAs) empower and enable community members to discuss, destigmatise and address different health related issues through monthly PLA meetings. The PLA approach has been scaled up to all 24 districts in Jharkhand. To facilitate these meetings effectively, sahiya sathis⁴ (ASHA facilitators)⁵ and sahiyas are trained and equipped with tools such as visual aids and games to make these interactions more engaging for the community members.

¹ Tripathy, Nair et. al, Effect of a Participatory Interventions with women's groups on birth outcomes and maternal depression in Jharkhand and Odisha, India: a cluster randomised controlled trial, The Lancet, March 8, 2010; Health Index Report, NITI Aayog, 2019; SRS 2016-2018; SRS 2010-2012

² Water, Sanitation and Hygiene

³ Accredited Social Health Activists or ASHAs are referred to as Sahiyas in Jharkhand

⁴ Accredited Social Health Activist (ASHA) facilitators are referred to as Sahiya Sathis in Jharkhand

⁵ ASHA facilitators are the main vehicle of monitoring, supportive supervision and on site assistance for the ASHAs. One ASHA Facilitator is expected to support approximately 20 ASHAs.

I had the opportunity to attend one such meeting at a village called Ghaghrabera in Bundu tehsil⁶ of Ranchi. Here, I witnessed a group of around 25 people, most of whom were women and children, waiting for the meeting to begin. The meeting was facilitated by a sahiya who was conversing in the local language and narrating a story on the importance of safe abortions using a hand drawn picture as a visual aid. As the sahiya directed questions to the participants, I observed that it created insightful discussions amongst them and also gave the women a chance to articulate their own understanding of the topic.



The Sattva & Ekjut team being greeted by community members at the PLA Meeting

Photo courtesy: Sattva Consulting

The meeting was well structured and organised, and the participants were engaged throughout the session which was evident as the entire group attended the meeting from beginning to end. I was told that the sahiyas also used interactive activities such as card games and role plays to increase engagement in these meetings. Such activities help to facilitate interactions effectively and assist the community members to gain a deeper understanding of problems, in turn aiding them in designing more optimal solutions.

To influence changes in internalised behaviours is a challenging feat. Therefore, at the end of the meeting I approached the sahiyas to learn more about how they work towards enabling these changes. The sahiyas shared instances where by tackling information asymmetry and enabling community members' agency, they helped the community understand the fundamentals of maternal and child health such as, not to give goat milk to newborns and to visit hospitals or Anganwadi centres for regular check ups during pregnancies. One of the sahiyas shared how husbands would blame their wives for post-vaccination fever caused in children. She said, "After the PLA meetings, people have started understanding that vaccination is

⁶ A sub-district of an area within a district which is usually referred to as a "township"

important and would benefit the children.” She further elaborated that these meetings were instrumental in busting myths and creating more awareness about maternal and child health. Hence, all community members including men are invited to attend PLA meetings.

One of the key tenets of PLA meetings is to encourage open dialogue and two-way communication between all the community stakeholders. This was evident when I spoke to a sahiya who highlighted the pivotal role played by a sahiya sathi during a malaria epidemic that affected as many as 40 community members. She narrated how the sahiya sathi proactively wrote to the local hospital to request for camps, disinfectant sprays, and mosquito nets for the community. Through active dialogues and discussions, she was also able to convince the members of the importance of these precautionary measures. Through these insightful conversations, I was able to delve deep into the programme’s ground realities, challenges and wins.

Post the field visit, I met the state officials from the NHM, to understand the government’s perspective on PLA meetings. They highlighted that the PLA approach is not only a poignant story of improving maternal and child health but also a radical story of women empowerment. They observed that post the implementation of these meetings, women seem more confident in making decisions for themselves and those around them. In the state officials’ opinion, concentrated efforts that went into building trust between the community and the sahiyas, led to quicker and informed health-related decisions, especially for those from marginalised communities.

Reflections from the field visit and looking forward

Reflecting on all the information I gained during my travel, I validated my hypothesis that the PLA approach has great potential in solving problems at a community level as it enables members to analyse their own situation, and ensures that the learnings are then translated into action. I also learnt that the PLA approach can be replicated across various developmental themes with ease. For instance, the PLA approach has been utilised for activities under the Jharkhand Initiative for Adolescent Health (JIAH) to improve adolescent health outcomes on themes ranging from education to nutrition, violence and mental health. Various states such as Odisha, Bihar and Madhya Pradesh have also experienced the benefits of using the PLA approach in improving health, WASH and nutrition outcomes.

These are just a few success stories that highlight the advantages and the impact of the PLA approach. This approach can be implemented by relevant stakeholders across India to strengthen communities and assist them in times of struggle.
