



"What you leave behind is not what is engraved in stone monuments, but what is woven into the lives of others."  
*Pericles*



#### Partner NGOs

Seva Mandir, an Udaipur based NGO founded in 1966 works in a range of areas, including health, focusing on preventive, promotive and curative health needs. Through its activities it aims to reduce the incidence of major health problems, improve maternal and child and conduct and engage in need-based research and advocacy. For more information visit their website at <http://www.sevamandir.org/ind ex.htm>

Action Research and Training for Health (ARTH), established in 1997, its mission is to provide quality healthcare to the poor as well as technical training to health workers and practitioners in rural Rajasthan.

For more information visit their website at <http://www.fsdinternational.org/node/view/305>

#### WE'VE HEARD IT



'If you have any doubts about my presentation, please refer to my jargon book,

## MCH Community Holds Annual Forum in Udaipur



*Dr. Dini Latief, Director, Family and Community Health, WHO SEARO*

Over 100 participants from 19 states are attending the Maternal and Child Health (MCH) Community's Third Annual Forum in Udaipur. Dr. Paramita Sudharto WHO India opened the workshop by welcoming the participants and

the two local partner NGOs for the workshop, briefly presented on their organization's work. Dr. Iyenger noted that, "this is quite a remarkable group [MCH Community] and you get to know these people on a continuing basis [through these



*Ms. Shailaja Chandra, Director Jansankhya Sthirata Kosh (JSK)*

summarizing the Community's progress over the last three years. "We [the MCH Community] have more than 2,000 members presently from 33 different states in India and abroad... and we all have the common agenda to improve the MCH situation in India," Dr. Sudharto said, and stressed "the time has come for us to take the discussions to the next level."

Neelima Khetan from Seva Mandir, Udaipur and Sharad Iyenger from Action Research and Training for Health (ARTH),

meetings]..."

During the Emerging Issues in MCH session, Dini Latief of the South East Asia Regional Office (SEARO) WHO outlined the current and emerging MCH priorities for SEARO and Shailaja Chandra, Jansankhya Sthirata Kosh (JSK) spoke passionately on the current priorities in population stabilization, emphasizing that "population matters because the progress of a country is judged by the indicators of maternal and child mortality... and India's are poor..."



Dear friends,

Yesterday, a member told me "Every drop in the ocean counts and it is not that we are just a drop in the ocean that can make no difference. We are meant to create that difference." I could not agree more, looking back over the last three exciting years; I feel now it is time for us to come together as a wave to bring about positive changes in the lives of women and children in this country. Looking back over all the discussions we have had in the MCH Community, I feel it is also important for us to work together to consolidate our learnings, through continued on-line interactions and through collaboration.

Tomorrow, we are going to get a reality check, when we visit the fields of Seva Mandir and ARTH. I hope witnessing their tremendous commitment towards improving the health of mothers and children will serve as an inspiration.

Finally, I want us to keep the discussions going (on the network and the new Community Blog) and keep the promises we have made in the spirit of knowledge sharing. Thank you all for making yet another successful meeting - Have a safe trip home.



# Peer Assist

The Solution Exchange “Poster Session” mixed the “Knowledge Mela” technique with a “Peer Assist”. During the session the ten selected members presented their research proposals to participants to get their feedback and suggestions on the proposals.



# Breakaway Sessions



Monitoring Family Planning Programmes: Convener Dinesh Agarwal, UNFPA, New Delhi  
The Action Group is working to develop a framework for a village level community-based monitoring mechanism. Next steps are to:

- a) Develop modest framework for monitoring
- b) Develop tools for monitoring which identify indicators/methods
- c) Put the above in the public domain

Management of Severely Malnourished Children: Convener, Harish Kumar, UNICEF, New Delhi  
The Action Group endorsed the need for continuing efforts towards prevention of malnutrition. Next steps are to:

- a) Develop a strategy for capacity building and advocacy of representatives from professional bodies for correct management of Severe Acute Malnutrition (SAM)
- b) Identify platforms such as IMNCI for building in continuum of care at the facility level



Improving Demand Side Interventions for Safe Motherhood by N. K. Pati, White Ribbon Alliance India, Orissa and Medha Gandhi, CEDPA, New Delhi

Step 1: Preparation of Framework

- a. Ask the Community members to enumerate entitlements under government schemes
- b. Ask Community members to share success stories on improving the supply of services through increasing demand

Step 2: Strategy Development

- a. Develop a communication strategy for informing communities of entitlements
- b. Develop strategies for advocacy work to improve the supply side- access and quality

Step 3: Piloting

- a. Explore ways of piloting the communications strategy

# Member Speak



Q: What according to you is the most significant achievement of the Maternal and Child health community?

A: The community is providing a platform where different people from various organizations and government working for Maternal and Child issues can exchange ideas and solutions to problems they face during working in quick and easy manner

**Alok Sahai**

**Bharatiya Mahila Evam Gramin Utthan Sansthan**

**Basti, Uttar Pradesh**

Q: What is the one key take away for you from the workshop?

A: It's moving from 'Solution Exchange' to 'Solution Experimentation' (i.e. Action Research projects). Its a welcome take away from the workshop.

**K Suresh**

**Independent Consultant**

**New Delhi**



Q: What is your view about the Solution Exchange MCH Community and its contribution to the health sector? What according to you is the way forward for the community?

A: The community has been empowering the members significantly with updated knowledge. The way forward for the community is that it needs to be centre- staged in supporting the government towards improved adoption of best practices on MCH.

**Guru Sharan Sachdev**

**Sector Investment Programme, Bhopal.**

# Visits to the Field

A regular feature of every Solution Exchange annual forum is a field visit, which gives Community members, staff from the implementing NGO and direct beneficiaries an opportunity to learn from each other. When participating in a field visit, the best way to get beneficiaries to reveal useful insights is to ask positive, open-ended questions (called "Appreciative Inquiry," details on this approach are available at <http://appreciativeinquiry.case.edu/>). Your attitude should not be one of trying to find out the problems and weaknesses, but rather to appreciate what is working and why. People respond more enthusiastically, and so are engaged emotionally as well as intellectually.

Here are some questions which you may want to refer to:

1. What are you most proud of?
2. Tell us a story about a challenge you faced and how you overcame it.
3. Why do you think your experience has been successful?
4. What tips can you give to someone wanting to start the same thing?

Also, ask them if they have any questions for you, so they can also take advantage of the visit to learn from you.

# Field Visit Descriptions

## 1) Health Insurance intervention in Kherwara- Retda and Kherwara- Bhanwa; Organization: Seva Mandir

An emergency obstetric care insurance product was developed to confront the major cause of maternal deaths- improper and delayed medical care. The insurance scheme tied up with 3 private hospitals, which preferred by women living in 9 remote villages on the Gujarat/Rajasthan border (pilot area). Enrolled women have access to a trained TBA who provides basic antenatal and postnatal care. If there are no complications, the TBA will provide in-house services. In the case of complications the TBA will provide support going to the hospital. In-hospital care is offered for both prenatal and delivery cares, in the case of an emergency or a complication.

## 2) Immunization and Iron Fortification intervention in Jhadol; Organization: Seva Mandir

A Randomized Control Trial to improve immunization status among children of marginalized/hard-to-reach communities. Seva Mandir hired General Nurse Midwives, trained them in immunization, and provided motorcycles for collecting vaccines and maintaining the cold chain. Community workers publicized camp-days, created awareness and did follow-up. The preliminary end-term results show that increasing regularity and reliability of immunization camps resulted in 19% complete immunization rates in the intervention sites and 5% in the control areas.

## 3) ARTH RCH Center Model intervention at Kadiya Center; Organization: Action Research and Training for Health (ARTH)

The center 25 Km from Udaipur, and covers a population of 22,000 in 22 villages. In this region, villages are well connected to roads. This field health service program is being implemented through a health center serving tribal communities. It is working to reduce maternal mortality by ensuring a skilled birth attendant is present during delivery. A gynecologist visits the health center twice a week, a pediatrician once a week, and nurse-midwives and clinic attendants are available 24x7. The nurse-midwives have been trained in skilled maternal and newborn care using standard guidelines, and will arrange for and assist in transporting women to a city hospital. The center also provides in-home obstetric services; operates weekly village level clinics in some villages and offers a range of RCH services, including reversible contraceptive methods, and management of RTIs and other gynecological problems.

## 4) Postnatal Care, Janani Suraksha Yojana (JSY) Services at PHC, Gaon pas (GPAS) in Kadiya field area; Organization: ARTH

A village-based intervention to enable the women to gain control on their fertility, which focuses on developing strategies to ensure that women become pregnant when they want by using contraceptive services, can confirm their pregnancy status early at the village level and can access safe abortion if they decide to terminate. It employs three strategies, communicating information to avoid unwanted pregnancy the routine contraception, generating awareness on safe abortion to panchayat members, and training ASHA on counseling for safe abortion, provide a continuum of maternal, newborn and infant health services in primary care settings.

## 5) ARTH RCH Center Model intervention at Kuncholi Center; Organization: ARTH

The center is 55 km from Udaipur, and covers a population of 32,000 and 27 villages. The Kuncholi region villages are less accessed to roads, as compared to the Kadiya region. This field health service program is being implemented through a health center serving tribal communities. It is working to reduce maternal mortality by ensuring a skilled birth attendant is present during delivery. A gynecologist visits the health center twice a week, a pediatrician once a week, and nurse-midwives and clinic attendants are available 24x7. The nurse-midwives have been trained in skilled maternal and newborn care using standard guidelines, and will arrange for and assist in transporting women to a city hospital. The center also provides in-home obstetric services; operates weekly village level clinics in some villages and offers a range of RCH services, including reversible contraceptive methods, and management of RTIs and other gynecological problems.

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## 7) Home based management of young infants (HBMYI) intervention in Delwara; Organization: ARTH

HBMYI is a multi-centric cluster randomized controlled intervention study sponsored by Government of India through Indian Council of Medical Research (ICMR) being implemented in five states of the country, including Rajasthan. Its primary objective is to bring down the NMR using home-based interventions and study their effectiveness. The activities include survey of birth, death and neonatal mortality rates; Shishu Rakshak (SRs) and Aganwadi workers (AWWs) are selected and trained to provide appropriate home based care of young children less than two months. AWW and SRs are responsible for educating mothers and other family members about maternal and child health issues, identification of low birth weight, and identification and management of sepsis, etc. ANMs and supervisors supervise these activities.

## 8) Maternal Verbal Autopsy intervention in Salumber; Organization: ARTH

An intervention working in 4 blocks in Udaipur district to strengthen the capacity of the district health system to carry out verbal autopsies (VA) of maternal deaths. In the ARTH intervention area (2 blocks) enumeration was done by key informants (AWWs, ASHAs, ANMs, etc.) and the research staff conducted the VAs. In the second site (the government intervention area) enumeration done using the civil registration system and the Vas carried out by PHC medical officers. ARTH is analyzing the data to determine the cause of deaths and healthcare seeking patterns, and sharing data with district administration and health department.

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Friends, here is a space for you all to share your experience, thoughts, views and of course 'photographs' of the 3rd Annual Forum of MCH Community, Udaipur. Happy sharing...