
***A Report - 3rd General Members Meeting
CommonHealth***

***St. Pius Complex Mumbai
April 10th & 11th 2009***

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**Report of the 3rd General Members Meeting
St. Pius Complex, Mumbai
April 10-11, 2009**

Day 1: April 10th 2009

General Members: See annexure 1 for details

Steering Committee Members: See annexure 1 for details

Introduction and Welcome

The meeting opened with a round of introduction. All the members were asked to identify one member whom they had met for the first time or whom they would like to know better and share one life learning each other.

The members introduced each other and carefully shared other's experiences and life learnings.

Members shared some of their experiences/ learnings as well as challenges:

- Sunil Kaul: realized the need to work with the rural poor and address the issues related to access to health.
- Rajendra Singh: expressed his concern about activating democracy in India.
- Sushanta: shared how tribal people are bereft of health services and safe abortion services being one of the services that need attention.
- Jiban: shared how poverty leads women to take services of quacks and hence leads to deaths among women.
- Renu: realized the need to build the capacities of community and women in particular as a strategy to bring change.
- Mona: realized that attitude change among the service providers and policy makers is most important.
- Rama Padma: realized the need for proper implementation of plans and policies and is passionate about working towards the same.
- Shilpa: realized that abortion is not merely a technical issue, but there are interjections with gender, power and ethics, so the approach has to be holistic.
- Subhasri: realized the need to address special needs of dalit women and advocate with the government on the same.
- Parvathy: working on maternal health issues within the Tamil Nadu health system.
- Sabala: realized that usually she is a tolerant person, however, with the current health condition she finds herself more and more intolerant.
- Anagha: expressed the need to have more research on certain unfound issues and aspects and is passionate about the same.
- Sangeeta: realized that advocating for an issue with the government officials is a challenge. One learning she shared is that working with the community is most satisfactory and rewarding.
- Sundari: addressing issues of poor HIV positive women who are not aware of the fact that abortion is legal is an area of concern.

Brief Sharing of Coalition's History

Series of development:

- The idea to get together a think tank on how to address issues of maternal, neonatal health and safe abortion was shared by ARTH, RUWSEC and Chetna. In 2003 representatives from these organisations met in Udaipur to concretize the initiative.
- In 2003 and 2004 position papers on neonatal health and overlaps between sex-selection and MTP Act were written. In the following 2 years, two courses on making pregnancy safer were carried out by the Coalition.
- In 2006, the first Steering Committee meeting was organized as well as the first General Members meeting was conducted.
- The Coalition did not really start with much financial backing. Volunteerism and passion drove the Coalition forward each year. The unique feature of the Coalition is that it aims to strengthen local level advocacy initiatives around issues of maternal health, neonatal health and safe abortion.

Key Activities Completed by the Coalition

- In the year 2007-2008, the focus of work has been largely on safe abortion.
 - 5 advocacy proposals were identified from states like Bihar (3), Uttar Pradesh (1) and Orissa (1). These proposals focus on access to safe abortion services in their respective areas.
 - A four day training workshop on “gender, sex-selection and safe abortion: creating common ground” was designed in the last year and is to be held after this meeting.
 - ARTH conducted training on increasing access to safe and legal abortion services in India to help the participants develop an advocacy strategy for increasing access to safe abortion services in their areas.
 - The Steering Committee meetings were held (the reports were provided to the members).

Sundari shared a few developments on the membership in response to Sabala's query.

- There are presently 61 members in the Coalition. The Steering Committee members as well as the general members have initiated expansion of membership through different forums, meetings and trainings.
- The Secretariat is presently housed in Centre for Health and Social Justice (CHSJ) in New Delhi. Dr. Abhijit Das has agreed to host the secretariat and provide guidance and support to the new coordinator.

Billy Stewart, Sr. Health Advisor (RCH Component), DFID joined the meeting at this moment.

Financial updates (shared by Renu)

- The Coalition approached Mc Arthur foundation for support. However, given the informal structure of the Coalition, the support did not come.
- International Women's Health Coalition grant for USD 50,000 came through in the year 2007-2009.

- As on April 1st 2009, the amount left is 9.23 lakhs which is to be utilized for small grants, safe abortion workshop, secretariat support and coordination costs.
- We have one proposal in the pipeline, where we are seeking support from Sir Dorabji Tata Trust (65% of the cost is allocated for programmes and 35% cost is allocated for coordination cost). The components are as follows:
 - 1 national level advocacy.
 - Safe Abortion advocacy.
 - Regional consultation.
 - Capacity building for safe abortion.
 - Production of manuals.
 - Website.
 - General members meeting and coordination cost.

Updates from members

A session on sharing through presentations by general body members working on the themes of maternal-neonatal health; safe abortion; health systems issues was conducted by Dr. Sunil Kaul. The objectives of the session were:

- Identify the areas of interest for each member/ member organisation and direct the energies of the Coalition towards the areas of common interest.
- Set direction of work for the Coalition for the next two years.

1. Presenter: Sangeeta from SAHAJ-Shishu Mialpa, Gujarat

Theme: Community based advocacy on reproductive health rights

Sangeeta shared findings from a research study (baseline study in 2006) conducted in 16 slums of Vadodara with a focus on reproductive and health rights. The study was designed to document practices and awareness regarding certain reproductive health components. The baseline shaped the advocacy campaign involving the community members. This project had its genesis in the small advocacy proposals of CommonHealth. The proposal was finalised after the peer review process of the Coalition.

Achievements related to maternal health (end-line review in 2008-09):

- Proportion of deliveries conducted by untrained attendants decreased from 33% to 2.5%.
- Utilisation of public sector services increased from 33% to 74%.
- Two Jan Samvaads and several community level advocacy initiatives have been held under this project.

2. Presenter: Shilpa from Asia Safe Abortion Partnership (ASAP), Mumbai

Theme: Access to safe abortion (information dissemination & strengthening alliances)

ASAP was established in 2008 as an offshoot of the International Consortium for Medical Abortion with 80 members from 15 different countries. ASAP facilitates information access to safe abortion especially in countries where abortion is illegal. Some of the key activities shared:

- A multi-country study of knowledge & attitude of legal professionals towards abortion.
- International e-forum for discussions & updates related to technical, policy, programmatic issues of safe abortion in Asia.
- A workshop on “understanding abortion as a right”.
- Creating and managing a website that offers information on various issues related to safe abortion.

3. Presenter: Parvathy from Centre for Management & Health Services (IIM) Bangalore

Theme: Role of midwifery & emergency obstetric care in reducing MMR

- A multi-country study on safe motherhood (India, Bangladesh and Pakistan) was conducted. Developed case studies on safe motherhood (supported by DFID).
- Midwifery and EmOC project aimed at strengthening midwifery training for teachers & Skilled Birth Attendants (SBA).
- GOI SBA Guidelines pilot testing (Gujarat, Uttarakhand and Haryana) involved training of lead trainers and establishing monitoring system and demand generation through NGOs.
- Centres for Advanced Midwifery training (CMAT) (Gujarat, AP, WB, TN) involved strengthening skill labs, library, classrooms, labour rooms in training sites for hands-on clinical practice & training of tutors.

4. Presenter: Dr. Arvind from Kamana and Dr. Keerti, Rajasthan

Theme: Awareness generation on maternal and child health schemes

- Organised informal interactions with TBAs to explore their experiences with government schemes for women's health.
- Conducted referral mapping of TBAs.
- Used print media to sensitise women on reasons of maternal mortality and strategies to avoid these.

5. Presenter: Dr. Sharad D. Iyengar ARTH, Rajasthan

Theme: Skilled maternal and neonatal care through strengthening midwifery services

- Shared information on ARTH's model of skilled care for maternal-neonatal care through nurse-midwives 24X7.
- MNH training protocol and material translated in Hindi developed by adapting international service guidelines.
- Data collected and compiled for each district in Rajasthan on key indicators of maternal and child health.
- Implementing the MTP Act across 33 districts of Rajasthan through the public system through various mechanisms.

6. Presenter: Mr. Rajendra Singh, Lok Chetna Vikas Manch, Bihar

Theme: Training for behaviour change towards responsible reproductive health

- Creation of 19 Mitra Mandals for sustaining supply of non-clinical contraceptive methods.
- Training to TBAs for safe deliveries.
- Sensitising community members on issues of safe abortion.
- Counseling and training for Commercial Sex-Workers, MSM and truckers towards safer sexual practices.
- Has attended three CommonHealth events since April 2008.

7. Presenter: Dr. Subha Sri, RUWSEC, Tamil Nadu

Theme: Advocacy on right to maternal health care

- Prepared community based report card-a community based system for monitoring quality of services provided during pregnancy and delivery through various schemes.
- Organise grassroots consultations around issues of maternal health care as well as issues of surrogacy.

8. Presenter: Leila Verkey, Independent Consultant, Delhi

Theme: Role of SBAs in safe delivery

- Organised a consultation on role of SBA in safe delivery.

- Organise consultations/ trainings for groups who wish to work on the issue of maternal health.
- Advocacy for woman friendly labour rooms-sensitisation about nutrition during labour, need to change architecture of labour room.
- Advocacy for post partum nutrition, especially post CS.
- Need for more technical information/ evidence on handling of newborn and hygiene/ high level of disinfection in labour room.

9. Presenter: Mona Gupta, IIM, Bangalore

Theme: Translation of evidence into policy

- A multi-country study (India, China and Vietnam) to understand role/ influence of evidence in policy making.
- A study on referral system for EmOC in Gujarat.

10. Presenter: Sabala, independent

Theme: Women's comprehensive health and rights movement

- Shared the process that took place since the 10th International Women's Health Meeting where focus was holistic health for women.
- Number of preparatory/ zonal meetings preceded this – the main issues raised were:
 - Universal access to women's right to health care.
 - A demand to acknowledge violence in any form during pregnancy, delivery and post partum as a public health issue.
 - Two-child norm population policy.
 - Rights of marginalised women including women with disabilities, sexual minorities.
- Subsequently, one national dialogue was held in 2006 around comprehensive health care as a right for women and violence.
- Preparation for second dialogue suggested with support of the Coalition (expressed).

11. Presenter: Y. Rama Padma, IIHFW, Hyderabad

Theme Advocacy with public sector health functionaries and bureaucrats

- Sensitisation workshop for Appropriate Authorities under PCPNDT Act.
- Training for ANMs, LHVs and staff Nurses to provide skilled Attendance at birth.
- Integrated management of neonatal and childhood illnesses training programme for Medical Officers.
- Professional development course in Management, Public Health and Health Sector Reforms for District Medical Officers.
- Effects of hysterectomy on bone density and role of nutrition supplements (work at individual level).

12. Presenter: Sandhya Gautam, Jeeva project

Theme: Role of SBA TBA in neonatal health care

- Conducted interviews with dais to understand the practices/ procedures related to normal and complicated deliveries; rituals and their linkages with maternal and child health. Studied details (when and how) placental stimulation for revival of neonatal.
 - Noted success stories related to traditional practices.
 - Trainers need to understand/ evaluate merits of traditional practices.

13. Presenter: Billy Stewart, DFID, Delhi

- DFID provides funds and technical assistance to RCH in India. Conducted mid-term review of RCH and supported thematic studies on BCC, gender and social equity.
- Involved in development of PIP for states.

14. Presenter: Renu Khanna, SAHAJ-Shishu Milap, Gujarat

- The proposal for advocacy on MCH in Vadodara for health rights was developed as a case study for the ten days CommonHealth workshop on advocacy at Surajkund – it was later implemented by SAHAJ Shishu Milap in Vadodara.
- Contradictions in advocacy for institutional deliveries and supporting *Dai Sangathans* were discussed in one of the meetings at the Coalition.
- Involvement of a four country study to examine translation of commitment to MDGs related to poverty and Reproductive & Sexual Health into policies and their implementation at various levels.

15. Presenter: Sunita Singh, CHSJ, Delhi

- CHSJ along with Dai Sangathan Gujarat, Population Foundation of India and several other organizations organized a two day National Consultation on the Role of Dais in NRHM in May 2008 to review the current scenario and to develop recommendations to address the immediate concerns.
- CHSJ is conducting a study on the Role and Limits of Institutional Delivery - Study on women's experiences of institutional delivery.
- CHSJ hosts the secretariat for a civil society review process of the ICPD + 15 in India.

16. Presenter: Sundari, RUWSEC, Achuta Menon Centre for Health Science Studies

Theme: Advocacy for rights to health for better Maternal Child Health services

- Two courses on 'making pregnancy safer' at ACMHSS that gave rights perspective on maternal health were organised. At these courses, session on 'debate between sex-selective abortion & safe abortion' was tested.
- Case studies of health reforms as a result of NRHM in two districts (Vellore & Kanchipuram) in Tamil Nadu were prepared.
- Case studies of four countries from South Asia for studying implementation of reproductive health programmes have been developed.
- Planning towards strategies to address unmet sexual and reproductive health needs of HIV positive women in Tamil Nadu.

17. Presenter: Dr. Sunil Kaul, the ant, Assam

- Enumeration of maternal mortality in three districts of Assam. Showed that MMR could be higher than it is reported.
- Formed associations of ASHAs and organised trainings on women's right to health, food, conducting normal deliveries, etc.
- Planning to organise training on documenting maternal mortality.

Review Coalition Building

The day started with a welcome of the members. The members were requested to write two expectations from the Coalition on cards distributed to them. Also, they were asked to per down two ideas or contributions to further the agenda of the coalition.

1. Expanding membership:

Membership Fee:

The members ratified the idea that membership fee should be collected. The annual fee for individual members was decided to be Rs. 200/-. Individuals could become members for 5 years by paying Rs. 800/-. For Institutional membership the fee was fixed at Rs. 3000/-.

Listserve:

- There are many things that have not been informed on listserve like secretariat being hosted at CHSJ and joining of the new coordinator.
- Sharad stated that the listserve has international information. He expressed the need to differentiate between news and ideas.
- Listserve is currently used for sharing resources but not as information bank or activity information thus the subject of the mail should be very clear.
- Invitations need to send by post.

Collaborations: It was suggested by Sharad that members could organise activities in collaboration with the Coalition. Any individual member who is not a part of any organization should start using the name of the Coalition. The members can exchange their expertise and time. For example, the ant in Assam organized a workshop for DPMs jointly in partnership with the Coalition thus giving the Coalition a platform in the North East of India.

2. Creating/ operationalising thematic groups:

- Taking stalk of the advancement of the agenda through the three sub groups on maternal health, neonatal health and safe abortion, Sundari shared that there is a need to revive the three sub groups as well as call for better functioning. The minutes of the last General members meeting held in 2007 were referred to (on page 21) to find out the names of the thematic groups and their leaders.
- Sundari states that as a rule, the three thematic leaders should be ex-officio members of the SC. Sharad seconded the idea.

3. Possible strategies to enhance visibility of the Coalition:

- Sunil mentioned that much more needs to be done to make the Coalition visible and encourage membership. This would also need us to specify more clearly the advantages of becoming a member.
- Renu mentioned that SAHAJ had organized a press conference in Baroda and Coalition was mentioned as a co-facilitator. She asked if it was fine to use the name of the Coalition without following a process of consultation.

Suggestions:

- Sabala: the process can be followed as long as any action does not contradict the vision of the Coalition.
- Shilpa: there can be a wider consultation at the local level with the local groups and then shared with the Steering Committee for the final decision.
- Subhasri: The information can be shared in the Listserve and members can respond.
- Billy: There must be an agreed time period within which the members can respond to a particular agenda.
- Sharad: A process of larger consultation through an e-mail can be followed involving the members and not only the Steering Committee members.

<i>Member's expectations from the Coalition</i>	<i>What can members contribute to the Coalition</i>
• Increased involvement in Coalition activities	• Formation of smaller groups
• Need to continue local level advocacy	• Initiate work in Maharashtra
• Have clear direction and position on advocacy	• Develop a journal in peer review on safe abortion
• Research and evidence building	• Increasing visibility in various ways
• Greater sharing of information and resources	• Sharing information – contributing to capacity building
• Clarity on what is the right based approach around abortion	• Developing position papers
	• Funding

Proposed future strategies and responsibilities:

Sundari proposed in the group that a broad framework for the future strategies be developed. Based on this suggestion, the broad strategies and responsibilities were set. The table below shows in brief the strategies and the general members responsible for working on the strategies.

Sl. no	Strategies	Responsibilities
1.	Increasing membership	Sabala – Maharashtra Sandhya – Himachal Sunil – North East India Jiban – Orissa
2.	Taking the agenda forward	Billy Leila Rama Padma Renu Sundari
3.	Information sharing	Billy Jiban Mona Parvathy Rama Padma Sharad Suchitra Sundari
	Website	Sunita (to coordinate)

		Anagha Rama Padma Suchitra
4.	Training	ARTH IDEA (Assam) Jiban Mona Rama Padma Suchitra
5.	Developing publications/ position papers/ evidence building	Anagha Kamana (NGO, Rajasthan) Rama Padma Suchitra Sunita
6.	Local level advocacy	Kamana Keerti Rajendra Subhasri IIM Bangalore
7.	Corporate/ Fund raising	Billy Sushanta Suchitra

Presentations of previous day's discussions between the theme groups:

After the responsibilities were set, it was decided that the presentations from the previous day's discussions between the theme groups could be presented. Representatives from each group came up with a small presentation based on the group work done on the previous day.

Group I: Maternal health (Seven members)

- Zero tolerance to maternal death and disability
 - Sensitise PRIs and communities
 - Training for safe motherhood
 - Advocacy to bureaucrats
- Define safe deliveries
 - Incorporate women's perceptions in addition to biomedical evidence based criteria
- Accountably for safe delivery and complication
 - Good referral system for couple
 - Strengthen accreditation procedure
 - Enquiry and action
- Increase / strengthen public health facility for deliveries at primary, secondary level in urban and rural areas.
- Recognize the role of Dai's.
- Maternal health needs of special women.
- Management of JSY under NRHM.
- Costs related to birth.
- Allow for flexible, contest specific approaches.

Group II: Safe Abortion

- Raise awareness on MTP Act among health providers and policy planners
 - Clarity on what the Act allows and does not allow.
- Access to safe quality unconditional abortion services for all/ any woman irrespective marital status, age, parity and should be available to all marginalised women.
 - Safe means technically less invasive or traumatic and evidence based.
 - Quality – including women's perspective of single visit, affordable, non-exploitative, public sector facilities closer to home (middle level providers).
 - Unconditional- not followed by coercive contraceptives or husband's signature.
- Confusion between PCPNDT Act and MTP Act should be cleared amongst health care providers, women and family members.
- A sustained campaign on safe abortion in 8-10 states from the grassroots.
- Legal binding on quackery.
- Restriction of certification from 2 doctors after 12 weeks should be removed.
- Time period for abortion should be increased.
- Abortion as a right.
- Knowledge about emergency contraception should be increased.
- Regulation of quality o services in the private sector.

Group III: Neonatal Health

Dr. Sharad Iyengar presented in brief the areas of crucial concern and action points as described in the previous day's discussion among the members of the neonatal health group. The same has been presented on page 15 of this report.

Definition of “Safe Delivery”

Sundari shared with the members the definition of “Safe Delivery” that had already been created by the SC members of the Coalition. In order to have a common understanding on the definition as a collective, it was important to share the definition. New components were added to the definition and reworking around the definition was conducted. The definition to which the members agreed to is as follows:

A delivery whether at home or in an institution “safe” when

- both the mother and the newborn survive
- there is no maternal or neonatal morbidity, both short-term and long term
- the women and the newborn do not receive unnecessary/irrational procedures of drugs, and receive the essential care/ appropriate (both complicated and uncomplicated).
- those with complication receive emergency care and referral and transport
- those with complication receive the appropriate technical standard of care
- the woman receives all the relevant information and is consulted in care give to her.
- the women and the newborn are treated with dignity
- the women and the newborn are not discriminated in any way
- the women and the newborn are not abused in any way

Following these discussions, all the members were asked to get back to their respective thematic area for finalising their theme action plans.

Elections for New SC Members

Sundari opened the discussion regarding the vacancies in the Steering Committee of the Coalition and stated that for this an election process will be conducted and steered by Sunil Kaul.

Clarifications:

It was shared that two current SC members (Dilip Mavalankar and Leila) want to resign from the SC.

- A clarification regarding whether institutions can be members of SC. Sundari clarified that the person (could be an institutional member) is a member of the SC and should ideally be present personally and that an SC member cannot be substituted by an organisational member except for an institutional ex-officio member.
- The person nominated by the organisation housing the secretariat would be ex-officio member of the SC and a representative of ARTH would also be an ex-officio member of SC).
- In case an SC member is changing job or leaving an institution earlier represented in the Coalition, can if so desired continue to be a part of the Coalition.

Steering Committee:

<ul style="list-style-type: none"> ▪ SC members are elected from the membership of the Coalition. Membership to the SC is based on elections at the Coalition's membership meeting. Eligibility requires two years membership, except for constituting the first full Steering Committee.
<ul style="list-style-type: none"> ▪ The SC will have 9 members in total, including the Coordinator and ARTH's representative both of whom will be ex-officio members.
<ul style="list-style-type: none"> ▪ A quorum of at least 5 SC members is needed to convene a SC meeting.
<ul style="list-style-type: none"> ▪ Two Office-bearers will be elected from among the SC members as Chairperson and Financial Advisor.
<ul style="list-style-type: none"> ▪ SC members cannot remain in position for longer than six years. Two SC members will rotate off every two years starting from the 4th year of the constitution of the SC.
<ul style="list-style-type: none"> ▪ Two SC meetings will be held every year. SC members who miss two consecutive meetings and are not actively involved in discharging SC responsibilities may be requested to resign to make way for more active SC members.
<ul style="list-style-type: none"> ▪ The SC is collectively responsible for planning, implementing, monitoring and financial review of all Coalition activities in line with rules and procedures established by it. Each SC member will additionally take up responsibility for specific Coalition activities.
<ul style="list-style-type: none"> ▪ The SC is responsible for adherence to existing laws and regulations such as the Rajasthan Societies Registration Act, Income Tax Act, and FCRA that apply to ARTH.
<ul style="list-style-type: none"> ▪ The SC is responsible for raising funds for the Coalition's activities.
<ul style="list-style-type: none"> ▪ The SC will establish financial and administrative procedures and ensuring that accounting is carried out as required for audit.
<ul style="list-style-type: none"> ▪ The SC will carry out activities for strengthening the Coalition and identify emerging substantive issues in which the Coalition would be engaged.

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| ▪ The SC will appoint a coordinator who will be remunerated for services rendered. |
| ▪ The SC will elect a chairperson and a financial advisor from among its membership. |

Election process:

- Eligible members included Keerti, Rama Padma, Sandhya, Suchitra and Sunita.
- Proposed members:
 - Sandhya (proposed by Sundari and seconded by Sunita).
 - Suchitra (proposed by Subhasri and seconded by Leila).
 - Rama Padma (proposed by Sabala and seconded by Keerti).
 - Sunita (proposed by Rama Padma and seconded by Keerti).
 - Keerti (withdrew her nomination).
- 24 members present in the meeting voted for two persons.
- Members voted for included Suchitra and (tie between) Rama Padma and Sunita.
- All the members were asked to vote once again.
- Suchitra and Sunita were the two new SC members elected.
- The new SC members were requested to join the following SC meeting (to be held in the evening).

Future Plans Proposed by the Thematic Groups

Members interested to work in specific Thematic Areas

Maternal health	Neonatal	Safe abortion
Parvathy	Billy	Kamana
Subhashri	Sharad	Shilpa
Mona	SAHAJ	Suchitra
Rama Padma	Sunil	Keerti
Suchitra	Subhashri	Rama Padma
SAHAJ		Sundari
Rajendra Singh		Sabala
Rajanikant		Rajanikant
Sunil		Jeeban
Sandhya Gautam		Sunita Singh
Sunita Singh		Leena
Anagha		Sushanta
Jeeban		
Sushanta		
Leila		

Broad plans and action points for the next two years emerged from an intensive discussion and brainstorming session.

1. Action plan preparation by Safe Abortion group:

1. **Community level:** Trainings with SHG, TBAs, ASHA, PRI, Traditional healers, health workers.
Add checklist to Local Gram Sanitation monitoring teams (activities to be conducted in Bihar and Orissa).

2. **District level:** Sensitization of district level officers, Mapping of abortion panel (assess if they do surgical abortion by vacuum aspiration and introduce medical abortion), *Akashwani* programme for women, PRI training centres, ASHA module to include safe abortion component (activities to be conducted in Udaipur).
3. **State:** Orientation of CommonHealth members and a peer review of content (activities to be conducted in Bihar and Orissa).
4. **National:** Policy level advocacy to go beyond allopathy for provider base, Use other networks to encourage them to include safe abortion access issues in their work.
5. Research and documentation (creating resource centre), mapping, surveys, pilot studies, fact sheets, position papers, news updates, newsletter.

Notes: CommonHealth to create content for use during these interventions, Prepare a facilitators book which can be used along with this and create a film on safe abortion that can be used by all members.

II. Action Plan preparation by Maternal Health group:

1. National Campaign on Maternal Health

- Initiate a National level campaign on Maternal Health with the focus on “Safe delivery is every woman's right”.
- Coalition members in 4 -5 states to initially take this up with a common framework to be developed through discussions on the e-group or a meeting.
- Choose the states where members are already working on maternal health issues. For example, select states where the community monitoring programme of NRHM is going on.

Implementation strategy:

- The campaign to focus on stakeholders at the community level as well as engage with politicians/policy makers and the media, etc. To start up the process the campaign to find linkages with the already ongoing community monitoring programme of the NRHM and integrate campaign objectives and community level action into that.
- Ms. Rama Padma offered to work with the media on this.
- Ms. Parvathy and Mona Gupta from IIM Bangalore took in the responsibility of preparing a policy on the issue brief related to the issue of maternal health and safe delivery.

2. Advocacy around “safe delivery”

- Organise several meetings with women in different parts of the country and to bring out women's voices on what they thought were core ingredients for a safe delivery. A tentative definition of “safe delivery” was discussed (see page 7 in the report).

3. Mapping of organizations working on maternal health

- Undertake mapping of organisations working on Maternal Health to identify allies/ collaborators in order to strengthen and improve the agenda. Leila Varkey offered to compile a mapping of organizations presently working on maternal health issues and what they are doing and to make it available initially to coalition members.

III. Action Plan preparation by Neonatal Health group:

1. Defining “Right to Health for a Newborn”

- Background paper on Situation Analysis and rights of a newborn by involving a human rights lawyer and an activist working on issues of newborn health care in India.
- Organise a Consultation (including approximately 30 persons working on human rights, Maternal and Child Health and Reproductive Health issues, lawyers’ groups, professional organizations like NNF-IAP, FOGSI, SOMI and Government Institutions).

2. Perinatal and Neonatal Death Inquiry

- Review data and data collection systems within health (& ICDS) services for perinatal & neonatal deaths in 2 states.
- Locate protocols for stillbirth and neonatal death inquiry and adapt for field use.
- Still Birth and Neonatal Death inquiry by CommonHealth members (through VHSC wherever feasible) at community level and document case studies.
- Organise a pilot audits to capture Still Birth and Neonatal Death at facility level.

3. Information dissemination on Perinatal and Neonatal Death Inquiry

- Prepare information packs and/ or exhibits for use:

Audience:

- Primary care providers and officials.
- Panchayat levels.
- NGOs.
- To be used during local events and trainings.

Themes:

- Neonatal health: burden.
- Major killers – LBW, asphyxia, infection, etc.
- Caring for the newborn (especially home care); breastfeeding support.
- Recognizing danger signs, referral.
- What you can do to prevent newborn deaths.
- Newborn health within SBA, IMNCI, EmOC/ EmONC, etc.

4. Establishing links and interact with existing groups

- Establish linkages and strengthen alliances with CRPC and child rights group, Neonatal and child health policy group, Right to health group (JSA), Right to food (supplements for nursing mothers) and BPNI and similar groups.
- Both the abortion and neonatal groups are talking about training for ASHAs and there is a common agenda here.

Though these plans emerged from the meeting, however, it was decided that the consolidation and concrete planning will be the responsibility of the theme leaders in consultation with the theme group members of the Coalition.

Annexure 1

Steering Committee Members
3rd General Members Meeting April 10th and 11th 2009

1. Renu Khanna, Financial Advisor
2. Sharad Iyengar, Ex-Officio Member
3. Sundari Ravindran, Chairperson
4. Sunil Kaul
5. Leena Uppal, Coordinator, Ex-Officio Member
6. Leila Celeb V

General Members
3rd General Members Meeting April 10th and 11th 2009

7. Anagha Pradhan
8. Arvind
9. Billy Steward
10. Jiban Kishore
11. Keerti
12. Parvathy Shankara Raman
13. Rajendra Singh
14. Y. Rama Padma
15. Sabala Singh
16. Sandhya Gautam
17. Sangeeta Mecwan
18. Subhasri
19. Suchitra
20. Sunita Singh
21. Sushanta Garada

New members and organizational representatives

22. Mona Gupta (New member)
23. Rajnikant Lawana (New member)
24. Shilpa Shroff (New member)
25. Jaya Valankar (joined on the second day)
26. Jayeeta Choudhury (joined on the second day)