

## Social Mobilization

Health problems have multiple determinants and communities must participate in both defining and solution of health problems. At the same time success of an intervention depends on the capacity of the community to engage in effective action as people cannot demand services and accountability if they do not know what they need and what they are entitled to. The process of community empowerment starts with community mobilization and culminates in form of ownership.

‘Social Mobilization’ or ‘Community Mobilization’ starts with rapport building exercises and finishes with the formation of a network of village level groups. The progress of mobilizing communities to form Village Coordination Committees (VCCs) to function as nodal agencies responsible for decentralized health care delivery at the village level took its shape in the initial months of the program. Community organizer, the grass-root level worker of CLICS, took the lead in forming Community Based Organizations (CBOs) namely Self Help groups (SHGs), Kisan Vikas Manch (KVM) – the Farmer’s Development Association & Kishori Panchayat (KP) – the Adolescent Girls Forum. It was ensured that in an average-sized village, there should be a minimum of 3-4 women’s SHGs, one ‘Kisan Vikas Manch’ and one ‘Kishori Panchayat’.

These community-based organizations were oriented on health issues in the rural areas through discussion held during their monthly meetings. They were also apprised about the current health status of women and children and their special needs.

In each village, CLICS operates through these Village Co-ordination Committees (VCCs). The VCC, a representative committee of village-level groups and stakeholders, enables the community to recognize child survival and health needs and exercise appropriate demand on private and public health systems to appropriately address them. The intention is to develop one VCC per village to serve as the nodal agency for decentralized development and management of child survival and supportive health services. CLICS staff, particularly the Community Organizers (CO), works regularly with the VCCs to support and train them to carry out their roles. This has enabled the VCCs to conduct community health needs assessments, plan relevant interventions, access and/or deliver appropriate services and assure the quality of those services.

All VCCs consists of representatives from community-based organizations , i.e. *Gram Panchayats* (village-level self-governing bodies), women's Self-Help Groups (SHGs), *Kishori Panchayats* (adolescent girls forums), *Kisan Vikas Manchs* (farmers development groups) and village-based private providers (if any). Auxiliary Nurse Mid-wives (ANM) and *Anganwadi* workers (AWW) serve in the capacity of ex-officio members and regularly report on their activities to the VCC.

The *Gram Panchayat (village level local self governing body/Village Council)* supported establishment of these VCCs through a resolution endorsing its status as the nodal agency for developing and managing child survival and supportive health services in respective villages. In addition, the VCC and its allied community institutions provide a platform for

disseminating information to promote health action at the village level thereby reinforcing consistency and quality in the delivery of an essential package of services.

At present, there are a total of 263 women's SHGs, 71 '*Kisan Vikas Manch*' and 64 '*Kishori Panchayats*' in the 67 villages in the CLICS program area.

---