

CAHR monthly report –November, 2014

Maternal Health Rights Campaign (MHRC), Madhya Pradesh

Maternal Health Rights Campaign (MHRC) is a state level autonomous network in the state of Madhya Pradesh (MP). With Centre for Health and Justice (CHSJ) as the key anchor, different groups and Civil Society Organisations (CSOs) of 18 districts of MP are an integral part of this network. Community Based Monitoring (CBM) on maternal health services is being carried out in all these 18 districts under MHRC besides other advocacy initiatives. MHRC is currently functioning as a state level advocacy platform on maternal health and the network is also preparing for a second round of CBM across the districts to ensure qualitative health services.

To strengthen the network as well spread the reach of the advocacy platform of MHRC, different initiatives and activities were carried out in the month of November which includes:

Regional Meetings of MHRC

Three regional meetings were organised in the Chambal, Revanchal and Bhopal regions on November 2, 3 and 5 respectively to strengthen the MHRC campaign. Many new participants joined the network through these regional meetings.



Participants discussing components of MHRC in Revanchal regional meeting

Chambal region	Revanchal Region	Bhopal Region
Chambal region meet was held in Morena. 28 participants from districts of Morena, Datia, Bhind, Gwalior and Sheopor participated in the meet.	Revanchal region meeting was held in Satna 28 participants from 22 organisations and districts of Anuppur, Sehdol, Reeva, Satna, Singroli and Sidhi participated in the meet	The Bhopal region meet took place in Bhopal 22 campaign members from districts of Bhopal, Hoshangabad, Vidisha, Sihore, Raisen, Chindwada participated in the meet.

The meetings across the three regions focused on issues including:

- i . **Challenges that emerged during the first round of CBM:** The participants shared the challenges faced during the first round of Community Based Monitoring (CBM) that was carried out across these regions. During the discussions it emerged that the participants who were part of the training and the persons who filled the forms during the CBM process were not the same. Only one person from each organisation was provided training and the contact persons for further interaction were not decided.
- i i . **Planning of second round of CBM:** The dates for the second round of CBM trainings in the three regions were also finalised. Responsibility of the training was shared with the participants. It was also decided in the meeting that new members will be invited in the trainings for the second round of CBM.
- i i i . **Advocacy on maternal death case:** It was decided in the meeting to carry on the follow up of a maternal death case which had occurred in Satna district.
- i v . **District level meetings:** The participants also decided to hold district level meetings across all the districts in the month of Decemeber in order to focus upon strengthening of the MHRC network as well spread the reach of the advocacy campaign.
- v . **MHRC Blog and e-newsletter:** The need to share and disseminate information, case stories on maternal health through a MHRC blog and e-newsletter was also discussed with the participants in the meeting.

Capacity building training in Revanchal Region:

A two day capacity building training for a second round of community based monitoring was conducted in Revanchal Region on November 25-26 for the MHRC campaigners. It was attended by nearly 38 participants in total including new participants along with campaigners who had been involved earlier in the process of first round of CBM in the Revanchal region.

The training focused upon capacity building of the participants on the issues including community based monitoring and its components, health system, policy review, maternal health issues, health entitlements etc. Besides this, the participants were provided detailed information on the health schemes focusing upon Village Health and Nutrition Day (VHND) cash incentive schemes like Janani Shishu Susraksha Yojna (JSSY),



Participants taking part in a group exercise during the capacity building training in Revanchal region

Janani Express and Janani Suraksha Yojna through medium of group activities, quiz, lecture mode, role play activities. Information on public health system was shared through a small group exercise. Practice on tools for CBM was also done during the sessions besides planning for further CBM process.

Advocacy on Maternal Death in MP

Taking into consideration weak maternal health indicators and frequently reported maternal deaths in Madhya Pradesh, few steps were undertaken in the month of November for advocacy on the issue, which included conducting local level meetings with various organisations, meetings with Chief Medical Health Officer (CMHO) besides sharing information with state level media persons in order to disseminate information on maternal deaths and maternal health issues on a larger scale.

MHRC Blog

A Maternal Health Rights Campaign blog is being developed to spread the reach of the network as well disseminate information on different initiatives taken by the network. The blog aims to encourage community monitoring practitioners to share their experiences as well it is being developed as a platform to collate information, case stories and reports related to maternal health and maternal deaths.

Community Intervention for Accountability

Partnership for Community Action in Health (Family Health Campaign: Accountability for Change in Madhya Pradesh: SAJHEDAR)

The Sajhedar initiative is being carried out by CHSJ with its partner organisations in two districts of Sidhi and Morena in Madhya Pradesh. CHSJ along with its partners is facilitating the process of gendered accountability of men towards family and maternal health. The process aims to sensitize men and empower them as responsible and gender-sensitive partners so that they would be accountable for family and maternal health needs. It also aims that they would equally engage with the health providers to elicit accountability and responsiveness for better maternal health services.

Changes in Karawahi PHC after a month of public hearing (Jansamvad) and sustained CBM process



Jansamvad process carried out in October in Sidhi district

A public dialogue (Jansamvad) was held in the district of Sidhi in MP, over irregular functioning of Karawahi PHC in Sidhi, on October 20. A monitoring committee formed of village members had been carrying out community monitoring since past six months over the irregularities and malfunctioning at the Karawahi PHC in Sidhi. After collation of information and data over a period of six months, animators from 15 villages along with the monitoring committee members submitted a charter of demands (after getting approved from local Panchayat) to the Chief Medical Health Officer (CMHO) and District Collector (DC) on August 26, 2014. The concerned authorities did not take any action on the charter of demands. Subsequently a follow-up was done in writing by the monitoring committee members. Resultantly a district level Jansamvad was held in Sidhi district in which nearly 32 people along with animators from 15 villages, members of Health Action Groups (HAG) and members of the monitoring group took part. Evidence gathered over a period of six months and a demand charter, were submitted to CMHO, DC and Member of Parliament (MP) at the district level public dialogue. This dialogue (Jansamvad) carried out in the month October has led to some positive developments in the Karawahi PHC in Sidhi and has led to making health authorities accountable for the provision of some qualitative services at the PHC.

The sustained efforts and bottom up pressure through the public hearing led to some developments in a month and these are outlined below:

- After the public hearing a sum of Rs. 6.5 lakh has been issued for electricity transformer at the PHC, which had been earlier running without electricity.
- Six non functional pipes of the hand pump have also been changed, ensuring a better supply of water
- The issue of corruption and illegal demand of money during child birth and while issuing birth certificates was also raised at the Jansamvad. Following the Public hearing the health authorities the health authorities have issued notices to the errant staff members who were earlier demanding money for services which are provided free of charge.
- A suggestion box has been installed at the PHC, where service users can put their suggestions and grievances regarding malfunctioning at the PHC.
- Women who deliver at the PHC are provided meals free of cost and daily menu of meals is also displayed on the walls in the PHC after the Jansamvad. Post delivery women are now supervised for complications by the staff in the PHC, whereas earlier the staff used to discharge women soon after delivery.
- The District Collector has directed the CMHO to appoint a doctor at PHC, besides other staff.
- The community monitoring process carried out under the Sajhedar initiative has also led to some positive developments in the different Primary Health Centres under its purview. Village Health and Sanitation Committees (locally called Tadarth Samitis) have been established in different health centres (Gram Arogya Kendras). All the instruments are available in the health centres now as per the guidelines and norms laid by health authorities. ASHAs are also providing services daily at the Gram Arogya Kendras. It has been ensured that all the pregnant women receive proper check-up and counselling during Village Health and Nutrition Days.

Orientation workshop for frontline health service providers



Participants discussing about the significance of report card in CBM

A one day orientation workshop was held on November 26 in Morena district for frontline community health workers including Accredited Social Health Activists (ASHA), ASHA Sahiyoginis, Auxiliary Nurse Midwife (ANM), Multi Purpose Workers (MPWs) and other health service providers. Nearly 46 health service providers took part in the orientation workshop. A report card prepared after collating information through survey formats under the

CBM process in selected villages, was shared with health workers during the workshop and they were oriented about the significance of the report card as evidence in the community monitoring process.

Framework to profile changes in animators

CHSJ along with its partners is facilitating the process of gendered accountability of men towards family and maternal health under the Sajhedar initiative. A framework has been developed to share and capture the changes that the Animators have experienced in terms of their understanding on gender and health after being involved with the Sajhedar intervention. The profiling framework will also be used to develop biographies of the animator's and the changes experienced in their personal lives also.

Community Intervention – Health Rights and Entitlements of the Socially Excluded Communities (SWADHIKAR)

The Swadhikar network is working towards non-discriminatory access to health rights in three districts of Chindwada, Betul and Raisen of Madhya Pradesh. The main objective of the initiative is to ensure the health rights of socially excluded communities with schedule castes, schedule tribes, Muslims and other communities. Under this venture, CHSJ along with its partners is involved in disseminating information, creating awareness on social exclusion and building the capacity of communities on the provisions promised to people under the National Rural Health Mission(NRHM). CHSJ is mainly providing technical support to the partner organizations. The aim is towards building a synergy amongst the health service providers and communities to solve the health problems of the village. Organising health dialogues is a step towards building this synergetic relationship.

Capacity building training for Health Action Group and Pressure Group leaders

A two day state level capacity building training for Health Action Group and Pressure Group leaders from socially excluded communities was held on November 7 & 8 at in Bhopal with an objective to build capacity of the participants on leadership skills. The two days training focused upon developing leadership skills of the group members. Besides it aimed at sharing of work, achievements, follow up of the work carried out for the socially excluded communities, identifying challenges and developing strategies to resolve the challenges and also upon future planning. A film on Dalit Rights was also showcased during the workshop which focused upon struggle of Dalit groups for their rights in Sagar, MP.



Leaders sharing experiences at the training