

# Inclusion of vulnerable groups through a scaled-up Community Health Worker (CHW) program

Experience from the Mitanin Program of Chhattisgarh state in India



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## Background

Chhattisgarh is one of the poorest states in India with 32% of population belonging to indigenous-tribes. In 2002, Chhattisgarh started a program of Community Health Workers (CHWs) called *Mitanin Program*.

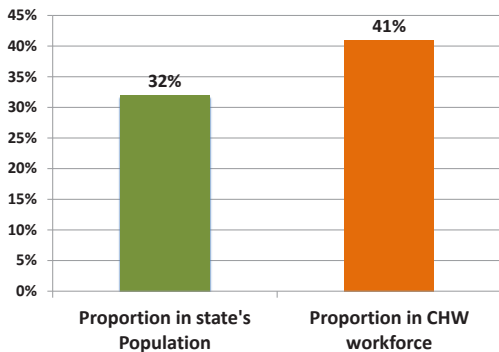
## Methodology

The program was aimed at reaching the unreached and giving them an opportunity to participate. Chhattisgarh state rolled out CHW program in 2002-03 and it grew to 70000 CHWs. The program experience was examined through questions on what kind of vulnerabilities it addresses and how. It further looked at what factors helped or hindered the inclusion of vulnerable groups.

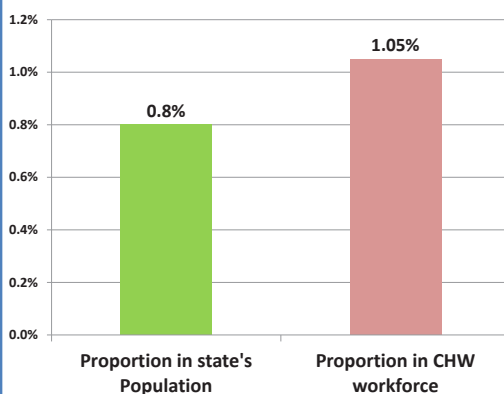
Program implementers at various levels were interviewed, CHW database was analyzed, Program monitoring reports and independent evaluations were reviewed.

## Results

Representation of Indigenous Tribes in Mitandin CHW cadre



Representation of particularly vulnerable tribes in Mitandin CHW cadre



### What helped inclusion of vulnerable groups:

#### Selection Process:

- Habitation based selection – selection by community gatherings in each small habitation (20-100) households helped women from the vulnerable communities get selected as CHWs. It reduced chances of local elite capture and a more genuinely participatory selection process became more feasible. It improved representation of vulnerable groups in CHW cadre.
- CHWs looking after a small population helped them reach the vulnerable groups better
- Waiving off Education qualification as selection criteria: it allowed entry of the poorest and socially vulnerable into CHW workforce despite their lack of access to formal literacy. It meant greater investment in training and support but limited literacy was a surmountable challenge.
- Coverage of vulnerable groups improves when identification of left-out habitations or populations is an iterative and continuous process
- Payments were introduced gradually and in initial years CHWs were unpaid. It had mixed results for representation of vulnerable groups in CHW selection. It discouraged elite-capture but also discouraged some of the poorest to join. CHW motivation and retention rates were maintained due to high levels of social recognition for CHWs.

#### Systems of Training and Supportive Supervision:

- Training and Support structure was less hierarchical and more facilitative in nature. It was organically grown through promotions from CHWs. CHWs enjoyed greater degree of autonomy and support. It helped in retention of CHWs from vulnerable groups.
- CHWs from tribes living in remote areas and speaking a different language (*Gondi* for-example) got better included when training-arrangements were in their language and enough number of trainers and facilitators in supportive-supervision structure spoke their language.

#### CHW Curriculum:

- Mitandin CHWs were trained to identify and address social exclusion and to work on social determinants of health (SDH) including social-security programs. Focus on SDH has helped in drawing-in the vulnerable like impoverished tribes, women facing violence, uncared-old and persons-with-disability closer to Mitandin-CHWs.
- Inclusion of the stigmatized diseases like Tuberculosis, Leprosy and HIV in curriculum helped CHWs in addressing such vulnerabilities.
- 'Victim blaming' was recognized as a threat to inclusion and efforts were made to address it in curriculum and practice.



CHWs being a voice for Social entitlements of the Vulnerable Groups



## Challenges

- Covering very small and scattered habitations (with less than 10 households each) of vulnerable tribes remains a challenge.
- Budgetary rigidities are a barrier in iterative identification of left-out vulnerable habitations for selection of CHWs
- Mitandin program was expanded to cover urban slums in 2012. While it was able to cover a large proportion of the urban poor, inclusion of the homeless through linkage of CHWs was partial. Reaching male migrant workers continues to be a challenge.

## Conclusion

Appropriately designed CHW programs can be a vehicle for inclusion of vulnerable groups. Explicit recognition of including vulnerable groups and their interests in objectives and curriculum of CHW program and accordingly designed selection, training and support systems can be facilitative factors. Social attitudes of the 'mainstream' against the vulnerable which also manifest as bureaucratic or budgetary rigidities are a barrier CHW programs need to address through their design, curriculum and practice.