Shifting the Decision-Making Power in the Hands of Communities

Authors: Meesha Gandhi, Prakriti Singh

To enhance access to better services for communities and ensure that the voices of the vulnerable and marginalised are heard and amplified, it's crucial to focus on community-driven programmes.

Community-driven programmes (CDPs) can make transformative social changes from the bottom up by shifting the decision-making power in the hands of communities. The outcomes achieved through these programmes promise the democratisation of services and sustainability of actions. CDPs operate on the principles of transparency, participation, accountability, and enhanced local capacity. In 2018 the World Bank supported 190 active CDPs in 78 countries worldwide, valued at USD 19.2 billion.

In this article, we highlight the power of CDPs to solve developmental issues at the grassroots. We deep dive into this approach to understand the wins and challenges. Additionally, we also discuss the Participatory Learning and Action (PLA) approach, its benefits and impact as a community-driven process, and how it is being used to improve maternal and child health in different states of India.

Examples of some global and local CDPs

CDPs empower people by providing them with investment and decision-making responsibility. In doing so, they strengthen people's voices to demand greater accountability of the institutions relevant to their livelihoods. Over the past decade, many governments have used CDPs, both locally and globally, with a core focus on increasing decentralisation and improving local governance and social cohesion.

CDPs such as National Community Driven Development Project (NCDDP) in Myanmar and National Rural Livelihood Mission (NRLM) in India have been leveraged to find innovative ways to empower communities from underserved geographies.

National Community Driven Development Project (NCDDP), Myanmar

The objective of NCDDP is to enable poor rural communities to benefit from improved access to essential infrastructure services. The communities decide how to use project funds; they design sub-projects focused on building infrastructure, education, health, and water supply systems.

By 2016, almost 14,000 sub-projects were completed. This project had been scaled across states and regions to cover approximately 8,600 villages in 47 townships that are home to over 5 million people. The NCDDP focuses on ensuring that women benefit equally from project investments (currently, 52 per cent of beneficiaries are women) and actively participate in project committees and sub-committees (50 per cent of members are women). The project has a robust grievance handling mechanism to reinforce accountability and transparency, including technical, social, and financial audits by villagers. This programme is implemented by the Department of Rural Development (DRD), with financing support from the Government of Myanmar, the Governments of Italy and Japan, and the World Bank.

National Rural Livelihood Mission (NRLM), India

NRLM was launched in June 2011 to implement the concept of Universal Social Mobilisation—at least one woman member from each identified rural poor household is brought under the Self Help Group (SHG)

network in a time-bound manner. A special emphasis is placed on vulnerable communities such as Particularly Vulnerable Tribal Groups (PVTGs) and manual scavengers.

NRLM covers every village in India (70-80 million rural households). It has led to improved health and education outcomes while simultaneously increasing the confidence levels of rural women and their participation in the labour force. The success of this programme can be attributed to its unique public, private, and community partnership model.

The Participatory Learning and Action (PLA) Approach, India

The Participatory Learning and Action approach (PLA) is another example of a successful community-driven programme attempting to address maternal and child health issues in Jharkhand.

According to a recent evaluation (2021), the PLA approach has saved over 10,000 newborn lives across 20 districts in Jharkhand between 2017 and 2019. This evaluation found that the Neonatal Mortality Rate (NMR) was reduced by 24 per cent in the State and by 26 per cent among the most deprived (those belonging to the bottom two poorest quintiles and those who cannot read, or only with difficulty).

The PLA approach is a dynamic community-driven approach that empowers community members, especially women, to take ownership and devise solutions for various developmental challenges across sectors such as health, nutrition, gender-based violence, among others. It is designed to gain a comprehensive understanding of community involvement and is executed through a cyclical series of meetings. The PLA approach is contextualised to local culture and sensibilities. PLA facilitators are members of the same community, leading to a better understanding of regional challenges and issues.

The Jharkhand Story

In India, one of the most successful adoptions of the PLA approach has been seen in the state of Jharkhand. The PLA approach has been leveraged by the National Health Mission (NHM) Jharkhand, Ekjut, a civil society organisation (CSO), and Children's Investment Fund Foundation (CIFF), a philanthropic organisation to combat high rates of Maternal and Neonatal Mortality Rates in the state. Initially started as a pilot in two districts, Jharkhand has successfully scaled the PLA approach to all 24 districts under the Facilitated Learning and Action Groups (FLAG) programme. It is run under the leadership of Accredited Social Health Activists (ASHAs), also known as Sahiyas in the state, and ASHA facilitators[1], also known as Sahiya Sathis. The training provided under the PLA approach helps Sahiyas bring positive change in the community health outcomes.

There were a few challenges in scaling up the PLA approach. Sahiyas, tasked to facilitate PLA meetings, had limited exposure in conducting such meetings. Both Sahiyas and Sahiya Sathis were unfamiliar with using android phones and applications. In some areas, there was an inequitable distribution of Sahiyas, which led to a high workload for a few Sahiya Sathis.

These challenges were addressed by implementing the following activities and interventions across the value chain:

- Effective governance was ensured due to the government buy-in and clear alignment of roles between different stakeholders

---

[1] According to the NRLM handbook, the ASHA facilitator is expected to be a mentor, guide, and counsellor to the ASHAs. They are expected to provide support, supervise, build capacity of the ASHAs, and monitor their progress. The general norm is to appoint one facilitator for 20 ASHAs.

- Effective delivery of PLA was enabled through a unique training method, which reduced training costs by 95 per cent.
- Capacity building of the Sahiyas was undertaken using modules in vernacular languages. Sahiyas and Sahiya Sathis were also provided with picture cards that simplified complex health-related topics.
- Robust data-based decision-making processes were established where relevant stakeholders actively leveraged technology in a PLA dashboard. It is a one-click platform integrated with the state website to visualise real-time data on meetings facilitated and participation rates. The dashboard helped strengthen decision making by identifying priority areas.

The PLA approach focuses on strengthening existing partnerships, building community governance structures, and optimising the role of community care workers. When adopted by other Indian states or globally, the approach can prove to complement the ongoing efforts of governments across thematic areas.

The Ministry of Health and Family Welfare, Government of India, recommended scaling up the PLA approach in nine other states in 2016. Currently, Madhya Pradesh is implementing the same approach using an NGO partnership model, which is methodologically different from Jharkhand's.

Community-driven programmes have evolved, delivering tangible results on the ground in some of the world's remote and operationally hard-to-reach areas. The impact of such programmes has led to the efficient delivery of essential services.