

# **Enabling Community Action for Maternal Health**

## **A Project of SAHAJ**

### **Progress Report**

**April 2012 to January 2013**

## **Introduction**

The broad aim of this 3 year project is to promote community participation and action, for maternal health. The specific objectives that this action project seeks to fulfil are:

1. To enable communities to monitor access to and quality of maternal health care through use of 'safe delivery' indicators.
2. To equip communities with skills to identify and report pregnancy related deaths and perinatal deaths.
3. To build capacity of NRHM accountability mechanisms and other community based organizations to examine the social, economic and gender factors underlying maternal deaths which need to be addressed.
4. To advocate with stakeholders in the health system to facilitate community monitoring of maternal health care and community participation in Maternal Death Reviews.

SAHAJ has collaborated with Tribhuvandas Foundation and ANANDI to implement the project in 32 villages of Ankav and 40 villages of Umreth block in Anand District and 40 villages in Devgarh Baria block in Dahod District and 40 of Gogamba block in Panchmahals District.

The Project Team consists of Ms. Sunanda Ganju (Project Manager), Mahima Taparia (Assistant Project Manger). TF has deputed Saurabh Dave (District Coordinator) and Neha Muliya and Prabha Mane as Field Officers for this project, and ANANDI has deputed Pradeepa Dubey ((District Coordinator) and Mena and Reeta as Field Officers. Apart from these persons formally named, all three organisations – SAHAJ, TF and ANANDI – provide appropriate and timely support for specific project activities. Please see Annexure 1 for the regular inputs provided by SAHAJ team in guiding the partners during the past 10 months to initiate project activities. Technical Assistance has thus far been provided by CommonHealth members, Dr. B Subha Sri and Dr. TK Sundari Ravindran.

## **Overview of the major activities done till date**

1. Two training programmes – 1) Maternal health 2) Maternal Death Reviews were conducting for the project teams working in the three organisations. Annexure 2 shows the details of the two workshops. Dr. Subha Sri was the main resource person. The training entailed production of learning material in Gujarati.

## **1.1 Maternal Health**

**1.2 Draft tool testing** – A total of sixty forms were filled ( 30 in each project area covering three trimesters ) and reviewed for further changes in the content ,language and verification of the information given in the mamta card was also incorporated in the tool.

**1.3 Orientation Meetings in the Community.** To orient the village level workers /sangathan workers about the project and for testing the tool, three meetings were held in Anklav and three in Umreth. Similarly, orientation meetings were held in 15 villages of Devgarh Baria and 14 of Gogambha.

### **1.4 Community level discussions on Women’s Perceptions of Safe Delivery.**

Six group discussions were held in Anand (three in Umreth and three in Anklav) and six in Panchmahals (two in Gogamba ) and Dahod (four in Baria) with an average participation of about 10-15 women in each group to elicit their ideas of ‘Safe Delivery’. A second exercise was undertaken to validate and rank these ideas. Please see Annexure 3 which shows what the Anand women and the Panchmahals- Dahod women stated about what they wanted as Safe Deliveries.

#### **1.3.1 Outputs based on the ‘Safe Delivery’ exercise**

**a) A Poster:** Please see Annexure 4. The project teams decided that the poster would be used to orient community members to the concept of safe delivery and lead to a discussion on maternal health.

**b) A tool for monitoring quality of deliveries.** See Annexure 5 and 6. The context in the two areas is very different. Panchmahal and Dahod with its lower literacy levels required a pictorial tool. The ANANDI team helped evolve the pictorial tool. The tool is being filled for every pregnant woman in the project villages, once in the 8<sup>th</sup> month and then between 10 and 20 days after the delivery.

### **1.5 Situational analysis**

The Situational Analysis for Maternal Health is being done for the two areas. This analysis is looking at the socio-economic-cultural factors, as well as the health systems and geographical/physical/terrain related issues that affect Maternal Health. The Situational Analysis will help the two organisations’ teams to understand their context better and to refine their intervention strategies, since the areas are very different.

### **1.6 Maintaining village wise list of all pregnant women and all deaths of women between 15-49 years**

### **1.7 Volunteers identified and trained for filling maternal health tool.**

Tribhuvandas Foundation has involved Village Level Workers ( some of them are ASHA workers also)employed by the Dairy cooperatives to work as volunteers and in ANANDI , dais and young literate girls have been trained to fill the tools.Around 30 forms have been filled till now.

**1.7.1** *Review of filled maternal health tools-* A weekly review of the forms is done by the teams and sent back to the VLW to fill in the gaps.

**1.8** *Data entry of filled forms ongoing and production of Report card*

By end of February , completed tools would be compiled into a block level report card and form the basis of dialogue with the Block Health Officer and his/her team members and also with the CDHO. We are hoping to produce the first report card by March 2013 and subsequently every six months.

**1.9** *Review of project work (till December 2012) with partners*

## **2.0 Maternal Death Review**

In the second training, the teams learnt about how to do 'Social Autopsies' of the social and gender related factors that result in Maternal Deaths. They worked on developing a tool and guidelines on how community representatives could do Social Autopsies that can complement the MDRs done by the health system. The tool was field tested and the team has filled – forms till date. Reporting of deaths of all women would be done through multiple sources in the project villages. The forms are being filled by the field officers who have undergone the training. It is planned to present the result of the social autopsy form to the Block Health Officer. Annexure 7 is the Social Autopsy tool.

**2.1** *Review of the Social Autopsy tool and finalization of guidelines:*

The team discussed the difficulties in filling Maternal Death Review forms and incorporating the changes in the guideline as per the experiences of the field team. An updated guideline for filling the maternal death Review tool is ready. Please see Annexure 8.

Based on these discussions, it was decided to do the MDR as case story and then the team can attempt to fill the MDR tool.

## **3.0 Training Manuals, films and Website in Gujarati**

3.1 Training Manual is being prepared, both in English and Gujarati. Training teams from the three organisations are getting ready to conduct similar training for other organisations in Gujarat.

3.2 A simplified training module on Maternal Health from a Gender and Rights Perspective for community leaders is also underway.

3.3 *Adaptation of material :*

3.3.1 A Gujarati voiceover of the film on respectful delivery titled 'In silence' which was originally made in English by Human Rights Watch has been done. Some other short films related to Maternal Health have been identified and a 'voice over' in Gujarati is being planned – Names of videos are following. 1. Hamari ASHA 2. Warning signs in pregnancy, 3. How to care for a newborn.

3.3.2 GOI IPHS Guidelines 2012 for CHCs, PHCs and Sub Centres have been translated in Hindi and will be later translated in Gujarati

3.4 *SAHAJ website is in operation.*

#### 4.0 **Advocacy efforts at the state level**

4.1 State Level Advisory Meeting was held on 11th September 2012 at Ahmedabad with public health experts and researchers like Dr. Leela Visaria, Pankaj Shah and district health officials from Anand and Panchmahal district and project partners. The district health officials responded very positively to the participation of community representatives in the MDR conducted at district level.

4.2 For making advocacy efforts at the state level, the letter (sent earlier in May 2012) to the Health Commissioner with the project proposal was resent through Dipesh Dave, NGO coordinator in the Dept. of Health and Family Welfare. We had also requested him for fixing an appointment with the commissioner for making a presentation of our project. We are awaiting their response.

#### 5.0 **Regular Review meetings with partners**

A reappropriated budget has been prepared keeping in view the needs of the partner NGOs that were expressed during the annual review meetings conducted in December 2012.

#### 6.0 **Workshops ,Presentations and meetings attended**

6.1 Participated in common health workshop at ARTH foundation ,Udaipur

6.2 The director and the Program officer participated in a two day orientation workshop on Civil Society Participation in Public Policy and governance in India and Improving 'Maternal Health Programming through increased Accountability' for visitors from Nigeria organized by Centre for Health and Social Justice, Delhi on 15<sup>th</sup> -16<sup>th</sup> November 2012. Organized by CHSJ. Ms. Renu Khanna presented the process of developing the Maternal health tool and the Maternal Death Review tool in Gujarat (Dahod /Panchmahals and Anand districts) as a community accountability methodology.

6.3 The program manager of the Maternal health project and Program Coordinator of SAHAJ attended a State Consultation meeting on 'Role of NGOs in National Rural Health Mission' on 12th December at Ahmedabad organized by Chetna Regional Resource Centre in collaboration with Department of Health and Family Welfare, Government of Gujarat, Gandhinagar. The consultation was attended by NGOs all over Gujarat. The major objective of the consultation was to discuss the experiences of NGOs in community monitoring and guidelines for empanelment of NGOs as up to 5% of the NRHM funds have been earmarked for NGO involvement in health. The meeting further elaborated on the process for applying for the funds. As Renu Khanna, director SAHAJ was not able to attend the meeting, she sent her comments about the consultation.

6.4 Ms. Renu Khanna made a presentation on Maternal Health in a 'Global Maternal Health Conference', Arusha, Tanzania on January 17, 2013.

6.5 Wrote an article along with Ms. Renu Khanna for the first COPASAH newsletter titled 'Creating Accountability Mechanisms for Maternal Health'

#### 7.0 **Future workshops and exposure visits**

7.1 The assistant programme manager would be participating in the Community Monitoring and Social Accountability of Health Services: South Asian Practitioners' Workshop, 20th - 22nd February 2013, organized by Centre for Health and Social Justice (CHSJ) at Mumbai.

7.2 Planning for exposure visit to MASUM, Pune has been fixed for 4<sup>th</sup> -5<sup>th</sup> March 2012 to learn about their community based monitoring mechanisms and report card. Sangeeta Macwan, Sunanda Ganju, Mahima Taparia, Dilip Vankar from SAHAJ and Pradeepa and Rita from ANANDI and Neha from TF would be part of the visiting team.

7.3 The Common Health National convention will be held in Hotel Savshanti, Vadodara on 21<sup>st</sup>, 22nd and 23<sup>rd</sup> of March 2013. The steering group meeting will be held on 21<sup>st</sup> March. Dr. Sundari will be sending out the invitations and SAHAJ will coordinate the logistics at Vadodara.