



Health

Maternal and Child Health Community



Solution Exchange for the Maternal and Child Health Community Discussion Summary

Involving Elected Representatives for Improving Maternal Health

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Guest Moderator: [Medha Gandhi](#), Centre for Development and Population Activities (CEDPA), New Delhi

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As per the latest statistics, the MMR in India is 301 (SRS 2006). We still have a long way to go until we are anywhere close to the targets set in the National Population policy or the Millennium Development Goals (MDG) commitment. We all agree that in principle, there are policies and programmes in this direction and efforts have been initiated by the government and civil society to implement the same. But one component that could really strengthen the impact is involvement of elected representatives.

I request the group to share experiences and ideas on what can be done to involve our political leaders at the national, state and panchayat level to take a lead in working for maternal health. We all know that countries like Sweden, Sri Lanka and many other have been able to bring down their MMR as a result of a strong political commitment.

Your experiences will help strengthening our work towards improving maternal health. I look forward to a rich discussion.

Responses were received, with thanks, from

1. [Nutan Jain](#), Institute of Health Management Research (IHM), Jaipur
2. [Sharad Chaturvedi](#), CARE INDIA, Rajasthan
3. [Sarit Rout](#), Population Council, New Delhi
4. [Ronita Chattopadhyay](#), Child In Need Institute (CINI), Kolkata
5. [Jashodhara Dasgupta](#), SAHAYOG, Lucknow
6. Nabin Kumar Pati, White Ribbon Alliance for Safe Motherhood, Orissa ([Response 1](#); [Response 2](#))
7. [Medha Gandhi](#), Centre for Development and Population Activities (CEDPA), New Delhi
8. [Ravishwar Sinha](#), Independent Consultant, New Delhi
9. [Hanmanta Wadgave](#), Sure Start Project, Solapur

10. [V. Bhava Narayana](#), Pharmed Trade News, Hyderabad
11. Parul Kotdawala, Kesar Sal Medical College and Research Institute, Ahmedabad ([Response 1](#); [Response 2](#))
12. [Vinod Bhanu](#), Centre for Legislative Research and Advocacy (CLRA), New Delhi
13. Dharmesh Lal, National Institute of Health and Family Welfare (NIHFW), New Delhi ([Response 1](#); [Response 2](#); [Response 3](#); [Response 4](#)*)
14. [Rajkumar Raj](#), CARE India, Chhattisgarh
15. [Vd. Smita Bajpai](#), CHETNA-WHDRC, Gujarat
16. Neelakantan Subramoniam, Independent Consultant, Chennai ([Response 1](#); [Response 2](#))
17. [Rajshree Swaminarayan](#), Gujarat Urban Development Mission (GUDM), Gujarat
18. [Nagesh Shankarrao Tekale](#), Navdrushti, Mumbai
19. [Sarwat Hussain Naqvi](#), State Mainstreaming Unit, CGSACS, Chhattisgarh
20. Nikhilesh Parchure, Population Research Centre, Sagar ([Response 1](#); [Response 2](#))
21. [Karuna Singh](#), Municipal Corporation Delhi, New Delhi
22. [Aditi Aikat](#), SPSRC, Department of Health and Family Welfare, Government of West Bengal, Kolkata
23. [Rajesh Aggarwal](#), Population Research Centre (PRC), Centre for Research in Rural and Industrial Development (CRRID), Chandigarh
24. [Kusum Gopal](#), United Nations Educational, Scientific and Cultural Organization (UNESCO), Tanzania
25. [Reena Basu](#), Population Research Centre, Sagar
26. [Anil Paranjape](#), (Retd.) Institute of Health Management, Pachod, Pune*

**Offline Contributions*

Further contributions are welcome!

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Summary of Responses

Women are losing their lives unnecessarily due to complications and lack of healthcare services, and elected representatives have a major role to play in addressing this problem. Responding to the safe motherhood e-discussion on involving elected representatives (ER) in efforts to improve maternal health, particularly Maternal Mortality Rate (MMR), members provided insights on the challenges related to working with ERs, discussed ways to make them more accountable and involved in the provision of quality maternal health services, and shared successful NGO and government initiatives involving ERs in health services.

Political leadership, commitment and good governance are the foundations on which public health programs need to be built, discussants argued, but pointed out ERs are generally only interested in taking up tangible issues, they can comfortably deal with (i.e. infrastructure development) and appeal to their constituency. In most communities, health issues tend not to be a priority and thus representatives neglect them, despite the urgent need, especially in Empowered Action Group (EAG) states. Moreover, frequently communities do not perceive “maternal deaths” as linked to pregnancy and childbirth, due to inadequate knowledge.

Additionally, Panchayati Raj Institution (PRI) representatives are often uncomfortable directly interacting with health functionaries, and are not fully aware of the health situation in their communities, their roles and responsibilities relating to health, or key government health programs/schemes. Respondents also noted that government officials and policy makers tend to involve PRI members in development activities without taking into consideration their capacity, strength or knowledge of ground realities. As a result, many policy declarations and programs are not translated into action.

Given these challenges to involving ERs, members advised strengthening mechanisms for PRIs to hold service providers more accountable and encouraging Village Health Committee (VHC) members and ERs to focus on achieving “no death due to maternal reasons.” Discussants recommended VHC members involve panchayat representatives in health planning exercises. Further, it is important to sensitize and empower elected representatives (i.e. Members of Parliament (MPs), Members of Legislative Assemblies (MLAs) and PRI members) on maternal health issues.

ERs have funds at their disposal and need to be aware of what is happening to women in their constituency. Discussants recommended educating ERs on the various community level health needs, so they understand their responsibilities and roles better and are able to monitor health related initiatives, utilize money allocated for health schemes/programs more effectively, and contribute to local planning exercises in a more constructive manner, as well as look for successful cases for replication. Once trained, they could also be involved in regular monitoring of sub-centre functioning, work with PHCs to ensure women have access to healthcare, and ensure transportation is available. Moreover, ERs pressurize their respective state governments for more emphasis for health in the form of budgetary support, particularly in EAG states. Another issue touched on the use of untied funds at the sub-centre level that the sarpanch and Auxiliary-Nurse-Midwife (ANM) jointly operate. Respondents noted this demonstrates the participation of elected representatives in managing and monitoring maternal health programs and at the same time highlights the gaps in the process.

Discussants also suggested involving elected representatives at all levels- panchayat, state legislative and parliamentarians- as they have a strong influence in the decision making process and in emergency are involved in mobilizing resources and making key decisions. Additionally, in small villages, they can form pressure groups to make PHC/CHC more accountable and provide better services to the community.

Other suggestions for involving elected representatives mentioned, included:

- Encourage the general public to raise their voice to motivate elected representatives to implement health policies/programs
- Promote joint action involving key stakeholders, with an emphasis on transparency
- Involve self-help group members, who are active in rural areas, in creating awareness on health issues and role of PRIs
- Create a platform where community members and elected representatives can interact with service providers to identify problems and possible solutions
- Capitalize on the “political aspect” of ERs, to hold them accountable for their actions (or inaction) during elections
- Focus on involving women PRI members, because of their personal experience, irrespective of their literacy level

Finally, respondents advised making political leaders more accountable for the welfare of their communities by computing demographic statistics constituency and assembly wise, in addition to the existing district and state level data, to identify the ERs working on addressing health issues in their constituencies and those hardly doing anything. Elected representatives could also be motivated by publishing a comparison of the MMR in different constituencies and publicly felicitating the constituency with the lowest MMR.

Members also shared several cases where organizations and government successfully engaged political leaders as advocates for maternal health. In [Rajasthan](#) and [Orissa](#), two organizations conducted meetings with elected representatives to orient them on the health issues in their communities. While in [West Bengal](#) and [Uttarakhand](#), NGOs initiated specific programs to involve PRI members, working closely with community groups and government officials to improve health outcomes, and in [Uttar Pradesh](#), a women's group pressured PRI members to take steps to address maternal health issues in their constituency. Discussants also mentioned government efforts to improve involvement of ERs through a First Referral Unit certification programme in [Kerala](#) and [Tamil Nadu](#).

Respondents concluded by stressing the urgency of involving elected representatives, at all levels, in providing good maternal care and services and looked forward to concrete steps being taken in this direction.

Comparative Experiences

Rajasthan

Orientation Helps PRI Members Address Health Concerns (from [Sharad Chaturvedi](#), CARE INDIA, Rajasthan)

CARE India conducted a two-day orientation for religious leaders and PRI members. They found that they were unaware of health services available and felt there was not a platform for sharing health related problems directly with service providers. To address this, CARE organized a session with the CMHO and BCMO to discuss problems facing the community. As a result, providers and PRI members started interacting, looking for solutions to transportation and delivery and immunization issues. Read [more](#)

West Bengal

From [Ronita Chattopadhyay](#), Child In Need Institute (CINI), Kolkata

Community Initiative Improves PRI Involvement in Health Planning Process, Murshidabad District

In twelve Gram Panchayats, CINI in partnership with the Department of Panchayat and Rural Development implemented a programme called "Community Health Care Management Initiative," which helped strengthen involvement of CBOs and PRIs in the micro-planning processes. PRI members participated in collectively setting goals, drawing up related action plans and pooling resources. The Gram Panchayats also committed financial resources (from untied funds and other sources). Read [more](#)

Collective Planning Involving Gram Panchayats, South 24 Parganas District

CINI, an NGO implemented an initiative to improve PRI member involvement in community level health issues. CINI entered into a Memorandum of Understanding with four Gram Panchayats, in Diamond Harbor II Block. CINI and the Gram Panchayats now pool their resources and plan collectively for the region. Read [more](#)

Uttarakhand

From [Jashodhara Dasgupta](#), SAHAYOG, Lucknow

Social Audit Brings Makes Health More of Priority, Nainital District

In 2004-2005, SAHAYOG in partnership with PRAYAS attempted to involve local Panchayat leaders in monitoring the quality of maternal health services at the Sub-Centre and PHC level, using the Social Audit method. This involved joint exercises by PRI members, women's group leaders and NGO staff in checking

quality of services and facilities. As a result, women became more articulate with their demands for quality health services and health began to figure repeatedly on the agenda in PRI meetings. Read [more](#)

Uttar Pradesh

Women Pressure Elected Representatives to Improve Maternal Health Services

In 2006, women from Mahila Swasthya Adhikar Manch worked to involve elected leaders in monitoring maternal health services. Viewing these services as part of their citizen rights, they presented experiences at the Vidhan Sabha, handed over evidence briefs and written petitions, conducted signature campaigns, had PRI members visit health facilities and engage in public dialogues on services. Now, the leaders are seeing the women's claims as "voters' demands" and started taking concrete steps to enhance services.

Orissa

Sensitizing and Educating MPs and MLAs *(from Nabin Kumar Pati, White Ribbon Alliance for Safe Motherhood, India (WRAI), Orissa; [response 2](#))*

The WRAI conducted eighteen district level public hearings on safe motherhood, local elected representatives- Members of the Legislative Assembly (MLAs) and Members of Parliament (MPs)- were invited. During the hearings, they were sensitized on safe motherhood and maternal health problems in their constituencies. Later, WRAI organized a sensitization workshop in the Legislative Assembly for MLAs. Participation and presentation of maternal health issues by MLAs was good. Read [more](#)

Kerala

From Neelakantan Subramoniam, Independent Consultant, Chennai; [response 2](#)

First Referral Unit Initiative Involves Elected Representatives

The state government began a First Referral Unit (FRU) certification initiative with support from UNICEF ten years ago. The certificate was given during a public function in the presence of elected representatives. Interest was generated among elected representative to get the FRU in their area certified as a 24-hour UNIT. This boosted the programme and within a decade almost all the 66 FRUs in the state were certified, and now there is one CEMOC unit for every 100,000 people and the MMR is 40.

Tamil Nadu

First Referral Unit Programme Helps Reduce MMR

A CEMONC certification programme was started in the state with UNICEF support. The Directorate has given wide publicity and there was pressure on all quarters for elected representatives to have at least one CEMONC Unit certified in their area. Now the state has at least two CEMONC units giving 24-hour service per district and the MMR has dropped from 140 (2003) to 90 (2008).

Related Resources

Recommended Documentation

Rogi Kalyan Samiti *(from Nabin Kumar Pati, White Ribbon Alliance for Safe Motherhood, Orissa; [response 1](#))*

Details; Government of Madhya Pradesh

Available at <http://www.health.mp.gov.in/rogi.HTM>

Explains an innovative mechanism for health system management through community participation and involvement of elected representatives in public hospitals

From [V. Bhava Narayana](#), *Pharmed Trade News, Hyderabad*

Janani Suraksha Yojana

Guidelines; Ministry of Health and Family Welfare, Government of India

Available at http://mohfw.nic.in/layout_09-06.pdf (PDF Size: 278 KB)

Outlines a scheme designed to reduce maternal and infant mortality rates and increase institutional deliveries among BPL families by involving local elected bodies in maternal healthcare

Accredited Social Health Activist (ASHA)

Details; National Rural Health Mission, Government of India

Available at <http://mohfw.nic.in/eag/ROLES.htm>

Details how ASHA works with Village Health and Sanitation Committees and local elected representatives to create awareness amongst community regarding health issues

Indian Medical Parliamentarians' Forum (from [Vinod Bhanu](#), *Centre for Legislative Research and Advocacy (CLRA), New Delhi*)

Newsletter; Winter Session Issue; November-December 2007

Available at http://www.solutionexchange-un.net.in/health/comm_update/res-19-301107-12.pdf (PDF Size: 508 KB)

Discusses how to involve doctors and nurses, and elected representatives to work towards improving the Indian healthcare system, including addressing various maternal health concerns

From [Rajkumar Raj](#), *CARE India, Chhattisgarh*

International Conference on Population and Development (ICPD)

Summary; United Nations Population Fund (UNFPA), Population Division of the UN Department for Economic and Social Information and Policy Analysis; Cairo; 5 -13 September 1994

Available at <http://www.unfpa.org/icpd/summary.htm>

Details a 20-year Programme of Action where involvement of elected representatives is included to build up the capacity and self-reliance of women in education and health

International Conference on Population and Development (ICPD)+5 for Safe Motherhood

Action Plan; United Nations General Assembly; June 1999

Available at <http://www.unfpa.org/icpd/icpd5.htm>

Shares identified key actions for further implementation of the ICPD programme of action, stating the role of government in four key areas, including MMR and reproductive health care

National Family Health Survey-3 (NFHS-3) (from [Dharmesh Lal](#), *National Institute of Health and Family Welfare (NIHFW), New Delhi*; [response 3](#))

Survey Details; Ministry of Health and Family Welfare, Government of India; 2005-06

Available at <http://www.nfhsindia.org/nfhs3.html>

Provides estimates of indicators of population, health, and nutrition at national and state levels; contains data on involving elected representatives in improving maternal health

Recommended Organizations and Programmes

From [Jashodhara Dasgupta](#), *SAHAYOG, Lucknow*

Prayas, Nainital

Ramgarh Road, Bhawali, Nainital, Uttarakhand; Tel: 05942-220828; prayas_ntl@yahoo.co.in

Works with villages community members, rural women, adolescents and elected representatives on health and governance issues, including maternal health

Sahayog, Lucknow

A-240, Indira Nagar, Lucknow 226016 Uttar Pradesh; Tel: 0522-2341319, 2310860/747; kritirc@sahayogindia.org; <http://www.sahayogindia.org/>

Technical organization working for women's empowerment, on issues of maternal health, gender and women's participation in panchayats

Child In Need India (CINI), Kolkata (from [Ronita Chattopadhyay](#))

PO Pailan, Via Joka, Kolkata 700104, West Bengal; Tel: 033- 24978192/8641; Fax: 033- 24978241; cini@cinindia.org; www.cini-india.org

Sensitizes local government/elected representatives about the health needs of communities and helps develop effective linkage between Panchayat members and the government health system

United Nations Children's Fund, (UNICEF), New Delhi (from [Ravishwar Sinha](#), Independent Consultant, New Delhi and [Sarwat Hussain Naqvi](#), State Mainstreaming Unit, CGSACS, Chhattisgarh)

73, Lodi Estate, New Delhi 110003; Tel: 011-24690401/1410; Fax: 011- 24627521, 24691410; newdelhi@unicef.org; http://www.unicef.org/india/overview_4075.htm

Initiated verbal autopsy and social audit mechanisms to deliver quality health services and improve maternal health by involving elected representatives

From [Ravishwar Sinha](#), Independent Consultant, New Delhi

United Nations Development Programme (UNDP), New Delhi

55 Lodhi Estate, New Delhi 110003; Tel: 11-46532333; Fax: 11-24627612; webadmin.in@undp.org; http://www.undp.org.in/index.php?option=com_content&task=view&id=20&Itemid=78

Supports GoI in building capacities of PRIs and other local self-government institutions to involve elected representatives in the process of improving health services, including maternal health

United States Agency for International Development USAID, New Delhi

American Embassy, New Delhi 110021; Tel: 011-24198000; Fax: 011-24198454; http://www.usaid.gov/in/about_usaid/overview.htm

Aims to increase access to family and maternal health care, fight infectious diseases by strengthening the capacity of the various service providers and elected representatives

World Health Organization (WHO), New Delhi

534, "A" Wing, Nirman Bhawan, Maulana Azad Road, New Delhi 110011; Tel: 011-23061955/2179/3632/1993; Fax: 011-23062450; wrindia@whoindia.org; <http://www.whoindia.org/EN/Section9/Section10.htm>

Collaborates and provides technical assistance to the Government of India in health development efforts, like family and community health including maternal health

Department of Rural Development, Ministry of Rural Development, Government of India (from [Nutan Jain](#), Institute of Health Management Research (IHM), Jaipur)

<http://www.drd.nic.in/aboutus.htm>

Provides financial assistance to states/UTs to improve training programmes and capacity building initiatives on maternal issues for PRI members and other elected representatives

Centre for Legislative Research and Advocacy (CLRA) (from [Vinod Bhanu](#))

160, South Avenue, New Delhi 110011; Tel: 011-23792862; Mob: 9818111915; clraindia@gmail.com; <http://www.clraindia.org/index.shtml>

Supports and enhances Parliament's capacity to efficiently carry out its functions and responsibilities in involving elected representatives in maternal health issues

Emergency Management and Research Institute, Andhra Pradesh (from Neelakantan Subramoniam, Independent Consultant, Chennai; [response 2](#))

Devar Yamzal, Medchal Road, Secunderabad 500014, Andhra Pradesh; Tel: 040-23462600/2602/2222; Fax: 040-23462178; info@emri.in; <http://www.emri.in/emsindia.html>

Recognized by the Government of India, as a nodal agency for emergency management in providing comprehensive emergency management services

CARE INDIA, Jaipur (from [Sharad Chaturvedi](#))

D-53, Hathi Babu Marg, Bani Park, Jaipur 302016 Rajasthan; Tel: 0141-2281893/2281895, 5102027/5113091; Fax: 0141-2202975; cbox-ra@careindia.org;

<http://www.careindia.org/ManageProgramKey/VisitKeyFocusFeature.aspx>

Conducts various orientation program for PRI members on health issues and provides support in structuring various forums to discuss these issues

White Ribbon Alliance for Safe Motherhood, India (WRAI), New Delhi (from Nabin Kumar Pati; [response 2](#))

WRAI Secretariat, CEDPA, C-1, Hauz Khas, New Delhi 110016; Tel: 91-11-41656781/2/3/4/5; Fax: 91-11-41656710; agogoi@cedpaindia.org, travi@cedpaindi; <http://www.whiteribbonalliance-india.org/suorissa.htm>

Organized 18-district level Public Hearings on safe motherhood where local elected representatives were sensitized on safe motherhood and particularly maternal health problems

Recommended Portals and Information Bases

National Rural Health Mission (NRHM), Ministry of Health and Family Welfare, Government of India (from Nabin Kumar Pati, White Ribbon Alliance for Safe Motherhood, Orissa; [response 1](#); and [Rajkumar Rai](#), CARE India, Chhattisgarh)

<http://mohfw.nic.in/NRHM.htm>

Provides information on training, and promotes capacity development of elected representatives to improve healthcare and manage and control public health services including maternal health

Community Health Care Management Initiative, Department of Panchayat and Rural Development, Government of West Bengal (from [Ronita Chattopadhyay](#), CINI, Kolkata)

<http://wbdemo5.nic.in/newindex3.asp>

Portal contains information on healthcare management including maternal health by involvement of elected representative through awareness generation programme

Related Consolidated Replies

Implementation of Health Programmes by Panchayats, from Marine Mukherjee, Child In Need Institute (CINI), Kolkata (Experiences; Advice). Maternal and Child Health Community and Decentralization Community Issued 31 December 2005

Available at <http://www.solutionexchange-un.net.in/health/cr-public/cr-se-mch-decn-30120501-public.pdf> (PDF Size: 247 KB)

Attempts to find aspects of health sector programmes that could be implemented through Panchayats, and indicators to monitor this

Panchayats and Health Care System, from Rakhal Gaitonde, Foundation for Research in Community Health, Maharashtra (Experiences). Maternal and Child Health Community and Decentralization Community. Issued 30 June 2006

Available at <http://www.solutionexchange-un.net.in/health/cr-public/cr-se-mch-decn-24060601-public.pdf> (PDF Size: 129 KB)

Highlights from across the country, experiences of people controlled health care systems based in village level committees, like Panchayati Raj Institutions

Making Panchayat Women and Children Friendly, from Biswajit Padhi, SRUSTI, Nuapada, (Experiences). Maternal and Child Health Community and Gender Community. Issued 27 November 2007

Available at <http://www.solutionexchange-un.net.in/health/cr-public/cr-se-mch-gen-29100701-public.pdf> (PDF Size: 95 KB)

Explores existing experiences of making panchayats women and child friendly in India and basic components of these panchayats

Responses in Full

Nutan Jain, Institute of Health Management Research (IHMR), Jaipur

Empowering PRIs on RH issues including reducing MMR was one of the key efforts made by the NGOs and the Department of Rural Development in many states. Based on the experiences of similar projects at the Institute, maternal death is not so frequently seen by the community and all maternal deaths are not perceived always as “maternal death” due to inadequate knowledge of complications and the actual cause of death. Some interventions are required at the health facility level to report actual cause of death.

At the local level Village Health Committee (they have PRI members) needs to plan for their respective area and the objective / target/ indicator should be NO death due to maternal reasons. As Program managers, keeping in view the realistic targets, we used to reduce in terms of some percentage points. But none of us would like to have any death in our family. The point I want to make is sensitizing the PRIs would require more sincere efforts rather than training only. Sitting with them, involving them in planning processes may help in reducing the MMR. I also see the role of women PRIs in it, irrespective of their literacy level. They will be able to get the point easily as they also had personal experiences and the issue is close to heart. The NGOs, women CBOs (SHGs, etc.) can take lead to pressurize the political parties to include it in their election agenda.

Sharad Chaturvedi, CARE INDIA, Rajasthan

I feel that it is more required to strengthen the health or the institutional facilities as to get the real cause taped for MMR. While recollecting the experiences I had with PRIs I believe that it is more important to strengthen the mechanisms or opportunities for PRI and community leaders to make service providers more accountable. It is more of Right based approach. It is not only to train them technically but also provide them platforms to exercise their rights towards there community. Most of the time I found them not even aware of the health facilities they require or what they have.

One of such experience is when we conducted a two day orientation program for religious leaders and PRI members primarily we found them unaware of services and secondly they didn't find any platform for sharing there health related problems directly with service providers. It is only that when ever PRI and System starts interacting they both start pin pointing each other with their assumptions. We organized a session with CMHO and BCMO for direct dialogue on there problems and the results were more realistic. It is them to start interacting with each other not training PRI members. They were more happy and open to find out solutions for transportation, delivery mechanism, and many more related to immunization.

And believe me the results I hope by only bringing them to platforms were they can actually exchange there thoughts, will help us to reduce MMR, IMR or malnutrition. We are now focusing on building regular participation of PRI members in Panchayat samity meetings to discuss on Health issues. This chain

reaction from panchayat meeting to panchayat samity will only lead us to desired result. Our major effort is to structure these forums.

My submission is by exploring the mechanisms and strengthening them for both PRI and System will help us more to reduce Infant and maternal mortality in totality.

Sarit Rout, Population Council, New Delhi

I fully agree with your idea of involving the PRI in Maternal health. Any programme that government designs; it has become a fashion to declare the involvement of PRI without verifying their capacity and strength. As a result, the policy declarations hardly get translated in to action in the field. Recently I was making a field survey on supply side issues of health care delivery in two districts in Orissa and interacted with some PRI members. While discussing about their role in health and maternal health particularly how they are involved, whether they prepare health plan, what is level of awareness about NRHM, nothing significant came out of the interaction.

Most of the representatives particularly the Ward Members and some of the Sarpanchs have not listened the term NRHM and what is happening in the programme. It is also observed that the awareness regarding primary education is somewhat more than health. What I intend to specify is that without understanding the ground realities the policy makers sought to involve the PRI in the most of the developmental activities. In this connection, it is better to spell out what specific role the PRI members would play with action plan. It is also important to monitor with regular interval and highlight successful cases for multiplication.

One of the fundamental problems in high MMR in some of the backward states like Orissa and Rajasthan is high degree of ignorance. This particular factor forces them to adopt age-old practices ignoring the modern methods of treatment. Can we think of creating awareness through SHG members who are somewhat more active in rural areas and shoulder the responsibility relating to maternal health?

Ronita Chattopadhyay, Child In Need Institute (CINI), Kolkata

Involvement of PRI members in maternal and child health initiatives is indeed a complex issue. At one level, there is a need to help them move from what they see as more 'tangible' development issues (like building/improving infrastructure) to health. At another level, there have been experiences, which show that PRI representatives shy away from dealing directly with health functionaries. There could be a host of reasons here, including lack of interest and even lack of confidence in dealing with the issue. PRI members may also not be suitably aware of the context, what their role is, what the key government programmes/schemes are.

Our experience in CINI has shown that PRI involvement can be facilitated if it is understood that this would enable them to fulfill their roles and responsibilities better. They will be able to track health related initiatives, monitor implementation of government schemes etc. They will be able to utilize the money allotted for such schemes/activities more effectively. They will be able to contribute to local planning exercises more constructively. In the NRHM and Panchayati Raj context, these are their mandated roles.

Two specific programmes have been able to achieve that to some level. One of these was undertaken in 12 GPs in Murshidabad in partnership with the Department of Panchayat and Rural Development, Government of West Bengal, titled, Community Health Care Management Initiative, it helped strengthen involvement of CBOs and PRIs in micro-planning processes. PRI members participated in collectively setting goals, drawing up related action plans and also pooling resources for the same. The 12 GPs also committed financial resources (from untied funds and other sources).

In another initiative in South 24 Parganas district, we have been able to enter into Memorandums of Understanding with 4 Gram Panchayats in Diamond Harbour II Block. Here, CINI and the GP pool their resources and plan collectively for the region.

Key learning:

- PRI members operate in a political space so, a third party facilitator has to be extremely careful. Their interest levels may also vary and one has to be keenly aware of it. Needless to say, their time cycle in power, Panchayat elections -all of these are important factors that bear consideration.
 - Once convinced, PRI members can make significant contribution in MCH initiatives. They can relate to the issue of improving maternal health and are able to discuss/raise questions at different forums. They can ensure better implementation of key schemes/interventions etc.
 - Encouraging joint action involving all key stakeholders (communities, PRIs, service providers) is essential. But this is a sensitive and dynamic process. Hierarchies of power, caste etc, play out here as well. Data sharing, particularly if community assessment and service provider information don't match, can be extremely tricky. PRIs have to negotiate this process and then, a lot depends on their orientation and skill.
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Jashodhara Dasgupta, SAHAYOG, Lucknow

I agree that it is critical to get maternal health on the political agenda. I would like to share some experiences from northern India in involving elected leaders for improving maternal health. In 2004-2005, our organization in partnership with the local NGO PRAYAS of Nainital District Uttarakhand attempted to involve local Panchayat leaders in monitoring the quality of maternal health services at Sub-Centre and PHC levels through Social Audit method.

This involved joint exercises among the PRI members, women's group leaders and the NGO staff in cross-checking the quality of services and facilities based on the permission from the District Health Department. Fact-finding approach was used (as opposed to fault-finding) and complete confidentiality of information sources was maintained, as a result of which the Health department personnel and PRI members both took ownership of the process and took concrete steps to improve services. As a result of the exercises in monitoring services, women became far more articulate about their demands for quality services and health services also began to figure repeatedly on the agenda of PRI meetings, which was unprecedented in that area (as all they ever discussed were construction projects).

From 2006 onwards, grassroots women of the Mahila Swasthya Adhikar Manch from 8 districts of UP have been organizing to involve elected leaders of all levels involved in monitoring the quality of maternal health services. Seeing their entitlement to maternal health services as part of their rights as citizens, rural women have also presented their experiences inside the Vidhan Sabha. Other methods include handing over evidence briefs, writing petitions and carrying out signature campaigns, getting them to visit health facilities or involving them in public dialogues on the status of maternal health services.

Recent experiences in 2008 indicate that elected leaders are beginning to see the women's claims as "voters' demands" and have begun to respond through concrete steps to enhance services and human resources for improved maternal health.

Our conclusion is that PRIs or MLAs are best engaged through their constituencies since that is where they feel accountable on a sustained basis. The constituencies, especially the women who are most affected by services, can create a long-term pressure demanding improvement and can hold them to account during elections. External efforts by agencies or NGOs cannot be sustained beyond projects and limited number of interventions.

Nabin Kumar Pati, White Ribbon Alliance for Safe Motherhood, Orissa (response 1)

I agree to the points raised by [Nutan Jain](#). But I feel that is not sufficient to draw political will in true sense. The NRHM with provision of Rogi Kalyan Samiti opened up space for participation of elected representatives. Untied funds at sub-centre level being operated by Panchayat Sarpanch and ANM jointly also points towards the participation of elected representatives in managing and monitoring maternal health programmes. Still there are gaps and the whole process is not moving in right direction.

Sensitizing elected representatives will not be enough unless we feed them with data pertaining to maternal health problems in their respective constituencies in regular interval. Can we feed them with updated information that hinders the implementation of the programme in their constituencies prior to the sitting of Rogi Kalyan Samiti meeting, where s/he can raise the issue and put some efforts for remedial measures? We can sensitize the local SHGs, community leaders on the entitlements and on the role of elected representatives in ensuring the entitlements. I hope, once the people start questioning the elected representatives on their roles and accountability, the later will respond effectively. Can we involve the elected representatives with checklists to monitor the maternal health programme implementation? But it needs regular and constant follow up.

Expect the members will share their experiences well on this important issue.

Medha Gandhi, Centre for Development and Population Activities (CEDPA), New Delhi

Thank you for responding to my query regarding involvement of ERs in maternal health issues. Many of you have shared experiences of working with PRIs.

Further to [Jashodhara's](#) post to my query, stating that PRIs or MLAs are best engaged through their constituencies since that is where they feel accountable on a sustained basis. This is exactly my reason of raising this query. We need to have maternal health specifically the mortality issue feature on the agenda of our political leaders, from the PRIs to the Lok Sabha and Rajya Sabha as an effective strategy for advocacy for maternal health.

I seek guidance and examples from the group for engaging political leaders at a national level as advocates for maternal health.

Ravishwar Sinha, Independent Consultant, New Delhi

Thank you for the very valuable suggestion, I fully endorse your view.

Political leadership and commitment and governance are the foundations on which a public health program will build up. I see no reason why the elected representatives would not like to be part of this good deed.

Could we ponder why? I know the list is long and may I say frustrating, nonetheless, could we summarize to say that as the confidence of the service available is lacking at the ground level? In pursuit of the NRHM, ICDS and MDG goals, a lot of infrastructural and service delivery corrections have been brought about. The Contributions of UNICEF, UNDP, USAID, WHO and other stakeholders are well acknowledged and continuing.

Easier said than done! Would you like to think that one of the ways to gain the confidence of the elected or aspiring to be elected is by keeping them in the loop? They with their different local influences can bring about a lot of strength and community ownership.

How? There could be many ways that would already being done could these be documented and disseminated.

Could the good workers of health, ICDS and NGOs, PRIs be regularly recognized by the community and the elected/to be elected/ aspiring political/community leaders be involved? Actively-- this would add to their shine!!

Hanmanta Wadgave, Sure Start Project, Solapur

We all have now realized that the health problems can be solved only with involvement of the community leaders /political elected members, but at the same time health facilities should be reviewed time to time including behaviour of the service providers.

As I am working on a project of maternal and newborn care through self-help groups, we face the problems with the health care providers themselves. I think our health providers don't always know the situation. A recent interaction with both patient and doctor revealed that Doctor felt that a 'mother' died because they delayed in reaching services; but the patient party complained that they reached the hospital in time but doctor was not there, nurse advised them to go home - then who should be blamed?

Political leaders should be sounded that demand generation needs to be supplemented by promise of fulfilling the demand.

V. Bhava Narayana, Pharmed Trade News, Hyderabad

Politicians and elected representatives have lost huge credibility among general population. I feel we should educate all elected representatives the current situation and ensure the local/state governments spend more money on safe motherhood.

With 4.6 lakhs ASHA focused on Janani Suraksha Yojana, I sincerely hope the situation will change. There is big jump in institutional deliveries after involvement of ASHAs.

Parul Kotdawala, Kesar Sal Medical College and Research Institute, Ahmedabad (response 1)

I believe that there is no argument against involving Elected Representatives in this most vital aspect of nation's health. After all, they are the decision makers. The more we focus on them easier will be our function. We also need to take in to account their special gift/skill vis-à-vis their community.

These people have mustered higher votes, and hence, have more reach and influence among their community, and have proved their basic intelligence by being successfully elected. They may not always be literate but their grasp may be even better than some of us, and they may find some innovative solutions indigenous for their community. I am all for this.

Vinod Bhanu, Centre for Legislative Research and Advocacy (CLRA), New Delhi

We at Centre for Legislative Research and Advocacy (CLRA) (<http://www.clraindia.org/index.shtml>) are working towards a more enhanced involvement and engagement with MPs/policy makers. There are many entry points to get a sustained access to legislative spaces and these are being time tested and proved.

Sensitising and empowering MPs with the maternal health issues is very crucial as it will have its impact at policy level as well as field or grass root level. Because MPs are in a unique position that they are representative of people, policy and lawmakers and they hold the government accountable through checking or monitoring the government functions and practices.

After all MPs are effective leaders/advocates that they can influence public opinion, and advocate for the issues. At CLRA, we happy to know that there are some line of thinking by the CSOs to reach out to the legislators/key political leaders. But developing the right strategies and tools are very important. We'd appreciate that if you could take note of Indian Medical Parliamentarians' forum's (http://www.solutionexchange-un.net.in/health/comm_update/res-19-301107-12.pdf) work in addressing some of the issues.

Dharmesh Lal , National Institute of Health and Family Welfare (NIHFW), New Delhi
(response 1)

I appreciate the work being done by [CLRA](#) for involvement of elected representatives in health issues, but I would like to request them to pressurize their respective state governments for more emphasis for health in the form of budgetary support; particularly in EAG states.

Rajkumar Rai, CARE India, Chhattisgarh

This is very unfortunate that even after several recommendations from International Conferences like Alma-Atta and International Conference on Population and Development (ICPD) in Cairo and ICPD+5 for Safe Motherhood; and with Indian Government responding to these recommendations; we have not observed significant change in attitude of our political leaders towards health. This is also very crucial moment when UPA Government implementing National Rural Health Mission (NRHM) and with PRI as the spine in the NRHM.

Not much has changed after the last National Consultation on PESA - Bhubneshwar (Orissa) (From 18th –19th January 2005) National Consultation on provision of Panchayat Extension to the Scheduled Areas (PESA) Act Organized by "Aragamee" at DRTC, CYSD, Bhubaneswar (Orissa); where several Elected members MLA and PRI attended and discussed issue of tribal is PESA area including health and nutrition.

I think that capacity building of PRI towards health issue is an area of concern and State Governments should think over these burning issues beyond their political mandate and adopt as prime agenda to orient PRI; and other elected members should come across the same board for realization of MDG 4 & 5.

Vd. Smita Bajpai, CHETNA-WHDRC, Gujarat

The role of elected representatives in safeguarding health rights of people is very critical. We need to actively involve them from all levels- Panchayats, state legislative and the parliamentarians. Depending on the area and the population, there are certain caste/tribal leaders which are elected by the communities and they have a strong influence in the decision making process. However, working with them is a challenge.

In the state of Rajasthan, we organised a meeting of MLAs on the issue of safe motherhood in the vidhan sabha. This meeting was organised with the leadership of the honorable speaker. The experience of one time event with them is not very outcome oriented as an evaluation revealed that very few questions were raised on the issue of MM. Follow up with them is equally challenging as they are engaged in several other priority tasks. However, in another incident when we approached the State Minister for Youth, Sports and Cultural Affairs to formulate Rajasthan State Youth policy, the response was encouraging and the policy has been developed and announced.

We have also worked with elected members of the panchayat and found that they need sustained hand holding for concern actions. Some of the actions that have been taken by the trained PRIS include: regular monitoring of timings of the sub centre, working with the PHCs to ensure that women from the

marginalized communities are able to access health care, putting up boards at the sub centre, working with the vehicle owners and connecting them with women who need transport for accessing health services.

Neelakantan Subramoniam, Independent Consultant, Chennai (response 1)

An excellent opportunity. Those working for safe motherhood and worried about the top rank held by India in maternal deaths (Absolute numbers I mean) should start thinking of using this entry point.

Dharmesh Lal, National Institute of Health and Family Welfare (NIHFW), New Delhi (response 2)

It is right that the elected representatives have proved their grasp on the community by being elected and hence they have community following. The best example is Mr. Lallu Prasad Yadav. I completely agree that if they take up the health related issues with the community; we can have better solutions. But real fact is that they should be sensitized perfectly in institutionalize way and then community.

Rajshree Swaminarayan, Gujarat Urban Development Mission (GUDM), Gujarat

Sensitising the elected representatives towards betterment of maternal health - they can be the best mobiliser/ motivator for institutional deliveries. In case of emergency, as they are the opinion makers, they can be helpful in mobilising and decision-making.

In smaller villages, it is also seen that they also form a kind of pressure group and thereby make the functioning of PHC/CHC more accountable and provide better services to the community. Involving the elected representatives with clarity of their role can save many mothers.

Neelakantan Subramoniam, Independent Consultant, Chennai (response 2)

I cannot fully endorse the sentiments of [Hanmanta](#). Service providers do have their own constraints. I have been repeatedly arguing that Availability, Accessibility, Affordability and Acceptability of 24-hour Emergency Obstetric Care services for every five lakh population geographically distributed alone can solve the issues related to safe motherhood. Simply increasing the institutional deliveries and deliveries by SBA cannot in any way solve the problem.

Women are losing their lives unnecessarily from complications and the current availability of services in the rural area to meet the such complications are very poor and almost nil and require the attention of all concerned including the corporates and the elected representatives who are the decision makers in India and also FOGSI which is the largest body of obstetricians in the world.

Kerala started the initiative of FRU certification with UNICEF support decade back. The certificate was given in a public function in the presence of elected representatives. An interest was generated among the elected representative to get the FRU in their area certified as a 24 hour UNIT. This gave a boost to the programme and within a decade almost all the 66 FRUs in the state were certified.

Even though private contribution is more in Kerala, the FRUs also do play a major role and now there is availability of one CEMOC unit for every 100,000 population in Kerala all geographically distributed. The MMR in Kerala is now 40 per 100,000 live births.

Similarly, the CEMONC Certification was started in Tamil Nadu with UNICEF support. The Directorate is giving wide publicity and there is pressure on all quarters to have at least one CEMONC Unit in their area.

The State has at least two CEMONC units giving 24 hr service per district and the MMR now has become 90. Five Years back it was 140.

Elected representatives do have a major role to play. They have got funds at their disposal. They should be made aware of what is really happening to the poor pregnant women in India. The current situation of life time risk for women in the age group of 15-40 in India to die from pregnancy is 1 in 90 where as in developed countries it is almost 1 in 2000 and I was told by one of the officials in India who went to Japan recently that the word MMR is not known in Japan.

The decision makers should be made aware of the fact that Taj Mahal is not only the pride of India as one of the Seven Wonders of the World; it is also a monument of maternal death from high parity and PPH. In Uttar Pradesh where the Taj is located, even now almost 700 pregnant women are loosing their lives out of 100,000 deliveries every year - almost nearly 30,000 per year and 10,000 die from PPH every year.

If operationalisation of FRUs is a Herculean task, a wonderful opportunity has been thrown open now by Emergency Management and Research Institute. They are now operating in Andhra Pradesh and Gujarat and they can contribute a lot for emergency maternal care as well.

Parul Kotdawala, Kesar Sal Medical College and Research Institute, Ahmedabad (*response 2*)

While we are brainstorming as to how we get the politicians in to Maternal Health, I feel that we need create a competition among them. The MPs, whose constituency has the minimum MMR, may be publicly felicitated and those who fare worse may be listed in a parliamentary report (this report may be even published by people like us!). Similarly, villages and tehsils can be checked against each other to take pride in lower MMR and other health indicators!

We may evolve a 'Basic Health Index' and report it area wise, based on political constituencies. Do let us hear from other colleagues about this.

Nabin Kumar Pati, White Ribbon Alliance for Safe Motherhood, India (WRAI), Orissa (*response 2*)

It is very interesting to see good number of responses wherein people have shared their experiences for mobilizing elected representatives on issues around safe motherhood. I would like to supplement here that in Orissa, White Ribbon Alliance conducted 18-district level Public Hearings on safe motherhood and local elected representatives like Member of Legislative Assembly as well as local MPs were invited as guests. It was a very good forum where elected representatives were sensitized on safe motherhood and particularly maternal health problems in their constituencies. Later on when we organised Sensitisation workshop for MLAs in the Legislative Assembly, the participation and critical presentation of maternal health issues by MLAs during the workshop was very encouraging.

So just sensitising in a workshop or giving a leaflet on safe motherhood will not help; we have to involve them in our activities, continuously feed them on facts and figures and also put pressure through the people whom they represent. I do expect more responses to this burning issue and extend my thanks to the respondents for the noble works they have done.

Nagesh Shankarrao Tekale, Navdrushti, Mumbai

The political leaders have shown limited interest in maternal mortality in tribal belt. To approach them for solution may be time consuming, instead it would be wiser to invest your energy at panchayat level. The trained Dais in civil hospital can give positive solution for this. We have implemented this successfully.

The MMR is much neglected health issue in tribal belts. This is because of non-access to qualified doctors, home delivery; not enough food is given to expectant to have safe delivery, unhygienic conditions at the time of delivery, early marriages of girls between 10 and 16 years, extreme poverty, Anemia and folic acid deficiency and taboos. I have seen all these conditions in tribal areas where I am working and we are giving our best services to reduce maternal mortality. The MMR issue can be controlled and solved provided government and NGOs work together.

Sarwat Hussain Naqvi, State Mainstreaming Unit, CGSACS, Chhattisgarh

Transparency and Accountability - these are the two basic minimum of good governance, however, constitution of India ensures that the citizen should lead to healthy and quality life; even right to life and nutrition is guaranteed by our constitution but its not taking place because of lack of commitment and political will.

More women are dying due to poor health status, non-availability of health services at the doorstep, poor infrastructure and inadequate health service delivery system and gender disparity that exist within the system and promoted by individual, family and society.

Few time back UNICEF and some other agencies has initiated the verbal autopsy and social audit mechanisms to fix up the accountability for maternal and child deaths in an a constitution area to also hold accountable system and the public representative of the area from village Panchayat, Janpad Panchayat to Zila Parisahad at the District level.

Displaying and depicting the incidence of death and mortality and malnutrition was also a good tool to create awareness amongst the various stakeholders.

Nikhilesh Parchure, Population Research Centre, Sagar, Madhya Pradesh (response 1)

It is a timely discussion (the issue of safe motherhood) with a political perspective. I think that even after so many years health is not at all on the agenda of the politicians in India. Elected representatives, from village to country level, hardly ever, talk about health issues and related Governmental Priorities.

Of course, resource allocation and mobilization require much more time on thinking, planning and execution and by the time a serious government takes initiative the election wash away all the efforts. In Indian history, I don't see any single programme for HEALTH that have demonstrated continuum.

Actually, we as a researcher/activists have to understand processes of political decision-making. We should reach out to every elected representative for the cause of maternal health. More sensitization is needed.

Karuna Singh, Municipal Corporation Delhi, New Delhi

This is an all important query. From my experience with the elected representatives of Delhi Municipal Corporation, councilors, may be the direct representative of the masses; as a councilor after the delimitation looks after a population of 60 to 70 thousand only roughly a population of a urban health center, but health is not a priority either in his mind or in public's list of demands .

We have to bring it into his agenda and show, convince him of the gains for himself. We tried it to bring in focus the health of urban poor of Delhi by making lots of presentations in standing committee, house of corporation. Telling about alarming state of women's health even in state of Delhi; but it has resulted in sporadic outbursts of activity by few elected members in the form of making a visit to the health centers getting some much needed repairs done but still a lot has to be done. One thing is for sure, they just not only have nuisance value, can be very effective tool in changing the mindset of people about woman's health

We need to tell them more and some how convince them that talking about health issues also can generate votes but on the other side we also as service providers should be ready to meet the demand thus created otherwise the whole exercise becomes counterproductive.

Aditi Aikat, SPSRC, Department of Health and Family Welfare, Government of West Bengal, Kolkata

Maternal health for long has ceased to be a condition, and perceived as problem and this window merging onto the policy stream has been knocking for quite some time as a political priority. With programme and budgeting getting a positive nod in some cases, it remains to be seen how far the implementation works the wonders for the suffering mothers of our country.

But a drive among the politicians to champion the cause may be inculcated by providing non-monetary incentives/social recognition and would appreciate the incorporation of maternal and child health indicators to act as parameters for assessing the performances of politicians of respective constituencies, and creating a level of awareness in this regard among the community as they chose their people.

Rajesh Aggarwal, Population Research Centre (PRC), Centre for Research in Rural and Industrial Development (CRRID), Chandigarh

I am sorry to state that most of the elected representatives are not interested in demographic issues. Their main aim is to get the votes and rule over masses. I as a researcher have felt that the political leaders often say something else and do something else. Unless there is accountability, the active involvement of politicians is difficult.

It is time we compute demographic statistics constituency wise and assembly wise besides the district and state so that we can immediately identify the constituencies which are good performing and bad performing. Moreover, to obtain reliable MMR data in India is still a utopia, what to say at the state or district level.

Kusum Gopal, United Nations Educational, Scientific and Cultural Organization (UNESCO), Tanzania

Political representatives at all levels can be of significant assistance if they are able to not "just talk the walk but walk the talk". From private hospitals being funded well -- and charging dearly -- and beyond even the dreaming capacity of those in need -- it will be a good idea for them to live difficult lives first hand -- at the lowest levels-- lessons that Gandhiji advocated -- for at least two weeks in the various facilities at all levels. That is the best way they can learn and witness how women are treated and what facilities exist.

That is when they will come to understand and also be able to administer wisely what is required and why safe motherhood has been so unimaginably hard to be able to accomplish in India as indeed, the rest of the subcontinent.

Dharmesh Lal, National Institute of Health and Family Welfare (NIHFW), New Delhi (*response 3*)

I would like to emphasize that elected representatives are interested in issues, which they can play with - religion, casteism, regionalism etc, because these easily appeal our population, but not health, unfortunately who need it most like people from EAG states. I would like to share that before Uttar Pradesh assembly election I tried to contact a national political figure to make health as a big issue. I talked to one of his assistants and was promised that I would be given an audience with him to explain the finer points, but no response. I wanted to share with him my experiences during my working as health coordinator for NFHS-3.

I still can work in this direction and ready to institutionalize whole thing. I eagerly wait for the comments in this regard from my fellow members.

Nikhilesh Parchure, Population Research Centre, Sagar, Madhya Pradesh (*response 2*)

It is really disappointing to note that our elected representatives have no voice in the health issues. It is indeed a good suggestion that we start analyzing health parameters constituency and assembly wise to highlight the problem areas. But how to build a consensus on health issues is still a difficulty. It will start another blame game within political squares.

Reena Basu, Population Research Centre, Sagar, Madhya Pradesh

Health in all its aspects has been treated as an issue of gross neglect in this country. When there is hardly any demand or voice from the public the elected representatives are hardly sensitized or motivated to implement the health policy. As per our experiences on the field as researchers, doctors due to tremendous pressure, like lack of manpower and infrastructure have got totally desensitized to MMR.

The elected representatives may be held accountable for each case of IMR or MMR in their local area either at the village, district or state level. Then only will some action take place.

Anil Paranjape, (Retd.) Institute of Health Management, Pachod, Pune*

Advocacy must always rest on the basic premise that society is segmented with regard to an issue. Each member of society is a supporter, an opponents or undecided. Further, the reasons for that person being a part of that group may be many e.g. religious beliefs, personal commitment, political affiliations etc. Further, the process of advocacy then depends on retaining your support, while effectively countering the opposition while all the while attempting to garner support from the undecided.

Political leaders should be counted among the fence sitters or the uncommitted group during our advocacy campaigns. They presumably would be among the last to commit them either way considering their penchant for moving with the tide. But this does not in any way change our strategy for advocacy. It would thus be necessary to provide them with adequate information regarding the issue and the advantages to society of supporting our position on the issue. The strategies we could adopt would necessarily be the same as for any other advocacy activity namely - sensitizing, informing, petitioning, lobbying, dialoguing, mobilizing, negotiating, and pressurizing. Of these one would presume that petitioning, lobbying, negotiating and pressurizing would be the means to our end.

I would thus include the entire plan for political leaders, as an adjunct to the advocacy we would conduct for various other groups and plan to work on the elected representatives only when we have a large enough "vote bank" that would appreciate their involvement in a particular issue.

Two final comments:

Firstly, elected representatives in other countries have motivations that are entirely different from what our "netas" display.

Secondly, after the recent display by elected representatives in response to the attempted introduction of the bill for reservations for women elected representatives I wonder if I really need to say much for their empathy with women's issues.

Dharmesh Lal, National Institute of Health and Family Welfare (NIHFW), New Delhi*
(response 4)

I endorse the views of [Reena Basu](#) that people should demand the health care as they demand bijli, sadak and pani (BSP) to their elected representatives as seen election after election. Still the voting pattern is not on the basis of MMR or IMR. So first people should be sensitized as they are for BSP leading to cascading effect on elected representatives. I have personal experience that people hardly decide about voting pattern based on these indicators-so dear to us.

**Offline Contributions*

Many thanks to all who contributed to this discussion!

If you have further information to share on this topic, please send it to Solution Exchange for the Maternal and Child Health Community in India at se-mch@solutionexchange-un.net.in with the subject heading "Re: [se-mch] DISCUSSION: Involving Elected Representatives for Improving Maternal Health. Additional Reply."

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