



Report

Over 100 participants from 19 states attended the Maternal and Child Health (MCH) Community's Third Annual Forum in Udaipur from 17-18 March, 2008. The forum provided an opportunity for community members to share their expertise, connect with a range of practitioners from all over the country and learn about local programmes by field visits.

The Annual Forum aimed at:

- Deepening Community connections through personal interaction and networking
- Identifying opportunities to take forward critical and emerging issues in MCH in India
- Learning about the innovations and better practices in Udaipur and adjoining areas

The forum discussed emerging issues in maternal and child health; introduced a postern session where 10 selected research proposals were presented to members for their feedback and suggestions. The forum also discussed three topics among the themes identified by the Resource Group, and on the second day, the participants went for a field visit in Udaipur and the adjoining districts.

17 March 2008 – Day 1 Poster Session, Action Groups and Cultural Programme

Session 1: Opening Session

Paramita Sudharto, Public Health Administrator, WHO India opened the workshop by welcoming the participants and summarized the Community's progress over the last three years. She highlighted that the MCH Community has more than 2,000 members presently from 33 different states in India and abroad. She added that the Community shares a common agenda to improve the MCH situation in India. Dr. Sudharto urged the community to take these discussions to the next level.

Along with sharing knowledge, she emphasized that the Solution Exchange platform provides an opportunity for the MCH practitioners of India to interact face to face and that this meeting is the third of this kind. She also outlined the various issues that have been discussed in the community such as offering maternal medical pregnancy services, referral transport for mothers, infant and young child feeding, and emergency contraception among others. In her final remarks she thanked the two local partner NOGs Seva Mandir and ARTH for their contribution in organizing the Annual Forum.

Afterwards, Neelima Khetan [Chief Executive Officer] Seva Mandir, Udaipur and Sharad Iyenger Director, Action Research and Training for Health (ARTH), the two local partner NGOs for the workshop, briefly presented on their organization's work.

Neelima Khetan shared Seva Mandir's work in the region in the areas of health, education, livelihoods, women's empowerment and community institutions. She mentioned that Seva Mandir focuses on health as part of an integrated approach for the region. With an emphasis on infant and maternal health, Seva Mandir is also engaged in action research, looking at data and setting up experiments in a randomized controlled fashion while particularly looking at government systems. She complimented SE for creating this open and democratic space.

Sharad Iyenger shared that ARTH is working in the areas of reproductive health, neo-natal health, malnutrition and health policy in Rajasthan. ARTH is also working with government to develop an intervention for referral and health of malnourished new born. Additionally, they look at financing of health services. He expressed his concern about poor MCH indicators, and the challenge of institutional sustainability of MCH interventions in the country. Dr. Iyenger noted that the MCH community is quite a remarkable group and members get to know each other on a continuing basis through these meetings.

Anand Kumar, Coordinator Solution Exchange India gave an overview of the work Solution Exchange does in sharing and helping development efforts in this country. He mentioned that there is a wealth of tacit knowledge which can be documented and used for more effective development. He stressed that Solution Exchange tries to bring out collaboration amongst academics, government service delivery people and practitioners etc on the ground in an effort to be able to deliver on the government plans and the MDGs. He urged members to devote greater attention and energy in helping each other out and making this community more vibrant and effective place.

Meghendra Banerjee, Resource Person & Moderator, MCH Community, then set the agenda and explained what is expected out of each session. He took this opportunity to thank the UN facilitators, Resource Group and the community members for their continued support and participation. Finally, he announced the new web-blog (<http://mch-3rdannualforum2008.blogspot.com/>) which is un-moderated and has been set up to help members stay connected.

Session 2: Emerging Issues in Maternal and Child Health

In this session emerging Issues in MCH sector were highlighted by Dini Latief, Director, Family and Community Health, South East Asia Regional Office (SEARO) WHO, outlined the current and emerging MCH priorities for SEARO and Shailaja Chandra, Jansankhya Sthirata Kosh (JSK) who spoke passionately on the current priorities in population stabilization.

Dr. Latief opened her presentation with the backdrop of the Millennium Development Goals #4 and #5 which focus on the reducing maternal and child mortality rate in India. In order to improve child health in the South East Asia Region (SEAR), she emphasized focusing on improving maternal and newborn care and nutrition by devising strategies for universal early and exclusive breastfeeding; micronutrient supplementation; and management of severe malnutrition. She also highlighted the need for access to skilled care at the time of birth. Outlining the key policy issues, she stressed on human resources for MNCH; health sector financing; adopting a pro-poor approach; effective and sustainable referral networks and effective leadership and management.

Click on the following link for the [presentation](#) (570 KB).

Ms. Chandra outlined the pressing issues of population stabilisation and its current priorities. She pointed out that India is the second most populous country in the world and 58% of its

population is in the reproductive age group. Therefore, the alarmingly high Total Fertility Rate (TFR) of 2.9 has grave consequences for MCH. Another important area that needs to be addressed, she mentioned, is the percentage of girls marrying below 18 years as it affects the quality of both the health of the mother and child. Additionally, she pointed out that anemia in India has a serious impact on one's learning capacity, productivity and survival and is rampant amongst adolescent girls, married women and children under three years in India. Other issues for consideration include child deaths due to low birth weight, malnutrition, diarrhea, etc. and son preference. She recommended supporting programmes that push up the age of marriage; age of the first child after the mother is 21; having a second child only after 3 years, etc. as a means to better maternal and child health, not in an end itself. Finally, she mentioned JSK's work in establishing an emergency call centre, a virtual resource centre and a GIS map showing state level health facilities.

Click on the following hyperlink for the [presentation](#) (4.9 MB).

Session 3: Peer Assist – Poster Presentations

This year, the MCH Community "Poster Session" mixed the "Knowledge Mela" technique with a "Peer Assist". Before the forum, community members were given the opportunity to present new ideas/proposals at the workshop. While Solution Exchange committed no funding support to the successful proposals, it offered an opportunity to showcase their ideas and helped attract sponsorship.

A panel of members from the MCH Community Resource Group selected 10 Abstracts from the 50 that were submitted before 5th March. A blinded review of the abstracts was conducted and the abstracts were selected on the basis of the following:

1. A clear question statement
2. Appropriateness to MCH theme and Current Priorities
3. Plan for using the information

During the poster session, the ten selected members displayed their posters around the plenary room. After examining each poster, participants selected one or two posters they would review with the presenter(s) at the discussion tables. The presenters elaborated on the proposal and sought feedback from the participants to substantiate and further enhance their proposal and bridge any knowledge gaps. Finally the presenters shared their key learning from the poster session to the plenary. Solution Exchange will continue to work with the writers to develop these abstracts to full fledged proposals.

The following abstracts were presented at the Poster Session (in no particular order).

Proposal	Proposal Summary
Supporting Gram Panchayats in Preparation of Village-based Maternal & Child Health Plan <i>(Presented by Guru Sharan Sachdev)</i>	Producing a model village-based Maternal & Child Health plan prepared by the Health & Women & Child Development Committees of the Gram Panchayats in Bareilly Block of Reasi District, MP, that lays out how they will leverage resources available under the NRHM and apply these in a responsive, transparent, cost-effective manner
Where are school going adolescents from slums and resettlement colonies going for their sexual and reproductive	Designing an appropriate response to meeting the sexual and reproductive health needs of adolescent boys living in the slums and resettlement areas of South Delhi, based on a prior survey indicating that 40% do not avail of the formal health services

<p>health needs in South Delhi, India <i>(Presented by Farhad Ali)</i></p>	
<p>Development of a Community-based Health Management Information System for community monitoring of health services at village level <i>(Presented by Subodh Sharan Gupta)</i></p>	<p>Transforming the baseline survey carried out under the CLICS programme for Child Survival in selected villages in Wardha District of Maharashtra into a Community-owned and maintained Health Management Information System, to help Village Coordination Committees accurately assess community health needs and prepare effective and responsive village health plans under the NRHM</p>
<p>To assess the effectiveness of Village Coordination Committee (VCC) in decentralized health care delivery in rural areas <i>(Presented by Shib Sekhar Datta)</i></p>	<p>An examination of the experience of introducing the "Institutional Maturity Index" for the 64 VCCs from the Anji, Gaul and Talegaon PHCs in Wardha District of Maharashtra with regard to its influence on motivating improvements in village-managed health care delivery, so that it can be scaled up for wider replication elsewhere.</p>
<p>Indian Reproductive and Child Health (RCH) Program with Sector Wide Approach (SWAp) <i>(Presented by Reetu Sharma)</i></p>	<p>A critical but balanced review of the SWAp approach as introduced in India for the RCH program, based on relevant articles, reports, donor guidelines, programme planning and appraisal documents and evaluations, to assess from a recipient country perspective the effectiveness of the approach as well as the positive and undesirable influences of SWAp donors on India's health policies and programmes.</p>
<p>An exploratory study of issues of adolescent girls attending Referral Unit & Voluntary Counseling Center of LEPRASociety situated at Munger district in Bihar <i>(Presented by Alpana Singh (or co authors))</i></p>	<p>Designing an appropriate response to meeting the sexual and reproductive health needs among school and non-school going rural and urban adolescent girls in Munger District of Bihar, in the context of a life skills education programme, drawing on the work of the Referral Unit and Voluntary Counseling Center of the LEPRASociety.</p>
<p>Pregnancy Related Practices of Tribal Women: A Case of Orissa <i>(Presented by Sarit Kumar Rout)</i></p>	<p>A research study on pregnancy and new-born care practices and attitudes of a select population of tribal women in Koraput District of Orissa, to examine the hypothesis that the adoption of modern treatment methods are discouraged by socio-cultural factors, and to suggest ways to introduce them without destabilizing the social fabric.</p>
<p>Involvement of women Self Help Groups (SHGs) in mobilizing community for diagnosis and treatment of gynecological morbidities among tribal women <i>(Presented by Abhjit P Pakhare)</i></p>	<p>Piloting an model intervention using tribal women Self Help Groups in villages near the Rural Health Training Center in Sakwar, Thane District of Maharashtra which will capacitate the SHG for promoting increased awareness among the women in their communities of gynecological health issues, improving the detection of RTIs, and influencing treatment-seeking behaviours.</p>
<p>A study of the health conditions and healthcare service utilization pattern regarding mothers and children among the</p>	<p>An examination, through surveys and data collection, into the health status and health care patterns of pregnant and lactating mothers and under-5 children of the "Lodha" tribe in Medinipur District, West Bengal, correlating health care practices and attitudes and other social-cultural factors with health care service utilization patterns, and offering recommendations on appropriate intervention measures.</p>

<p>"Lodha" tribe in West Bengal <i>(Presented by Sampa Mitra)</i></p>	
<p>Strengthening Nutrition Care for Pregnant-lactating Women and Children under 3 years as part of Mamta Day Implementation in Selected blocks of Gujarat: A Health Systems Research Approach <i>(Presented by Shubhada Kanani)</i></p>	<p>Introducing improvements in the nutrition component of Gujarat's monthly "Mamta Day", held for pregnant and lactating women at the anganwadi center and the PHC/CHC, using the HSR Approach in one rural and one urban area in Vadodara District – situational analysis of the quality of implementation of Mamta Day; consultation to develop improvements; implementation; process and impact evaluation.</p>

Session 4: Breakaway Sessions: Action Planning

After the Peer Assist - Poster Session, participants attended three parallel breakaway sessions to brainstorm and identify how best to take forward the three key action projects.

In these sessions in-depth expositions of the three key topics drawn from the Community's interaction took place. These will be taken up as Action Projects in the coming year.

Group 1: Monitoring Family Planning Programmes

Convenor: Dinesh Agarwal, United Nations Fund for Population Activities (UNFPA)

Outcome of this Assignment: A model framework for community-based monitoring of family planning programmes that can be scaled up for wider adoption. For detailed presentation [click here](#) (142 KB).

Outputs and Activities

Output 1: The scope of the effort is defined, along with potential pilot areas, partners and time frame

- Prepare a concept note based on the Annual Forum presentation and brainstorming session to clarify the issues to be addressed and the approach suggested
- Circulate the note for an **e-discussion** to:
 - Determine the scope of the monitoring effort – contraceptive access and availability, periodicity and quality of comprehensive family planning services in Camps; outcomes for spacing methods; outcomes of terminal methods/failures
 - Confirm the scope of the target groups – adolescents; newly married and socially excluded groups
 - Gather experiences and case studies available on existing community-based monitoring methods
 - Identify potential pilot areas to introduce the model monitoring framework, and potential partners to participate in the Action Group – contributors of innovative ideas, potential funding and implementation partners

Output 2: Initial draft of a monitoring framework and a proposal to pilot it is produced

- Consolidate the e-discussion results into an approach paper

- Convene an **Action Group** to review the approach paper and brainstorm on the elements of a monitoring framework and tools, along with the target area(s), participating agencies, and an action plan for testing
- Finalize the results of the Action Group brainstorming as a draft proposal

Output 3: Elements of the monitoring framework and the proposal are finalized

- Circulate the draft proposal to the Community for feedback as an **e-Consultation**
- Carry out in-depth consultations with participating agencies and stakeholders – communities; central/state/local governments; service providers
- Finalize the proposal, target areas, implementing and financing partners, and time table

Output 4: Introduce the monitoring framework on a pilot basis

- Carry out preparatory work for knowledge gaps, institutional issues and training and capacity-building needed
- Initiate actions as per time table; monitor performance and impact; keep Community informed

Action Group

Action Group projects are collaborative projects taken up by members from different institutions, as a collaborative venture. They are small, short duration projects which try to generate new knowledge products, or try to push forward the debate on some critical but neglected issues. Each Action Group is led by a Champion/ Convener and supported by other active participants. The Community-at-Large supports the Action Groups through suggestions on the idea development and in the subsequent phases. Action Group Champions/ Conveners would present the results of their project in the next annual face-to-face event of the MCH Community.

Group 2: Management of Severely Malnourished Children

Convenor: Harish Kumar, United Nations International Children's Fund (UNICEF)

Outcome of this assignment: A strategy for nation-wide adoption of a consistent, proven approach to management of Severely Malnourished Children. For detailed presentation [click here](#) (770 KB).

Outputs and Activities

Output 1: Elements of a strategy are identified – standards, advocacy and capacity building

- Prepare a concept note based on the Annual Forum presentation and brainstorming session to clarify the issues to be addressed and the approach suggested
- Circulate the note for an **e-discussion** to:
 - Identify elements of the strategy – standards; advocacy; capacity building; integration with ICDS
 - Gather experiences and case studies available on existing strategies
 - Determine gaps calling for additional research and rationalization of institutional responsibilities

- Identify resource persons to participate in the Action Group for the preparation work – persons with innovative ideas, potential implementation and funding partners

Output 2: Draft of a strategy is prepared

- Consolidate the e-discussion results into an approach paper, flagging the key elements - agreement on standards, target groups for advocacy work, capacity building requirements, and areas of opportunity for integration with ICDS
- Convene an **Action Group** to review the approach paper and brainstorm on the elements of the strategy to address each of the key elements, along with plans to address the research gaps and clarify the roles and responsibilities of various actors.
- Finalize the results of the Action Group brainstorming as a draft strategy

Output 3: Elements of the strategy are finalized

- Circulate the draft strategy to the Community for feedback as an **e-Consultation**
- Carry out in-depth consultations with participating agencies and stakeholders – communities; central/state/local governments; service providers
- Finalize the strategy elements, implementing and financing partners, and time table

Output 4: Introduce the strategy

- Carry out preparatory work for knowledge gaps, institutional issues and training and capacity-building needed to implement the strategy
- Initiate the strategy as per time table; monitor performance and impact; keep Community informed

Group 3: Improving Demand Side Interventions for Safe Motherhood

Convenor: N. K. Pati, WRAI & Medha Gandhi, CEDPA

Outcome of this assignment: A pilot communications and advocacy strategy for increasing community-oriented demand side interventions for safe motherhood. For detailed presentation [click here](#) (86 KB).

Outputs and Activities

Output 1: Elements are identified of an intervention framework and a corresponding communication and advocacy strategy to promote it

- Prepare a concept note based on the Annual Forum presentation and brainstorming session to clarify the issues to be addressed and the approach suggested
- Circulate the note for an **e-discussion** to:
 - Identify the details of an intervention framework for increasing demand for safe motherhood interventions
 - Identify elements of a corresponding communication and advocacy strategy
 - Gather experiences and case studies available on successful intervention frameworks and on community success stories for increasing demand, along with examples of communication and advocacy strategies
 - Identify potential pilot areas to pilot a communications and advocacy strategy, and partners to participate in the Action Group for the preparation work – persons with innovative ideas, potential implementation and funding partners

Output 2: Draft of the communication and advocacy strategy and a proposal to pilot it are prepared

- Consolidate the e-discussion results into an approach paper that defines the intervention framework and lays out possible strategies for communication and advocacy, including scope and target audiences
- Convene and **Action Group** to review the approach paper and brainstorm on the elements of the communications and advocacy strategy, along with the target area(s) for the pilot, participating agencies and action plan for implementation
- Finalize the results of the Action Group brainstorming as the draft strategy

Output 3: Elements of the communication and advocacy strategy are finalized

- Circulate the draft strategy to the Community for feedback as an **e-Consultation**
- Carry out in-depth consultations with participating agencies, stakeholders, and potential funding sponsors to finalize the strategy and pilot activities and implementation time table

Output 4: Introduce the strategy on a pilot basis

- Mobilize participants and carry out any necessary training and capacity-building work
- Initiate the pilot as per time table; monitor performance and impact; keep Community informed

Session 5: Presentations on Results of Breakaway Groups

All the presentations from the breakaway were presented to the plenary for feedback.

Click here for the day 1 proceedings in the [Workshop Newsletter](#).

18 March 2008 – Day 2 Field Visit Learning and Closing Session

Field Visit Learning

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. The field visit representatives shared stories about how they've overcome the challenges they've faced; why they think their experience has been successful; what they are most proud of; and shared tips they would give to others wanting to replicate the initiative elsewhere. Participants chose from 10 field visits between Seva Mandir and ARTH to learn from. Click here for the presentations – [Sewa Mandir](#) (4.2 MB) – [ARTH](#) (302 KB)

Brief descriptions of the field visits and their outcomes/learnings are as follows:

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.

Participants spoke with the village health workers and heard about the benefits of the microinsurance scheme from the group members. Participants noted that the intervention is very innovative and has potential to be incorporated in the current plans of the Government of India which has launched state-level microinsurance plans. Participants also observed that there may be issues of sustainability when considering replication because of the dependency on institutional support.

2) Immunization and Iron Fortification intervention in Jhadol; (Seva Mandir)

Participants visited three villages in Jhadol block to observe the interventions on Iron Fortification and Immunization by Seva Mandir, which is 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.

Participants observed that greater knowledge about the benefits of the service would lead to greater demand and utilization of the service which would ultimately lead to greater impact. Participants suggested using incentives to increase immunization coverage; iron fortification as part of a staple diet as an effective measure to prevent anemia; using innovative monitoring mechanisms and adopting structured financing options. Participants felt that community development lies in women's empowerment and cluster funding for emergency health care is very effectively decreasing maternal mortality.

3) ARTH RCH Center Model intervention at Kadiya Center; Organization: Action Research and Training for Health (ARTH) and Postnatal Care, Janani Suraksha Yojana (JSY) Services at PHC, Gaon pas (GPAS) in Kadiya field area (ARTH)

The ARTH Centre Model in Kadiya provides a range of reproductive and child health services to tribal communities – reversible contraceptive measures, management of reproductive tract infections and gynecological problems. 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.

Janani Suraksha Yojana is 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.

On interacting with the health workers, participants found very high levels of motivation and commended the outreach and 24*7 services provided by the centre. As key findings with possible areas for improvement, participants reported the need to examine the sustainability of the centre

and have governments examine the cost effectiveness of health centre services. Another significant finding that participants highlighted relates to creating partnerships with public health institutions through the JSY in an effort to avoid duplication of efforts and strengthen public-private partnership.

5) ARTH RCH Center Model intervention at Kuncholi Center (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.

Participants visited the field center and were briefed about different services provided by the center like medicines, OPD, Lab tests and referrals. One ASHA Sahyogini also informed participants about the trainings and information she is getting from the center. Participants also visited government PHC and compared the services provided there and at the center. The key learnings highlighted by the participants were the safe abortion services provided at the center; good recording and computerized MIS maintained at the center; medicines and contraceptive supply based on nominal charges based on equity and transport systems for referral as well as for ANM for field visits. The participants strongly recommended linking up of the services with government programs for sustainability and scaling-up.

6) Postnatal Care, Janani Suraksha Yojana (JSY) Services at PHC, Gaon pas (GPAS) in Kuncholi field area (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.

The group was led by Dr. Sharad and Mr. Vikram from ARTH to three different locations at the Kuncholi field sites. Before proceeding to the Kuncholi field, participants were taken for a quick tour to the sub centre for pregnant women, which is especially managed by ANMs trained by ARTH. The second point visited was a home in a remote tribal hamlet where a woman recently experienced a neonatal death. It was shocking to learn from the ANM, that the main reason for the occurrence of death of the baby was non-availability of emergency health services at night, lack of transportation etc. The participants also visited the *Gaon Pas* (Village pregnancy advisory services - gpas) managed by ASHA and voluntary village health workers. It was an extremely overwhelming experience to interact with the service providers at the village level. Towards the end group members shared their learnings with each other. Overall, it was felt that one should also evaluate the limitations of JSY schemes as sometimes the incentives influence the health seeking behavior. The motivated group of ASHAs must address issues such as infertility, services of quacks and pre marital counseling. Participants felt that the conditional cash transfer schemes need strong communication messages and mobilization to work. Along with taking on issues of

maternal health the service providers must address issues of HIV/AIDS and migration in their communication.

7) Home based management of young infants (HBMVI) intervention in Delwara (ARTH)

HBMVI 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 Anganwadi 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.

Members visited 2 Anganwadi Centres and 2 households to see the Shishu Rakshak activities of Home based management of young infants (HBMVI) project are going. Members saw how the child was being cared by the Shishu Rakshaks. They felt that it was intensive work and a successful intervention. The NMR is reduced from 77 to 45 which is an achievement. The Asha workers mentioned that they will continue to provide child care services even after the project is over. They are worried about the supplies though. Members gave lot of suggestions to improve HBMVI system

8) Maternal Verbal Autopsy intervention in Salumber (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.

Participants visited the field center and were briefed about the concept of Verbal Autopsy. The Centre Asha and Anganwadi workers shared their experiences on how they conduct surveys to identify maternal deaths and the inform them to the Block Facilitator in form of a basic survey. The facilitator was also present there and he explained how he carries out Verbal Autopsy within 15 days of death and the fills up a details form with help of the family members, friends and neighbors. He then sends the findings to the ARTH office. He informed that there have been 57 deaths in the block and 10 to 12 have not been reported. He also reported that abortion deaths are reported directly to the facilitator and then he does the survey. Members also visited the Community Health Centre and saw the Operation theatre there. Among others, members suggested that a technical person must accompany the facilitator while he conducts the survey.

Feedback & Evaluation: stock taking and looking forward

Members gave their feedback and suggestions for strengthening the community activity and developing a wider network base. They felt that MCH Community is a unique forum for exchanging ideas and now next step for it is to reach out to larger community. They also suggested having more government participation in the forum. They suggested including issues like Health Financing and having pharmacists as target stakeholders. The congratulated the team

List of Participants

Name	Email	State
Abhijit P Pakhare	drpakhare at gmail.com	MAH
Alexandra Scurtu	alexa254 at icqmail.com	RAJ
Alivia Biswas	alivia.biswas at medicasynergie.in	WB
Allison Levine	levine.ali at gmail.com	RAJ
Alok Sahai	bmgus at indiatimes.com	UP
Alpana Singh	alpanaambusingh at gmail.com	BIH
Anand Kumar	anand.k at undp.org	DHL
Anjum Khalidi	anjum.khalidi at un.org.in	DHL
Aparimita Pramanik	mitusarbe at gmail.com	GUJ
Billy Stewart	billy-stewart at dfid.gov.uk	DHL
Bishan S Garg	bsgarg_ngp at bsnl.in	MAH
Brinda Sharma	brindasharma26 at gmail.com	RAJ
Deeksha Sharma	sharmade at searo.who.int	DHL
Dinesh Agarwal	agarwal at unfpa.org	DHL
Dini Latief	latiefd at searo.who.int	DHL
Dipak Ganvir	drdipakganvir at gmail.com	CHATT
Divakar Nayak S	shenidivakar at yahoo.com	KAR
Dorine Viviane		
Daphne van Oene	dvanoene at gmail.com	KAR
Eelke Kingma	eelkekingm at hotmail.com	KAR
Farhad Ali	farhadali1 at gmail.com	BIH
Gautam M. Khakse	khaksegm at rediffmail.com	MAH
Gayatri Maheshwary	gayatri.maheshwary at gmail.com	UP
Guru Sharan Sachdev	sachdev.gs at gmail.com	MP
Harish Kumar	hkumar at unicef.org	DHL
Jyoti Chopra	drjyotichopra at hotmail.com	PUN
K. Suresh	ksuresh.20 at gmail.com	DHL
Kalpana Dashora		RAJ
	ksrini at iitmk.ac.in, ksriniatiitmk at yahoo.co.in	Kerala
Kannan Srinivasan		
Kapil Yadav	dr_kapilyadav at yahoo.co.in	DHL
Kirti Iyengar	arthindia at gmail.com	RAJ
Kunal Dilip Jhavery	kunaljhavery at yahoo.co.in	GUJ
Lata Shah	ashok_ideal_india at yahoo.com	GUJ
Madhavi Misra	madhavi.misra at phfi.org	UP
Manjusha Doshi	manjushadoshi at gmail.com	RAJ
Mary Mendes	mmendes at unicef.org	DHL
Marzio Babilie	mbabilie at unicef.org	DHL
Md. Tauheed Ahmad	amupoll at rediffmail.com	UP
Medha Gandhi	mgandhi at cedpaindia.org	DHL
Meenakhi Soni		RAJ
Meghendra Banerjee	banerjeem at searo.who.int	DHL
Mohit Pareek	pareekmohit at gmail.com	RAJ
N B Mathur	drnbmathur at vsnl.com	DHL
N K Pati	nkpati at yahoo.co.in	ORI
Neelesh Bhandari	neeeleshbhandari at gmail.com	RAJ
Neelima Khetan	info at sevamandir.org	RAJ

Nikita Srivastav	nikitasrivastav23 at yahoo.com	RAJ
Nupur Arora	nupur.arora at un.org.in	DHL
Nupur Bahl	nupur.bahl at un.org.in	DHL
Paramita Sudharto	sudhartop at searo.who.int,Sudhartop at whoindia.org	DHL
Patricia Margaret Jeffery	pjeffery at staffmail.ed.ac.uk	DHL
Prashant Shridhar Bagdey	dr.prashantbagdey at yahoo.com	MAH
Pritam Prasun	pritamprasun at rediffmail.com	RAJ
Priyanka Gupta	pgupta at hlfpt.org	RAJ
Priyanka Singh		RAJ
Rajender Kumar	r.kumar.piwal at gmail.com	DHL
Rajesh Khanna	rajesh.khanna at imacs.in	HAR
Rajesh Kumar	drrajesh at gmail.com	MP
Rajinder Gulati	rajinder_gulati at hotmail.com	PUN
Ramyra Gopalan	ramya.gopalan at undp.org	DHL
Ranjana Yadav	ranjanaagza at rediffmail.com	RAJ
Ratan Paliwal	info at sevamandir.org	RAJ
Reetu Sharma	reetu_gem1678 at yahoo.com	DHL
Rekha Bhatnagar		RAJ
Renu Tiwari	tiwari_renu at yahoo.com	RAJ
RP Agrawal	umaarp at yahoo.com	DHL
S. L. Mandowara		RAJ
Sampa Mitra	sampamitra2003 at yahoo.co.in	WB
Sandeep Rasalpurkar	srasalpurkar at gmail.com	MAH
Sandip K Ray	sandip89 at hotmail.com	KAR
Sangeeta Bhatnagar	info at sevamandir.org	RAJ
Santos Das	santos.das.sd at gmail.com	JHAR
Sarah Figge	sarah.figge at undp.org	DHL
Sarbeswara Sahoo	mitusarbe at gmail.com	GUJ
Sarika Dhawan	sarika.dhawan at undp.org	DHL
Sarit Kumar Rout	saritrou at gmail.com	ORI
Shailaja Chandra	shailaja at nic.in	DHL
Sharad Iyengar	arth at soffhome.net	RAJ
Shib Sekhar Datta	drshibsekhar.datta at rediffmail.com	MAH
Shivang		
Swaminarayan	homoeo at sintex.co.in	GUJ
Shubhada Kanani	shubhada.kanani at gmail.com	GUJ
Shyamasundari Kamani	Shyama2858 at yahoo.co.in	AP
Shyamsundar J. Raithatha	shyamundar.raithatha at gmail.com	GUJ
Smita Bajpai	chetna456 at vsnl.net	GUJ
	soniatrikhak at yahoo.com, trikhas at searo.who.int	DHL
Sonia Trikha		DHL
Steve Glovinsky	steve.glovinsky at undp.org	DHL
Subodh Sharan Gupta	subodh.acad at gmail.com	MAH
Sunil Nandraj	nandrajs at searo.who.int	DHL
Swati Sahi	swati.sahii at oneworld.net	DHL
Syed Ziur Rahman	ibnsinaacademy at gmail.com	UP

T. Anuradha	tn.anuradha at undp.org	DHL
T.R.S. Sai	tsrs1952 at rediffmail.com	TN
Uma Agrawal	umaarp at yahoo.com	DHL
Usha Sharma		RAJ
V. Bhava Narayana	pharmedtradenews at gmail.com	AP
Victor Ghoshe	vghoshe at gmail.com	DHL
Virendra Suhalka		RAJ
Vivek Gupta	drguptavivek at yahoo.com	DHL
Willson Nettleton	william.nettleton at gmail.com	RAJ