Coalition for Maternal- Neonatal Health and Safe Abortion

4th General Members Meeting

St. Pius Complex,

Mumbai

September 28th & 29th , 2010

A Report

Report of the 4th General Members Meeting
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Contents

Day 1: September 28th 2010

<u>Welcome and introductions, review of agenda, request volunteers for feedback and co-chairing, film reviewing plan.</u>

Dr. Suchitra Dalvie, Coordinator CH introduced herself and welcomed the members. This was followed by a round of introductions.

Each member introduced himself/herself and spoke about their work and period of affiliation with the coalition.

Welcome address by Dr. Sundari Ravindran, Chairperson, CH

Dr. Sundari shared the national and international context in relation to maternal health. Till the last four to five years the issue of maternal- neonatal health and safe abortion was not in the forefront as it is today. In the year 2003, the members came together and formed the Coalition. The goal was to raise the visibility of the state of affairs on maternal and neonatal

health especially of the marginalized in our country. The goal of CH is in accordance with the Millennium Development Goals where reduction in maternal mortality rate is one of the goals. She mentioned that the UN summit ended last week in which the lack of progress on maternal health indicators was reviewed. Ever since JSY (Janani Suraksha Yojana) was introduced in India and institutional delivery was encouraged, many NGOs had got involved in the monitoring the JSY. Till date the visibility of the issues related to maternal health had increased considerably as compared to that at the time of formation of coalition.

The purpose of the meeting was to share to what extent these programmes had reached to the most deprived, marginalized and others. Their voices were needed to remind what the reality was. The intent of sharing of experiences was not to criticize but to point out the gaps. CH agenda is the same as that of the Government, but there are some differences. CH tries to look at the inequalities, social determinates - poverty, housing quality, gender, caste and others. CH does not believe in only making facility/services better since there is more to it than that.

The issues of maternal health and safe abortions should not be discussed separately; they both are very much a part of each other. Placing the entire continuum of pregnancy, placing safe delivery and safe abortion as social justice issues and for women's right to control and take decisions related to their bodies is necessary.

CH task is to advocate for issues that have not been heard. There is a need to talk about these issues at the state level, district level and local level. She urged the members to look into the utilization of resources as they were also a part of the mechanism.

Setting the agenda- Dr. Suchitra shared the agenda with the members and invited their comments on it.

Annual report was presented by Coordinator, Dr Suchitra Dalvie. Some relevant points from IWHC evaluation were also shared. Discussions were initiated as to how GBM could be part of strategic planning.

Minutes of previous meeting were reviewed and confirmed **-** Action points from previous GBM held in April 2009 were also discussed. The m*embers' expectations from the Coalition were shared along with what members can contribute to the Coalition, as discussed in the earlier meeting.*

Dr. Suchitra presented the highlights of the **Second Steering Committee** meeting of 2009 which was held in Sept, at Trivandrum. The results of the SWOT analysis conducted during the meeting were shared.

The strengths as a Coalition are

- Diversity of membership
- A Steering Committee deeply committed to promoting maternal-neonatal health and safe abortion
- Members' capacity for mentoring
- Credibility of members

And the weaknesses are

- Organizational structure not appropriate to realize the mission of the Coalition
- Lack of adequate human resources making it difficult to translate commitment to action
- Communication between Steering Committee and members happens face to face only once a year (only some members attend)
- Relatively low ownership by general membership

Strategic decisions taken in the SC meeting were:

- CH will channel the diverse resources and mentoring capacity available to
  - effectively mentor a new generation of advocates, and especially community-based groups to use the policy spaces currently available (through NRHM's mechanisms for participation) to advocate for maternal-neonatal health and safe abortion issues at the state-level
  - Engage in discourse-building and agenda setting on the three themes at the national level
- Will establish state-level organizational structure to promote and support membership to become effective advocates for maternal-neonatal health and safe abortion.
- Will invest time and energy on expanding membership and building a robust organizational structure that will make it more effective in its mission.
- Will consider the feasibility of becoming a registered organization in the near future, with an adequately staffed secretariat capable of implementing the mission of CH
- We will aim to create a secretariat which will be led by a senior person and have at least three programme officers, one for each theme, and adequate support staff.
- In the next two years, we will explore the possibility of creating State-level working groups
- The Steering Committee will have only governance and "steering" functions.
- The three "theme leaders" will provide strategic and technical guidance in the thematic areas, and will help the Secretariat develop action-plans and implement these.

Dr. Suchitra shared salient features of the IWHC **feedback on CH evaluation** carried out at the end of the grant period July 2007-Dec 2009.

CommonHealth: Achievements and Lessons Learned - presented by Khushbu Srivastava from International Women's Health Coalition to CH Steering Committee Members at Mumbai on January 13- 14, 2010. Goals, methodology and scope of CH in view of the actual activities conducted during the period and conclusions were mentioned.

Recommendations incorporated in Strategic Plan so far have been

- Training programmes to be handled like institutes with ongoing contact with participants and facilitation of the advocacy action plans
- Greater ownership and involvement of the GB members in CH programmes and planning processes

- Mentoring to be reduced to 2 sites with more intensive mentoring visits and involvement
- Collaboration with like minded organizations for a network effect

It was highlighted that despite the limited resources, the scale and scope of activities was very wide for CH.

Based on the recommendations some of the actions initiated so far are-- - regular communication has been established with the members and the list serve has been activated for improving the information sharing. Website is being re-designed and factsheets have been sent to the members. The presentations based on the CH factsheets and a document on benefits of being a CH member, drafted for the prospective members, would be shared with members during the meeting.

Finances of CH- Funds received till date from MASUM and IWHC were shared as per the line items and budget. A clarification was provided on the funds received from MASUM saying that the grant had been allocated from the balance grant received by them for their work on coordinating Circle of Rights. MASUM was an NGO and not a regular donor. MASUM was working on social and economic rights and hence CH could get the under spent grant.

CH Activities Report: Highlights of the work from April 2009-March 2010 and April 2010 - September 2010 were presented.

The information on work in terms of Website, list serve, Fact Sheets, workshops and collaborations were presented. CH representation through the members at various meetings and conferences was also shared. Work done towards preparing the CH members resource mapping questionnaire and CH Information document for prospective members was also discussed.

As per the decision in previous GBM to advocate for shifting the discourse on maternal health from “home vs. institutions” to “safe delivery” - CH had collaborated with RUWSEC and Makkal Nalavazhvu Iyakkam (Jan Swasthya Abhiyan, Tamil Nadu) to organise in Chennai a consultation on safe delivery concerns in Tamil Nadu on September 19, 2009.

Members were request to share their work or related information with secretariat so that it could be posted on the list serve. Referring to the membership mapping form it was mentioned that the CH membership form already incorporates some of the information sought under mapping and hence other relevant columns must be filled.

Future Plans - Programmes and collaborations planned as of now-–

- Jharkhand and Orissa Advocacy Projects will be mentored

- Website and brochure to be re-designed

- CH will collaborate with CREA at the Hindi workshop on ADHIKAR, VIKAS AUR SANGHARSH - EK ADHYAYAN ,(Rights, Development and Struggle: A Human Rights Institute in Hindi) November 22 - 26, 2010 | Manesar, Haryana, India

- Renu Khannna talked about the Gujarat meeting on messaging around declining sex ratio, son preference and gender inequalities. It was a small meeting which ended with the conclusion that a larger meeting would be organized and it would be good to bring in persons from the government IEC department as larger material is developed by them. Women power Connect and Chetna were among the partners for organizing the meeting. CH SC had suggested the meeting to be on a larger scale rather than being a state level only. A regional meeting to be organized which could have representatives from Maharashtra, Gujarat and Rajasthan.

- Making pregnancy safer –Total 61 applications were received but only 20 participants could be accommodated. An attempt was made to choose at least three participants from each state with priority given to EAG states. Among the applications received for this course, 24 applications were from Gujarat. The applicants shortlisted were mainly Govt officials and NRHM. Hence it has been planned to have a separate course for Gujarat participants. This would be planned either in collaboration with IIM – Ahmadabad or with the State Govt.

- ARROW – collaboration for developing a dynamic website – Information on the ARROW website – Women are Watching Their Governments (MDG) was shared in which the voices from the ground would be included. Collaboration of CH with ARROW was being planned under which a similar website would be developed with state wise chapters. The technical and financial support would be provided by ARROW. This would be a live website which would have India map and a click on state would provide the information pertaining to that state. It would require regular updating and inputs from all the members.

Organizational structure:

It was shared that the mechanism at the local level for the interactions was very low and the resources to translate actions were low.

One of the members expressed the need to discuss two things

1. Whether to look at common health as an organization or as a network.
2. Expansion of membership – how to do that and what should we do.

One of the members participating for the first time requested the organization structure to be shared.

It was discussed that if CH had to work at state level, then a state level structure was required to be established. State level discussion would come into strategic plan; reference was made to the feedback plan to consolidate member's activities. Orissa, Assam and Jharkhand are the focus states in view of the earlier work/ advocacy projects implemented

there. Setting state level structures would have funding implications and resource mobilization was necessary.

A member from Bihar expressed the concern as to why Bihar was not considered as a focused state by CH as some work had been done in Bihar in the previous years. In response, it was mentioned that CH was a network which had its own limitations but the issues were still open to be taken up and discussed and accordingly further decisions could be taken. It was clarified that the feedback of the members was being sought on the issues which were pointed out by external evaluators.

Post tea

Member's Expectations - Members were requested to share their thoughts on which things needed to be clarified and what were their expectations about the meeting.

Following were the responses-

- To get clarification on the terms of organization and network
- Discussion need on the thematic group strengthening, functioning of thematic groups
- No queries as being a new member it was more of a learning opportunity
- More information on the thematic function
- Clarification on State specific structure and a member's responsibility to contribute to the growth of the network
- As member what was a member's role and responsibilities and more clarification on Coalition's identity as a network
- How could a member contribute as an individual member in CH work and also in Thematic areas
- To know about how CH would support the work in Bihar, as it being a sensitive state and issues that were prevalent in Bihar were also core of CommonHealth issues
- As already the member's organization was involved with other networks and hence could contribute by sharing the experiences learnt with those networks. To look at the scope of collaborating as resource persons in the maternal health related work and trainings.
- There was increase in understanding CH. Wanted to know how to get involved in thematic areas and contribute in it.
- To understand how an individual can contribute in the work that CH was doing
- Interest was more on learning as the current work in their organization was around maternal health.
- Even though CH was trying a lot since last few years but the messages were not reaching to grassroots level. There was a need to work on HIV/AIDS issues.
- CH should continue to work with Bihar as the state needed work around HIV/AIDS, RH and maternal health.
- Common Health was acting somewhat as a resource agency that was the reason why members thought that that they would get something. CH is struggling hard to collect money and do work within the limited resource. CH is a network and the

work of members was the work of CH. If there were three to four people working in a state then it shows that CH was working in that state.

- Need to discuss as to how to increase members' contribution.CH was not one person or few persons resource agency. Need to think as to how to make CH a vibrant organization.
- Who was a GBM? What was the accountability of a member?
- CH members have hope that SC will provide direction. SC should not be considered a resource agency for guiding the work. CH does organize training from time to time and hence there was need to create a platform for motivating members to get involved, that would be based on equality. CH needs to influence the change and hence there was a need to create change at the local level in order to build pressure at the local level. There should be demand for CH to get involved from the members working at local level and CH would join in to work at local level.
- How could one contribute as an individual?

Expectations/thoughts of people were summarized under following broad points-

1) What a member could contribute in CH work and roles & responsibilities
2) What were the thematic groups, how they worked
3) State specific structure
4) CH structure – whether CH was a network or an organization
5) Exchange of information

Roles responsibilities of members, benefits of being a CH member: Sukhbir, Programme Officer, CH. This document would be shared with the prospective members and also uploaded on the website.

Feed back and discussions following the presentation were:

- There was a need to include the experiences from the existing members as to how CH members have been benefited by their association with the coalition. This would provide clearer perspective to new members. Hence the need to include more examples
    - In response to this Lindsay shared her experience of information exchange. How she could meet many different members having different strengths. She had sent her staff for further practical training and was able to change and upgrade some of the practices at their centre.
    - Gayatri mentioned that by being part of CH she was able to participate in a workshop and later on take up further courses which strengthen her professional skills. She was able interact with members which gave her to motivation to work with more energy
    - Renu shared that as Sahaj was involved in urban health work, during one of the SC meetings held in Gujarat, they had invited Lindsay for a presentation and sharing her field experience. The rural perspective was made clearer to the Sahaj team, they were very much impressed by the work in rural areas and till now they discuss it very often.
    - Sharad shared that CH had contributed to the setting of agenda of sex selection and safe abortion in Rajasthan. He cited an incidence where lot of

fetuses were found in lakes and other places, so religious leaders and others having political affiliations were trying to push for abolishing the MTP act. In this process some of the NGOs were also getting influenced. The movement around sex selection should not mean that we do not talk about safe abortion or become anti abortion. From time to time CH has organized trainings. The major contribution was by CH in safe abortion. The workshop on "Creating - Common Ground", provided a lot of clarity on these issues.

- Suggestion in point three of Benefits - to change the wording from "be a part of various projects and actively collectively planned by CH" to "be a part of various projects and actively participated by CH"

- CH membership - During the workshops when the new applicants apply for membership, there should be a complete scrutiny of the applicants. Just by being at the workshop should not entitle the participants to be eligible for membership.

- The work has to be done in terms of defining criteria/ rules for both individual as well as institutional members.

- One of the members shared the fear that incase he/she had introduced a member, then whether the liability lies on him/her if there has been some wrong doing on the part of that member

- Some of the discussions on Accountability were
    - Accountability of being member of CH and need to think it through as to how members were accountable as being CH members.
    - It reflects that whatever work of CH was taken up as being a partner and in collaboration with other agency, then members need to feel accountable to finish the work and also take it to logical conclusion.
    - Accountability goes beyond the physical work/project that members were doing for CH. It becomes accountability for the mission of CH.
    - Need to be little realistic about the timeline.
    - One of the members expressed that accountability could be in three ways:
        1) Individual journey
        2) Organizational goal
        3) Coalition - personal and professional

  As a member one should be accountable, as an individual member, to the goal of CH.

    - It was discussed that even though CH's identity is its members, and yet at the same time CH also has its own individual identity while interacting with the external world. The function of SC was concerned with governing while secretariat had executive functions. CH and General Members has accountability towards each other.

Decision on MAA – Following the discussions on the CH membership, the issue of the financial default by MAA, a CH institutional member was brought on board for further discussion.

The GBM was informed that MAA, an institutional member, had worked on a small project on lack of access to safe abortion in Bihar. The organization failed to complete the work and financial reports. They failed to abide by memorandum of understanding. SC had discussed the issue and has decided to put it in front of GB members, with a recommendation to terminate the membership of MAA.

Some of the views expressed by the GBM were that the organizations that don't have FCRA need not to be involved in grants. In response one of the members stated that all the organizations with FCRA could not be considered as fair organizations.

The fear of limiting factor for CH membership due to the condition that the applicant needed to be introduced by the existing one was expressed. There is a need to keep the membership issues separate from the issue of giving sub grants. In case of application from a particular state, the cross checks with the existing CH members in that state would be done.

It was further shared that CH had given sub grants to individual as well as institutional members. There was need for more rigorous selection of the sub grantees. A process for this had to be worked out. Gayatri Giri, one of the GBM volunteered to work on the guidelines for selection of sub grantees.

After deliberations it was unanimously agreed the MAA's institutional membership should be terminated.

TORs of SC members, mentors, theme leaders – Dr. Sundari
Terms of references for SC, mentors and theme leaders were shared along with the election process for SC.

SC members: The TOR of SC membership was presented. Role of Finance holder was explained. The need to have members with expertise in the thematic areas was expressed in order to replace the SC members which would rotate off next year.

Theme leaders:
After presenting the TOR of theme leaders, it was acknowledged that it was very ambitious. Since the theme leaders were already working in their respective organizations it was difficult for them to fulfill all the expectations in the TORs.

One of the theme leaders shared that during the last year certain set of activities were undertaken which included some work at grass root level but not much was done at conceptual level. Ownership by the common health members on thematic areas was lacking and it was suggested that instead of one person there could be group of people to provide the support and take a lead in the thematic areas.

As the Neonatal group was very small nothing much had moved under that thematic area. Group level initiatives were limited. The execution of activities should be role of secretariat.

A question was asked that whether there was any budgetary allocation as per thematic areas.

It was shared that there was a difference in the working of a network and an organization. Ultimate goal was not to build three groups and work. There was need to contemplate upon how and what could one do as an individual, immaterial wherever the members were located. Thematic groups were peer groups with a purpose to inspire rest of the members to take particular stand on a particular issue. It was a thought leadership to provoke thought provoking issues for discussion.

Query was raised on whether these thematic areas of work were required? There was need to discuss whether the work on maternal health could be done without working on Safe abortion and neonatal health. Has to deliberate upon how integration was going to happen and how could it be done. The themes should not be separated but there should be integration of the themes.

Post Lunch:

Presentations by members:
Moderators: Renu and Abhijit

The presentations were divided into the broad categories of **Abortion** and **Maternal Health.**

Abortion

Asia Safe Abortion Partnership - Dr. Shilpa Shroff, Programme Assistant
Dr. Shilpa talked about how the Asia Safe Abortion Partnership (ASAP) came into existence during a meeting organised by the International Consortium for Medical Abortion (ICMA). ASAP was a network of activists, doctors, researchers, lawyers and many others from Asia working to improve access to safe abortion for women in Asia and also spoke about its membership which consisted of 80 members from 15 different countries across Asia Pacific region. Highlights of ASAP work in the recent past included - Capacity Building workshops on Safe Abortion: A Comprehensive Update, Abortion Advocacy Training and HeRWAI (Health Rights for Women Assessment Instrument) Training and Media Workshops. Dr. Shilpa spoke about the Hotline "Suhailie" launched in Pakistan to give information on Misoprostol use for PPH and Safe abortion which was first of its kind in Asia. A total of 213 calls had been received in the last 2 months (including the follow up calls).
Aware Girls got 4 calls to condemn the initiative of Hotline. They have started a facebook page to disseminate this information.

Advocacy on Safe Abortion in 3 districts of Bihar (Muzzafarpur, Patna & Nawada) 2009- Gramin Evam Nagar Vikas Parishad (GENVP), Bihar - Ram Kishor Prasad Singh, General Secretary
Mr. Singh spoke on the project-. Introduction, Rationale of Activities and objectives were presented along with the Activities, Expected outcomes and Implementation of the project. Some of the findings mentioned were- Women suffer a lot due to unsafe abortion which sometimes lead to death, Most of the abortions are among unmarried pregnant women and in many cases by parents who don't want more children. Mostly women prefer to go to

unregistered medical practitioners like RMPs / Dai's / Untrained nurses and finally to private nursing home and govt. institutions, Women mostly perceive that abortion is illegal in India and the cost was between Rs. 600 to Rs. 4000 per abortion along with the finding that Doctors, nurses needed proper training on MTP.

Challenges/ learnings included- Women neither perceive utilization of safe abortion services nor comprehend need of abortion care facilities in their area, the community is ignorant of the sensitive issue of reproductive health, the community does not realize the entitlement or right to safe abortion and abortion care, the perception of non-formal service provider on the legal aspects like MTP Act and PCPNDT Act is not yet very clear.

Talking about the future Action plan mentioned- Undertaking wide spread awareness creation and information dissemination at community and service provider levels, Advocacy targeting access to quality service, Community level collective social actions aiming at removing stigmas and negative attitudes prevalent, Networking with community institutions and civil society organizations and service providers.

Saving women from unsafe abortion - Lok Chetna Vikas Kendra, Bihar – Mr. Rajendra Prasad presented the rationale of activities and the objectives and information on the implementation of the project. Some of the achievements of the project which were shared that 3200 villagers male and female of 34 villages of Akabarpur Block were reached under ASA Project of Path Finder International, 140 ASHAs of Nawada Block trained under CAC Project of Ipas, 120 Traditional Dias of Nawada Block trained under CAC Project of Ipas, training to 5 lady MBBS doctors of Nawada District under ASA Project of Path Finder International. Challenges encountered were that the issue of safe abortion was not discussed in rural areas, un-availability of registered facilities, and trained doctors except District hospital and Surya clinic. The action plan for future was focussed on Sensitisation of different stakeholders i.e. TBAs, ASHAs, RMPs, Panchyati raj Representatives, administration, political & social workers in 5 years, to do advocacy with Government for facility of safe abortion at PHC level and establishment of health centre with safe abortion facilities at local level as an alternative arrangement.

Integrated Health And Development Agency for Weaker Community (IHDAWC), Orissa- Mr. Ajay Das, Executive Director cum Secretary. Mr. Das shared about his work on different health issues in Orissa. He also spoke about the various indicators which were actually very low as compared to the Govt. statistics, for example the literacy as per government record was 33 as against the IHDAWC survey which showed it to be as low as 23 per cent. Work on women's empowerment was taken up through SHGs. He shared the observation that the labourers were more vulnerable to unwanted pregnancies and the situation becomes worse when they are misguided on the abortion services. In the absence of the government functionaries the SHGs were trained to work in the community.

Verbal Autopsy – a tool to reduce maternal deaths? - Deepak Foundation, Gujarat – Dr. Nandini Srivastva. The flow of presentation was to present Safe Motherhood and Child Survival project, Verbal autopsy, Lessons learnt followed by Action Plan.

Safe Motherhood and Child Survival Project - *A Public Private Partnership Initiative* with the goal to reduce Institutional deliveries to >80%, MMR to < 100 /100,000 live births and IMR to 30 /1,000 live births which was *In line with goals of MDG, NRHM and Guj. State Pop. Policy.* The bbeneficiaries under the project were pregnant and nursing mothers having children less than 1 yr, with a focus to address the delays at all levels. The multipronged BCC activities, strengthening village health and sanitation committees, making public health services available and accessible were discussed. Information on beneficiary Tracking and CMIS was also shared.

Steps in Verbal Autopsy- Completing the surveillance cycle were discussed.

Challenges faced were - Mismatch with Govt. service data, reporting maternal deaths perceived as threat for underperformance, system for consistent monitoring does not exist, no point person responsible and no action plans made based on gaps portrayed.

Future Action plan was to take on advocacy with State and District officials to conduct mandatory maternal death audits, regular attendance in DHM meetings to ensure sharing of maternal death audit findings and action plans, establish NGO Networks and skill building of grassroots functionaries in post natal home visits and newborn care.

Impact evaluation of Chiranjeevi Scheme on maternal and neonatal mortality, Gujarat - Gayatri Giri CMHS, IIM Ahmedabad. She shared the rationale of study along with the objectives and methodology.
Primary analysis plan estimation Vs actual surveyed-phase-1 was shared.
Learnings from the study

- Gap between estimated and surveyed events
  - From the survey and 5% field verification
  - Birth and death reporting differs as per different sources - CRS, ANM, ASHA and AWW
- Time consuming and costly affair to derive common consensus on events reported from various sources
- Challenging to carry out survey in difficult and remote areas

Future Action plan

- Phase-II -case control study would start from October, 2010
- Maternal death, neonatal death and stillbirth verbal autopsies will be conducted through household level survey
- Findings will be shared with all stakeholders

Maternal health

Sub centre as Agency for Maternal Wellbeing, Empowerment Demonstrated through NGO Assistance, SAMWEDNA - implemented by Shikshit Rojgar Kendra Prabandhak Samiti (SRKPS), Rajasthan, supported by Population Foundation of India (PFI) New Delhi, Action Research and Training for Health (ARTH) Udaipur.

Mr. Pradeep spoke about the working areas of the organization and later explained the introduction, rationale of activities, staff structure under this project. Objectives, indicators and expected outcomes were mentioned.
He stated that the health centre established under the project i.e., Aapno Swasthya Kendra has developed the image as a Model Sub-center in the community.
Some of the achievements under the project were

1. Got the affiliation of JSY through Govt. from August 2008.
2. Increase in number of delivery from 25-30 average per month.
3. Increase in number of OPD patient from 450 to 520 per month.
4. Reduction in number of referral cases.
5. Provide JSY cheque & birth certificate to New Born at the time of discharge.
6. Increase the number of doctor visit for OPD.
7. From 30-40 km pregnancy cases are coming to the ASK for delivery

Challenges:
In this project we faced some challenges also:

1. To build our image in the community as a health provider.
2. To create awareness about our health center & services.
3. Getting JSY approval for ASK to the health department.

Learnings:
Through this project we learned some good things:

1. How we can build our image and faith in the community.
2. How we can get a good response from community.
3. If we want to work for others then we have to think like them also.
4. The awareness creation is not very tuff for us, if we understand the people and know their need. Just pass your information in their way.
5. You can't publicity your work better then other's because they feel your services or work.

Future Action plan: Even though in December 2010 the project will end but SRKPS would continue the work in health centre (ASK). In the future one more health center like ASK in other block of the district would be started. In case the government hands over the Sub Center to SRKPS, then the work would continue as that in ASK.

Mr. Pradeep explained the difference between the delivery at ASK centre and government centre, that the delivery at ASK was not conducted by Doctor.

Talking on the partnership he explained that the machinery of Govt. was used. Keeping future sustainability of the initiative in mind, there is a continuous effort at the centre to motivate the women to go to PHC for delivery.

Working for comprehensive health of urban poor women with men's involvement, SAHAJ SHISHU MILAP, Gujarat - Rehana
The project was started with the objective"To develop a model of comprehensive women's health for urban poor women in Vadodara" to ensure Physical, mental and social health of women with men's involvement at each stage of life. The population coverage, the work done by health workers and health committees and some of the outcomes were shared.

Strategy for male involvement in maternal health was as one to one interaction with husbands of currently pregnant women, lactating mothers and women who wanted contraception. The achievements so far with this strategy under maternal health, contraception and safe abortion were presented.

In the end the following expectations from GBM meeting were mentioned:

- Guidance on neonatal care especially messaging in the community
- Peer review/ interest group/collaboration on production of material for addressing men
- Information on urban health structure

Action Research & Training For Health (ARTH), Udaipur, Rajasthan - ARTH at a glance – Ms. Shibumi Prem.
Shibumi provided information on ARTH, its mission, area of work and coverage was mentioned. Three programme areas of Reproductive Health, Child Health and Health systems and Policy along with four areas of action were discussed. She talked about the human resources and RCH services offered and the results achieved by health centers, established by ARTH.
Technical and programmatic support by ARTH was provided through, the School of Midwifery Practice (2007-10) under which trainings for various levels of health functionaries were being conducted. The work done for promoting evidence based maternal and newborn care in Health Facilities of Rajasthan and information on consultations was shared. Communication Material developed by ARTH which included Posters trying to define safe delivery, Set of posters developed on Implementing delivery and newborn care practices in health facilities was projected.

Improving access to quality maternal health care: Advocacy strategies for care providers and the community in Bokaro district, Jharkhand - Jan Chetna Manch, Lindsay Barnes
Dr. Lindsay presented the main activities of JCMB pertaining to community mobilization, development of advocacy tools and meetings with health care providers.

Advocacy materials developed by JCMB included sets of 8 leaflets on maternal and child health were shared. Posters for community mobilization and drama on issue of maternal health to encourage villagers to find solutions and songs developed were shared.

Meeting with Informal Care providers was organized with an objective to warn of dangers of oxytocin and to inform on how to use drugs in rational & safe way. Meeting with Government & Private Doctors on maternal health in Bokaro -a cause for concern was organized in which a report by Jan Chetna Manch, Bokaro on 'Saving Mothers' Lives: What Works' was presented.

While concluding her presentation Lindsay mentioned that of her work was that the SHG's and families had not reported any death, the use of oxytocin has reduced and there was no abortion related death in the last three years. Facilities for deliveries in the PHC were better than that of CHC.

Discussions following the presentations

- A concern was raised as to whether the terminology of private sector should be used for NGO. It was agreed that the terminology had floated and has been internalized by the people involved in the work. Hence the government grants to NGO's were being looked as PPP.
- It was further shared that under NRHM many task groups were set-up. Social organization groups like Karuna Trust and VHAI wanted to take up certain government facilities; hence the term PPP was being used. Social Sector organization i.e., not for profit organization and for profit organization must not be treated same. We have to differentiate between these two. We have to distinguish between profit making organization and nonprofit making organizations.
- It was expressed that since Deepak foundation was working with CSR, hence the charity organizations should not be taken as private partnership.
- The work done by various members was appreciated and it was expressed that this was an opportunity for cross learning due to the experience sharing across the members.

Post Tea:

Neonatal Health -Current challenges/ issues, Technical Updates - Dr. Sharad Iyengar, Theme Leader, Neonatal Health

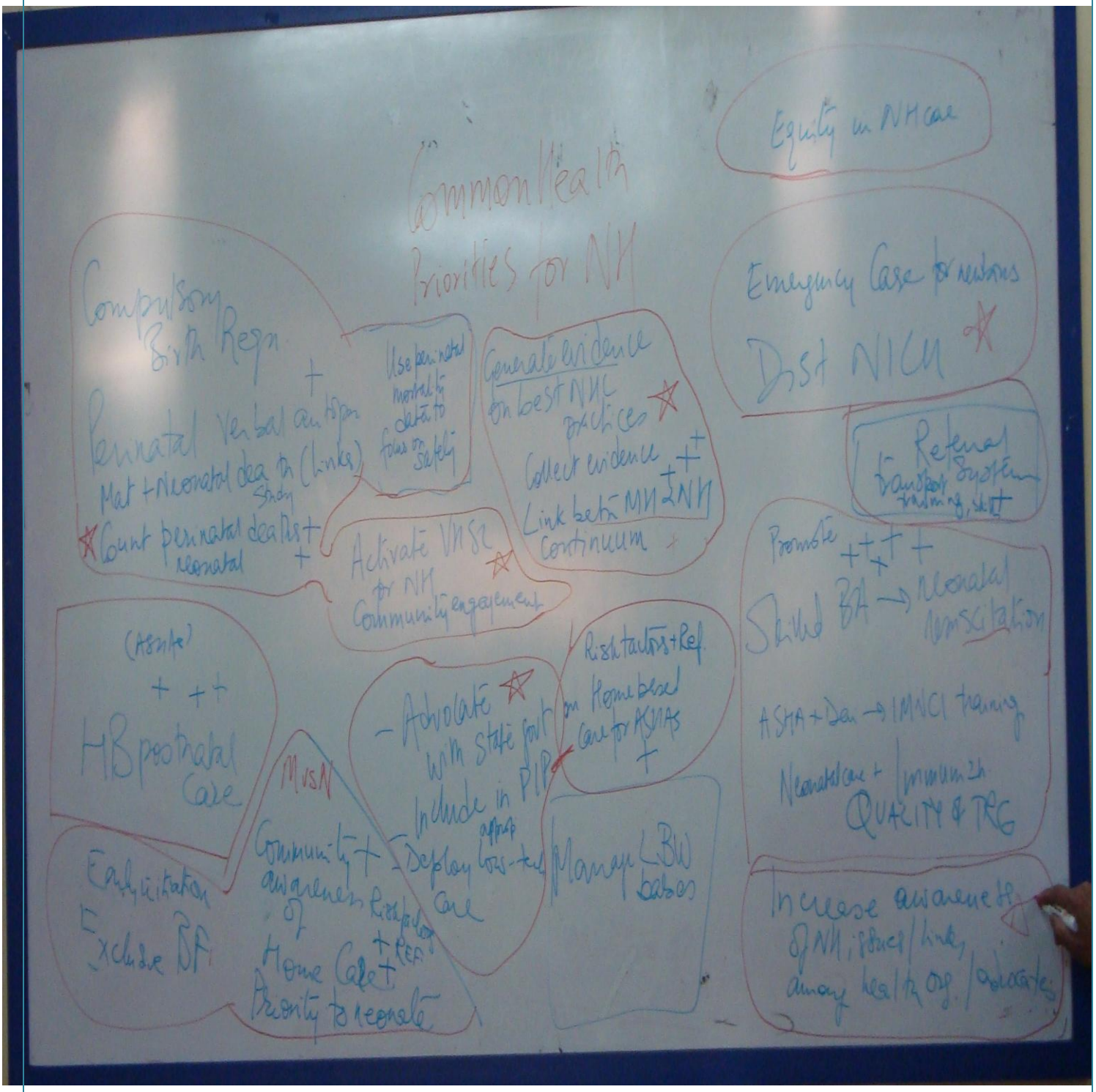
Group Exercise – Dr. Sharad started the session by inviting inputs from the members as to what three priorities for NH care should be taken up by CH.

Following were the thoughts of the members, put in different categories. Some of activities identified in order to be taken up by CH*

*Compulsory birth registration Peri-natal verbal autopsy Maternal+ Neonatal deaths	*Generate evidences on best NH care practices Collect evidence on links b/w MH & NH (care continuum) -Use perinatal mortality data to focus on safety	Equity in NH care
Counting and establishing linkages	*Activate VHSC for NH Community engagement	*Emergency care for Newborn Dist NICU
ASHA's + Home based post natal care	*Advocate with state govt. on home based care for ASHA	Training of all level of providers ++++++
Promotion of exclusive breast feeding/Early initiation of breast feeding	*Include in NRHM PIP	Promote Skilled BA-neonatal resuscitation ASHA+ Dai- IMNCI training
	State govt. to train ASHA for HBNC ++	Referral transport system
	Evidence on MH+NH gathered and linkages	Training of personnel involved in referral

	highlighted	
	*Community messages on Do's & Don'ts of home care	*Increase awareness on NH, studies/linkages with MH - Training of organizations/ advocates (technical aspects to be included)
Community awareness + Slogans - linking MH & NH	Deploy low cost appropriate technology to manage LBW babies	Emphasis on quality of training

***Some of the issues that emerged as important for CH to take on**



Discussions after the exercise were -

- It was shared that there was need to understand why community acts in certain way.
- It was very difficult to change the practices at the community level.
- There was need to use two or three different ways of analysis to find out why community behaves in certain ways. It is an unconscious way in which women, conceive and die. Consciousness needs to be created on the value for life. Exercise with women needs to be taken up to create conscious calculation in terms of children borne/ death.
- Cost benefit analysis has to be done. The analysis had to taken up in multiple layers.
- In some communities on seeing the deterioration in newborn's health, even home care was stopped. People accept it by saying that another one will be born in future.
- Media also focus on the life of Mother (bigger living being) and neglect the new born (smaller living being). Positioning of the maternal survival and the child survival as an alternative for each other was being done.
- We cannot go to women and ask them to value life. Hence, there is need to draft interventions by considering the prevalent conditions. In the community the decisions were not always taken by women, as there different influencers, which has to be considered while planning interventions.
- Talking on Sick Newborn Care Unit (SNCU) and Facility Based Newborn Care (FBNC), it was expressed that there was a need to put forth the critique for both the approaches.
- It was also desired that the material generated by CH should also be made available in Hindi language to be used at local level.

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- It was very difficult to change the practices at the community level.
- It is an unconscious way in which women conceive and die, they don't value life. Need to plan to carry out some exercises with women in order to create consciousness. People count number of children borne/ death.
- Cost benefit analysis has to be done. The analysis had to taken up in multiple layers.
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Strategy for neonatal health, neonatal health thematic group, CH
Dr. Sharad started the presentation by sharing the statistics to show the extent of the problem. He mentioned the three main causes which account for nearly 80% of these deaths as infections, asphyxia, and preterm birth. He further stated that these deaths could be prevented though appropriate measures.

A factsheet developed on the neonatal health situation in India can be accessed at: \commonhealth\chresources\Newborn_Fact_sheet_Final_21_june_2010.pdf

Neonatal Health Care Priorities at various phases were shared. It was stressed that the home visits for newborn care by a trained health worker could save lives. The facts observed on the effectiveness of home visits for newborn care mentioned under different studies were presented. Recommendations on home care visits were - on days one and three of a newborn's life, and if possible, a third visit on day seven. Guidelines to be followed by health workers were discussed.

Importance of piloting the counting and/or audit of peri-natal or neonatal deaths by engaging VHSCs to prepare reports in order to generate and disseminate information on neonatal health were discussed.

A right to health for the newborn was discussed in detail and there is a need to consider it in the context of abortion, stillbirth, and neonatal death. Before birth, it could be considered as woman's right to survival of her fetus, and after birth consider a right to life and health for the newborn. As the newborn and the mother of a newborn too were largely in a state of dependence on family and community, the obligations get transferred to these secondary influencers. The different rights that could be articulated for newborn were explained. Steps to articulate a right to health for the newborn were shared in the presentation as

- Develop a concept note
- Share with a working group of interested persons
- Revise and develop a position paper

Dr. Sharad ended the presentation by leading the discussions as to how to take it forward. The work in the coming year will be focused on generating evidence which would be shared with other members.

Documentary film – "Enough of this silence" by Gender and heath equity project was screened at night.

Day 2: September 28th 2010
Review preview, sharing feedback – Sukhbir Kaur and Sunita Singh

Sukhbir provided a brief review of the first day's proceedings.

Sunita presented the feedback collected from the members. The feedback was requested on the following points - process, member's participation and any change needed.

Following analysis was shared

1. Process: Most of the members felt it was good while one member expressed that it was nothing new. Majority of members said that the meeting was interactive, informative and interesting. It was expressed by one of the members that the meeting was quite transparent. One of the members expressed that the songs developed by members on the thematic areas, to be used in the community activities can be shared during the meeting.

2. Participation:

Majority of the members expressed that the participation of the members was good and active, while some of the suggestions were -

1) Need to improve participation from all members
2) More time for discussions on technical aspects of work related to thematic areas
3) Got opportunity to think where I can participate in CH activities
4) Since the meeting of 80% in English and 10 % in Hindi and so, it was difficult to understand
5) Though my participation was average, but learnt a lot
6) Got opportunity to share our experience
7) My participation was as learning process, got an understanding on CH as a network and its scope of working

3. Any change needed:

Majority of members expressed that no change in agenda was required, while some of the suggestions were-

1) Agenda is fine but would like to have winding up on time
2) More clarity about CH
3) Group work needed – two groups can be formed in morning
4) Add one or two energizers

Thematic discussions:

Maternal Health - Current challenges/ issues, Technical Updates – Dr. Subhasri, Theme leader, maternal health

Dr. Subhasri started the session with a presentation on maternal health. The journey of maternal health initiatives so far under welfarism, safe motherhood initiative, ICPD - 1994 and Millennium Development Goals – 2000 were discussed. Interventions planned in the era of 1987 – 1997 focusing on training TBAs and after 1997 by emphasizing on technical solutions and skilled attendance/EmOC were discussed. She spoke about the proximate determinants, root causes of maternal deaths and also mentioned the historical evidence. Concern was raised upon the health system accountability. MDG framework having Goal 5 – Maternal mortality reduction along with its indicators i.e. 5a - Skilled attendants & 5b – Universal access to reproductive health were shared.

She presented the pathway as Reproductive health-MMR-Skilled birth attendant-Institutional delivery- Incentive-JSY which has narrowed the scope of interventions for

improving the maternal health. From reproductive health to JSY, the easier solutions were found. Started from larger and then came to narrower and ended up measuring only institutional deliveries.

Current challenges highlighted were

- Refocusing on Reproductive Health and Maternal Health as one component
- Re-politicising maternal health to include socio political determinants

CH strategies should be to

- Challenge the techno-centric paradigm - “safe delivery”
- Integrate within reproductive health continuum
- Focus on abortion

After her presentation Dr. Subhasri started the discussion by mentioned that if the larger picture was considered and there was need to look at the work done in last 3-4 years and also discuss as to what should be done in the future. Maternal health involved the components of care as well as rights. There was the need to look at interventions vis a vis underlying causes apart from the medical causes. The chain of event which ultimately leads to adverse outcomes needed to be reviewed and to identify the points as to where it could be broken.

Referring to Tamil Nadu state reduction in maternal mortality she mentioned that it looked very successful and impressive on the face of it but there were socio-political reasons for the technical interventions to work successfully. There was a much larger picture to it.

Then it raised a very important question as to whether the technical interventions were successful alone. The political will along with good quality was very important.

Under MDG framework there was need to understand maternal mortality reduction in terms of right to access to reproductive health, which was added much later under it. Otherwise it should have been other way around. The access to reproductive health should have come first and reduction of maternal mortality would have come under it.

<u>Inputs from members were invited</u>
The members responded by enquiring about the availability of evidence which could be accessed by all the members, in order to back up their statements.

It was shared that ARTH had developed key delivery recommendations similar to safe delivery practices and Newborn care practices for work in Rajasthan.

If there was need to put maternal health below reproductive health and link with safe abortions, the position paper or data package was required.

There had been some work on international level, but under national context – 2 types of urban population, SC, ST- maternal mortality rates are different, need to look at evidence for equity to make need based programmes.

As Individual members if one comes across certain findings, then could send it to the CH secretariat so that it could be shared by all.

There was need to question the evidence in order to experiment and take initiatives. Lack of awareness in community on maternal health issues in the community had to be addressed.

There were certain standards available in terms of technical as well as women's standard of safe delivery, which could be utilized for the community level work.

The Dai Sangathan focus was to train the dais to provide safe deliveries at home with emotional support, but currently the dais had been reduced to the function of bringing the institutions for delivery where the services were providing while ignoring the rights and safety of women.

Discussions also focused on the vast disparities noted between the high profile government meetings and the people working at the grassroots. i.e. representatives of Dai Sangathans and those of governments who focus only on institutional deliveries.

The midterm review of the MDG's which took place recently where the countries presented their reports was mentioned. Our GOI report was ready on all the MDG's which was a purely statistical report with no contribution from Health department.

A shadow report by the civil societies was prepared which included the ground perspective based on the evidence.

MDG 5 Improving Maternal Health, *A Critique* - Renu Khanna, Jan Swasthya Abhiyan, CommonHealth.
Ms. Renu explained the historical perspective referring to Women's and Health movements' struggles, international acceptance of Reproductive Rights - ICPD (Cairo 1994) and acceptance of Sexual Rights - Beijing Women's Conference (1995).

Feminist critique of MDGs was that it was going back to narrow Maternal Health agenda and backtracking on Reproductive and Sexual Health and Rights promises of ICPD and Beijing Initial and revised goals and targets under MDG 5 were discussed. Revised Goal 5 (2005) – Improve Maternal Health and Achieve by 2015 universal access to Reproductive Health
She spoke about the GOI mid-term review under which government decided to monitor only 5.1 and 5.2. It was mentioned that the revised UN framework of MDG indicators has been introduced, which India has not adopted for strategic and technical reasons. Looking at the rate of reduction of MMR, it was shared that India would reach the level of 135 per by the year 2015 as against the target of 109 by 2015.

The rate of increase in institutional deliveries, skilled birth attendance and the rural urban gap in coverage by skilled birth attendants was discussed. Progress by different states was also mentioned but a concern was expressed on the increase in maternal deaths in Haryana and Punjab which are developed and well performing states. Critique on the progress was that there was need to find out who were dying, why and how, analysis of inequities were required. NFHS 3 indicators on maternal health for tribal women and scheduled caste

women were shared. The system of analysis of causes of death and reporting was very weak. Discussion was taken up on skilled birth attendance, institutional deliveries and safe deliveries along with the strategies pursued by government.

Critique on why GOI was not looking at adolescent birth rates, quality of ANC, redefining 'unmet needs'. The indicators of Post natal care, access to safe abortions, anaemia, maternal and RH morbidities on vesico-vaginal fistulas, uterine prolapse, infertility, and cancers were not pursued by government. Determinants of women's health were poverty, hunger, gender equity and gender norms and values had to be considered.

Impact of the vertical programmes leading to recognition of only reproductive health (and rights?) for 'normal'/general women (RCH Programme), whereas only sexual health (and rights?) for 'target'/ 'hi risk women'/ 'population'? (NACP 3).

Recommendations for reducing Maternal Mortality and for improving RSHR including maternal health were discussed.

Ms. Renu concluded the presentation with acknowledgements of the references.

<u>Discussions following the presentation were on the following points:</u>

- Definition of SBA was very confusing even in government definition – for e.g. if MBBS Doctors after five years training were placed in the rural areas, then were the question arises as to whether they have been trained to handle the deliveries.
- ANM undergo a 24 months training from which midwifery component had been taken out
- SBA training being given was facility based and where practices were unsafe. So, the training on technique as well as the quality of the services was being compromised.
- Even if we consider a SBA as well trained to manage emergency, but when blood bank and other support services were not available, then the resources which are not utilized would be wasted.
- Discussion upon the maternal mortality among different states again noted the fact that 67% maternal death were from EAG states but the most worrying issue was that the maternal deaths from the states like Punjab and Haryana were on an increase.
- Talking on the reproductive and sexual health and rights under government programmes, an experience during the study on MSM was shared. A question was asked to MSMs on what were their reproductive health needs, and it was noted that they were not even aware about these needs. After this question was put to them then they started thinking on these issues.
- The finding of a presentation, by a delegate at Global Maternal Health Conference (GMHC) at Delhi was shared. A question was put across to government official in which information upon the budget allocation for women was sought, and it was asked that how much budget was marked for magnesium sulphate. The answers to these questions were being evaded by providing varied answers like the information could not be shared due to security reasons, etc. It was noted that the even though magsulph was very cheap but yet was not available at the service delivery points.

- Experience of the visit to sub centre at a place in Uttar Pradesh was shared. In that Sub centre around 40 deliveries were conducted in a month, only one ANM was posted there, who was also having other responsibilities along with conducting deliveries. The drugs available in the premises were enquired and it was noticed that mag sulph, oxytocin, methergin were not available, they were purchased from the local medical store in case of emergency. Eclampsia cases were referred to district hospital but no referral system was in place. Sterile gloves were not available. But in-spite of these deficiencies women were coming in for deliveries due to JSY scheme.

It was noted that in the previous GBM, it was agreed that the term institutional delivery would be replaced by safe delivery.

Safe Abortion - Current challenges/ issues, Technical Updates – Dr. Suchitra Dalvie, Theme leader, Safe Abortion

Dr. Suchitra started the presentation by speaking upon the process of conception of pregnancy and the statistics on pregnancies, pregnancy related complications, mortality due to unsafe abortions. She further discussed the causes of unsafe abortions.

- Lack of family planning services
- Lack of awareness of legal status of abortion
- Lack of access to safe services
- Untrained providers / Unhygienic conditions
- Lack of safe technology / Lack of clinicians

Unsafe abortions also affected a vast majority of women who were married and even multiparous. The present options to prevent an unwanted pregnancy were mentioned to be as abstinence, contraception and abortion.

Various methods of abortion for first and second trimester were discussed. Medical methods of abortion their mode of action, regimen and provision was explained in details. Components of Safe Abortion Access included Referral network, Providers technical skills update, Community awareness, Pre and post abortion counseling, Service provision and quality, Adjuvant aspects, and Post abortion contraception.

Various aspects related to The Medical Termination of Pregnancy (MTP) Act, 1971were also discussed.

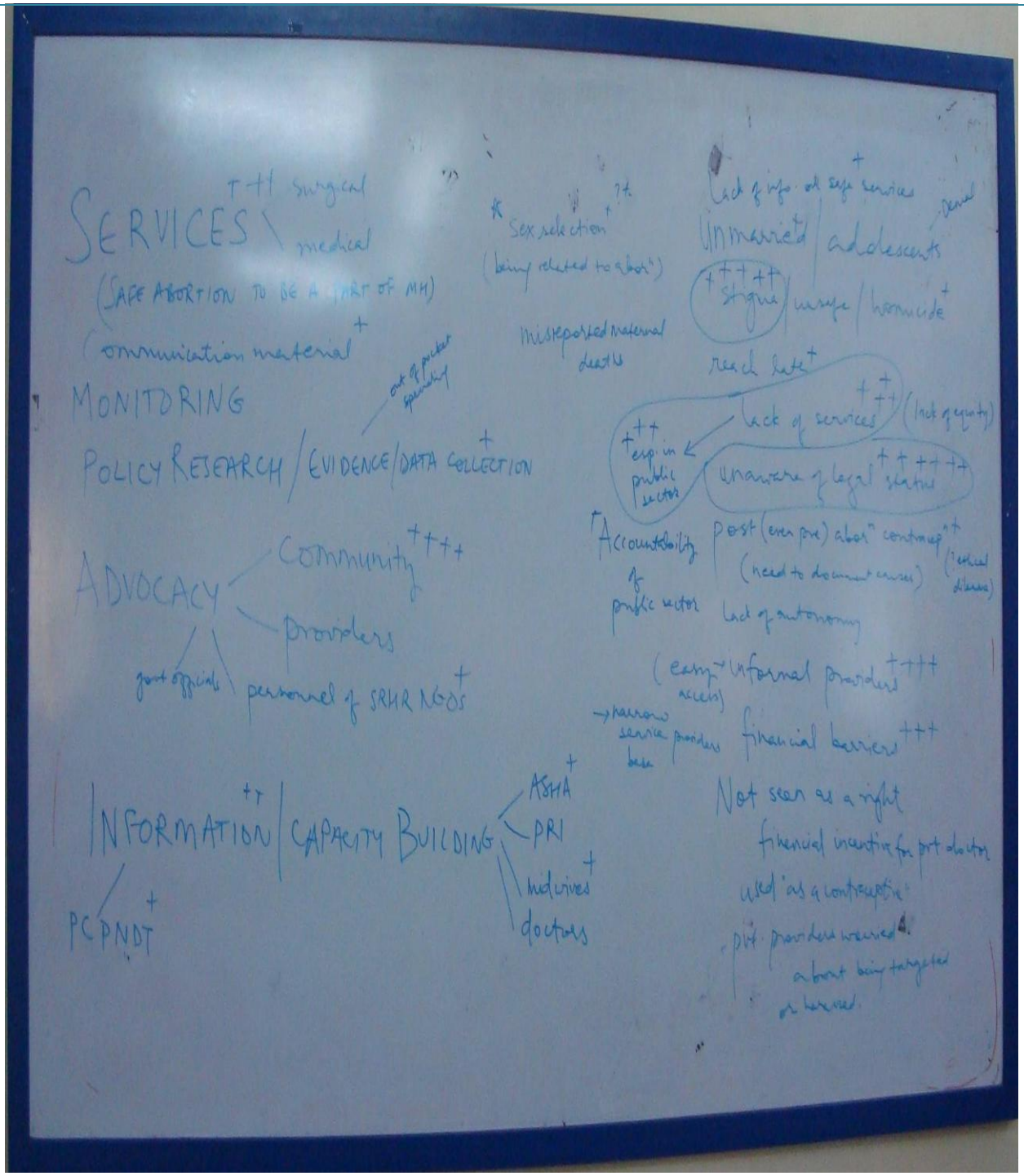
Ultrasound finding of Uterus with pregnancy and that after complete evacuation were showed. The elements of post abortion contraception, and also information on Emergency contraception were explained.

Dr. Suchitra concluded the presentation by showing the slides on real life situations which had lead to delay in seeking safe abortion services.

Group exercise - Following the presentation on safe abortions as well as technical updates, the group work was initiated.

<u>What is your institution doing in SA? What is the biggest Challenge to improve access to safe abortion in India?</u>

Work done			**Challenges**	
Services (surgical & Medical)	++++	* Sex selection +- being related to abortions	Lack of information on safe services	+
Communication material (safe abortion to be a part on MH)	+	Misreported referral deaths	Unmarried/adolescents denial	+
Policy research/ Evidence –out of pocket expenses/ Data collection	 +	Accountability of public sector +	Stigma Unsafe Homicide	++++ +
Advocacy -Community - Providers - Personnel of SRHR NGOs	 +++ +	Narrow service provider base	Reach late	+
Information/ PCPNDT	++ +	Menstrual hygiene	Lack of services Especially in public sector	++++ +++
Capacity building -Asha - PRI -Midwives - Doctors	 + +		Lack of equity	
			Unaware of legal status	++++++
			Need to document causes	
			? Ethical dilemma in case of unmarried- post and even pre abortion contraception	
			Lack of autonomy	
			Informal providers	++++
			Financial barriers	+++
			Not seen as right	
			Financial incentive for private doctors / Private provider worried about being targeted or harassed	



- Stigma is an important area on which we need to work. Safe abortions are not even mentioned when talking about maternal health. There is so much antiabortion feeling that the safe abortion services are not available in PHCs. Non-availability in public sector is very evident especially medical abortion pills which have been approved by DCI.

- Lack of awareness of legal status and information regarding service availability. Because of the confidentially issues, unsafe abortions were occurring in large numbers.

Group work

Participants were divided into three groups and were asked to deliberate upon the answers given by them in the earlier exercise and share the contribution in the contexts mentioned below-

1. What members could do themselves?
2. What members could do along with other members?
3. What Ch secretariat input was required?

Group 1

1. Leena –
    a. We are celebrating Mamta day during which the blood test of pregnant mother is conducted and appropriate treatment provided depending upon the severity of the problem.
    b. We also have a Kundali project in which the Kundali is provided to the mother which also has messages on early initiation of breast feeding and exclusive breast feeding.
    c. We propose to celebrate 1st December by planning some activity along with other members like Shobha Mishra and Chetna, JSA, Dai Sangathan can plan some activities.
    d. Need inputs on consolidation of VHSC federation
2. Subha Sri –
    a. We are doing a study on understanding women's perspectives on medical abortion - will be able to share experiences around medical abortion after the study is completed.
    b. To bring into the safe delivery definition women's perspectives on it, following this, we hope to develop indicators for safety of deliveries based on this definition and bring it in to community monitoring tools of NRHM, Thereby we hope to measure if deliveries wherever they happen are "safe"
    c. Sex selection and abortion issues- we are already running a local campaign. RUWSEC would get involved if there was any campaign planned.
    d. There is some attempt at reducing neonatal mortality through a community based programme in Kancheepuram dist. Whether we could get involved as CH needs to be explored - need help from Sharad for this if we do.
    e. Neonatal mortality – need to search material. It would be nice to get Dr. Sharad's inputs.
3. Rajendra –
    a. We are associated with Lok Samiti which is the association of organizations working on the social issues. Among these organizations we are networking with 15 organizations on social issues, we propose to integrate the awareness generation activities in the community with the focus on maternal and neonatal health. Activities would be initiated in one district first and later on scaled up to five districts.
    b. We are also working with Ipas for training Doctors and Nurses on Safe abortion and we propose to include a one day training for Anganwadi workers and ASHAs on creating awareness on maternal and child health in community.

4. Pradeep – We are planning to work on Sex selection. PCPNDT/MTP Act, a signature campaign is planned. We are planning for a state level activity and would display materials and try to integrate safe abortion issues during the activity.
5. Sunanda – we are working for improving the services to women, needs inputs on the urban health structure and statistics
6. Sunita – We are conducting a study on - Out of pocket expenditure on Mother & Child health as well as general health, will incorporate the expenditure on safe abortions also during the study. It is being conducted in two districts and one block in Assam and Orissa.

Group 2

1. Nandini – Findings of the verbal Autopsy being conducted by Deepak Foundation would be analyzed and disseminated, which will also be shared with CH.
2. Lindsay – we are managing maternal health very well
    a. Want inputs on how we can address birth asphyxia as there is very high proportion of deaths due to birth asphyxia.
    b. Will do the mentoring in three blocks under CH project
3. Radha Arya – We had trained 300 dais on safe delivery in collaboration with Sevagram with the support from Pathfinder. We are planning to provide refresher training to Dais with focus on neonatal care, presently we are looking out for resources for organizing the training.
4. Jiban – In our district the 1st phase of Integrated management of Neo Natal and childhood Illness (IMNCI) training is over, the 2nd phase of training of health personnel is started. We are in the process of negotiation with district health administration for organization of training programmes. If possible we will include our agenda in the training programme.
5. Sundari – Examine role of private sector in maternal health, examine linkages related to maternal health. CH can pay for such analysis.
6. Ram Kishore -
    a. Under European Union project we have worked with Medical Officers in charge with messages – delay early marriage and early pregnancy, and we are in the process on establishing Information centres for youth (12-24 years) in the district of Nalanda, six such centres are planned
    b. We are also working on advocacy on safe abortions, reduction of sex selective abortion, advocacy on MTP Act and PCPNDT Act being two separate acts at Daniyana Block level. We are working with PHC staff , Anganwadi worker, ASHAs and SHGs
7. Rehana - Chiranjeevi doctors in Baroda are overburdened, they don't serve well/ we are focusing on QOC, have sensitized health committees on these issues. We will be conducting interviews with Chiranjeevi doctors on their perception of safe delivery and later on will take the advocacy on the issue of safe deliver. Advocacy on the making a pediatrician available at ward level will also be initiated for ensuring the neonatal care.

Group 3
Shibumi (ARTH), Anagha (Independent Researcher), Ajay Das, Balu (RUWSEC), Suchitra and Sukhbir (Secretariat), Gayatri (IIMA), Renu (SAHAJ)

A. What will each member do?
    1. Shibumi ARTH – Case studies on MH-NH highlighting good and bad delivery practices-Doctors' perspectives on Safe Abortion and Safe Delivery services.
    2. Balu – Sharing of IEC material, slogans
    3. Anagha – Literature Review on Stigma to be related to notion of Shame, Sin around abortions/MTPs. Members to contribute case studies of unmarried/adolescent girls/others highlighting outcomes and consequences of abortions/MTPs for these groups.
    4. Renu's personal contribution – Follow up of Gujarat meeting on Sex Selection, Declining Sex Ratio and Messaging around these.
       SAHAJ – Women's voices on Safe Delivery definition, celebration of Human Rights Day March 8, May 28.
    5. Gayatri – She will design small studies on counting neonatal deaths and take this up with Dai Sangathan and JSA.
       – She will contribute 3 case studies from her dissertation for the list serve, resource pool of the Coalition.
    6. Ajay Das – Will contribute case studies from his area
       – Further the vision and goals of CH by increasing awareness of MH-NH and SA issues amongst his staff members, and the networks that he is part of
       – He will also increase membership of CH
    7. Suchitra – Will make material available for awareness generation.
    8. Sukhbir – Collate evidence linking MH,RH and Social Determinants

B. With other members?
    - Share information on lists serve: own work, organization's related work, events happening in the state or nationally.
    - Participate in thematic activities e.g. counting neonatal deaths, women's definition of safe delivery.
    - Share tools.

C. Secretariat facilitation
    - Required for exchange of information.
    - Finding resources/ideas when members hit obstacles.

Inputs on CH website
Before taking on the discussions on the website the members were asked to provide information on the preferred mode of communication with them, in order to ensure prompt communication.

The earlier website contents were projected and reviewed.

Shortlisted website design was projected and discussion was under taken on the home page.
Members were asked as to which pages could be better utilized f the translation in Hindi was required. Following were the responses of the members

- Maternal health situation must be in Hindi
- Life time risk of dying in one page
- Fact sheets
- About us
- Two ways - to access the Hindi resources- translation or provide links for the Hindi resources

The purpose of website was to serve the members i.e.- CHST, ICPD+15, State NHRC, Some members requested to put important phone numbers along with the links for the particular resources.
Members were requested to send the photos and other material related to their work to be uploaded o the new website.
Feedback on the website was sought from the members as to what was more useful for them, who wanted to highlight their material, what was more workable in terms of communication.
CH is a network of members and network, the network survives with members and hence member's ideas were requested for which could be a source of inspiration to others.

CH briefing sheets – Dr. Sundari projected the factsheets one by one. The facts sheets were reviewed in detail and the important points in fact sheets were discussed.

Discussions following the presentation were focused on the structure of coalition. It was shared that there was a need to think that, as a coalition what we can do? What work could be done by members individually, which match the coalition's agenda? How could CH support its members?
We could generate evidence on MH, NH, SA and linkages and feed into secretariat. Case studies could be sent to secretariat. The case studies, sate wise data would be fed into the website. The challenge was also to keep the network alive and how to contribute to the network's work.

GBM expectations/ feedback/ suggestions -
Members were requested to share their views on the interactions during the two days of the meeting. The responses were

- Two days were wonderful especially the information sharing which took place between the members. The challenge was to keep the momentum going throughout the year. This could be achieved through the vibrant use of list serve, and the members need to contribute to it.
- The meeting was a good source of inspiration for improvement in one's own work in the community.
- Since we all are working in the challenging field, this meeting provided an opportunity to learn from others. The group was good to interact with. Expect that the interactions will be as good in next year also.
- Meeting provided an opportunity to interact and share our experience. Got the new outlook to Maternal Health in terms of its links with safe abortion and Neonatal

health. Hence, the work which was being done needs to be upgraded with a wider thinking and perspective.

- First day was difficult because of language problem. The learnings would enrich our work.
- It was a good opportunity to meet other members and share our work. Though there was a language problem. Good understanding on the ground realities of Jharkhand and Gujarat in terms, that the males/ dai bhai were also involved in conducting deliveries. Our group has the ability to bring about a change by working collectively.
- Many of the questions in mind were answered on day one. There was lot of enthusiasm and varied experience in the group. A workshop should be conducted for the active members once a year, where representatives from each state should be present. Next meeting should be held in a particular state. Health secretary can be invited in order to present our views to the government.
- At least one regional meeting should be organized. It gives opportunity for frequent interactions rather than restricting to once a year meeting. Updates should be provided on the three issues being addressed by CH in regional meeting. Next GBM should be organized in Bihar. The uniqueness of Ch is that it works as per the community needs and CH agenda is not donor driven.
- Meeting served as an interconnect and gives us understanding as to How one can take CH work forward through one's own work. I am thinking on how to integrate SA and NH in my work as my work is on varied issues.
- Rich experience sharing took place and expect to take the learning forward in my work.
- This meeting was a very technically sound unlike GBM meetings occurring at other organizations. Ideally GBM's focus on managing networks, but this meeting has provided us with many take home messages. Need to provide more time for experience sharing. Language issue should be addressed in the next meeting.
- As this was my first meeting, hence there were many questions in mind. It was an enriching learning experience. Hope that this network grows and be active for many years to come.
- It was an excellent platform for cross learning. The members need to communicate their experiences more frequently with others through list serve.
- I have been looking at my work in different areas. The information sharing was good and expects that more will happen next year also.
- Thanks for providing an enriched learning.
- Initially there was a fear of language barrier, but was able to communicate and learn from others, to take my work forward.
- Wonderful experience, good an opportunity to know more about the faces behind the names. Meeting provided horizontal experience sharing and networking between members, everyone has the responsibility to keep it running.
- Was able to meet people trying to work while facing challenges in the community. Face to face communication also brings in new ideas and learnings.
- The two days were very inspiring. Last year was very challenging for the network, but after the GBM, it feels that all the efforts were worth it. We all have the common mission, positive and inspiring feelings and the CH work will move ahead irrespective of all the challenges.

- I am feeling proud that CH is not a donor driven network and very glad that Ch has got this recognition. We had expected participation from many other members also but unfortunately there had been some dropouts at last minutes. We request the friends present in this meeting to ensure their present in the next meeting also. At the ends of these two days, I feel that the quality of sharing was very high.

  The meeting concluded with a vote of thanks.

Action points -

1. CH Membership – benefits and responsibilities
   a. There was need to include the experiences from the existing members as to how CH members has been benefited by their association will the coalition. This would provide clearer perspective to new member.

   b. Suggestion in point three of Benefits - to change the wording from "be a part of various projects and actively collectively planned by CH" to "be a part of various projects and actively participated by CH"

2. CH membership
   a. During the workshops when the new applicants apply for membership, there should be a complete scrutiny of the applicants. Just by being at the workshop should but entitle the participants to be eligible for membership.

   b. To define- criteria/ rules for both individual as well as institutional members.

   c. To draft- guidelines for selection of sub grantees. It was decided that as a coalition the rules should be drafted.

   d. To prepare plan of action after identifying various situations that can be encountered in the financial as well as the programmatic reporting/ work. Need of a visit to the area where that members was working was also expressed in order to get a clear picture of his work and accountability.

3. SC rotation- The need to have members with expertise in the thematic areas in order to replace the SC members which would rotate off next year.

4. Theme leaders – to revise the TOR's of theme leaders

5. Website-

   a. Hindi translation of - Maternal health situation , fact sheets, about us

   b. Life time risk of dying to be compiled in one page for use by members

   c. to access the Hindi resources- translation or provide links for the Hindi resources i.e.- CHS, ICPD+15, State NHRC

d. Some members requested to put important phone numbers along with the links for the particular resources.

6. Follow-up with Members for

    a. Photos and other material related to their work to be uploaded o the new website.

    b. Whether they have received the CH factsheets

    c. Membership form will be posted to members for further expanding the membership

7. Neonatal theme
    a. Talking on SNCU and FBNC, it was expressed that there was a need to put forth the critique for both the approaches.
    b. It was also desired that the material generated by CH should also be made available in Hindi language to be used at local level.
    c. The work in the coming year will be focused on generating evidence which would be shared with other members.

To articulate a right to health for the newborn
    a. Develop a concept note
    b. Share with a working group of interested persons
    c. Revise and develop a position paper

8. Projects - Jharkhand and Orissa Advocacy Projects will be mentored

9. Website and brochures to be re-designed

10. Follow-up on the future activities planned

    a. CH will collaborate with CREA at the Hindi workshop on ADHIKAR, VIKAS AUR SANGHARSH - EK ADHYAYAN ,(Rights, Development and Struggle: A Human Rights Institute in Hindi) November 22 - 26, 2010 | Manesar, Haryana, India

    b. Collaboration with SWATI, Chetna, Women Power Connect (WPC)/WOHTRAC – after Gujarat meeting on messaging around declining sex ratio, son preference and gender inequalities, there is a plan for a regional meeting to be organized which could have representatives from Maharashtra, Gujarat and Rajasthan.

    c. Making pregnancy safer –course in Gujarat. This would be planned either in collaboration with IIM – Ahmadabad or with sate Govt.

    d. ARROW – collaboration for developing a live website.

11. Members-

    a. As Individual members if one comes across certain findings, then could send it to the Ch secretariat so that it could be shared by all.

    b. Share their work or related information with secretariat so that it could be posted on the list serve

12. Next GBM –

    a. More time to be allocated for discussions on technical aspects of work related to thematic areas.

    b. Need to improve participation from all members

13. Evidence generation-

    a. In order to put maternal health below reproductive health and link with safe abortions, the position paper or data package was required.

    b. Need to look at evidence for equity to make need based programmes - there had been some work on international level, but under national context – 2 types of urban population, SC, ST- maternal mortality rates are different

    c. There was need to question the evidence in order to experiment and take initiatives. Lack of awareness in community on maternal health issues in the community had to be addressed.

14. Group work follow up

    a. Prepare a group mailer – CH secretariat will prepare the mailer group and keep the tract of work done

    b. Group leader will compile the work done by the group members and send it the CH secretariat

15. To abolish MAA's institutional membership.

    a. To draft guidelines for selection of sub grantees

***Annexure* i**

CommonHealth General Body Meeting
Tues 28th -Wed 29th September 2010
Mumbai
Agenda

Day One:

9.30 am	Welcome and introductions, review of agenda	**Chair/ Coordinator**
10.00 am	Annual report presentation (to include relevant points from IWHC evaluation)	**Coordinator**
10.45 am	Tea break	
11.00 am	Minutes of previous meeting reviewed and confirmed	**Coordinator**
11.45 am	Roles and responsibilities of members TORs of SC members, mentors, theme leaders etc Decision on MAA New Organizational Strategic Plan/ Funds received	**Programme Officer** **Chairperson** **Coordinator**
1.00 pm	Lunch	
1.45pm	Presentations by members of work done 7 advocacy projects and other members. Theme group leader and members. **Adv projects-** Lindsay, Rajendra Singh, Ram Kishore Prasad Singh **Members-** Ajay Das, Gayatri Giri , Nandini Srivastava, Pradeep Dixit, Rehana Maniyar, Shibumi Prem, Shilpa Shroff	Facilitated by **Renu Khanna** **Abhijit Das**
3.00 pm	Tea Break	
3.30 pm	Thematic discussions: **Neonatal Health** Current challenges/ issues Technical Updates	**Facilitated by Theme leader** **Sharad Iyengar**
5.00 pm	End of day/ Song and dance / cultural programme/ /documentary session	**Sunita Singh**

Day Two

9.00 am	Review preview, sharing feedback	**Programme Officer**
9.15 am	Thematic discussions: **Maternal Health** Current challenges/ issues, Technical Updates Group work among members working in this area	**Facilitated by Theme leader** **Subha Sri**
10.30 am	Inputs on CH website	**Programme Officer**
11.00 am	Tea Break	
11.30 am	Thematic discussions: **Safe Abortion** Current challenges/ issues, Technical Updates Group work among members working in this area	**Facilitated by Theme leader** **Suchitra Dalvie**
1.00 pm	Lunch	
1.45 pm	Display and sharing of materials from members + Introduction/Feedback on briefing sheets—session	**Facilitated by Lindsay Barnes**
3.00 pm	Tea Break	
3.30 pm	GBM expectations/ feedback/ suggestions /sharing what we plan to do this year, do we want to register as an organisation, what we want to do as "membership" activities, studies completed and ongoing , create time for exploring working with each other within a state or region, contributing to CH in terms of attending conferences, mentoring, participating in preparing immediate responses to some issues that come up in the media etc.	**Facilitated by Chair and Coordinator**
5.00 pm	End of Day	

Annexure ii

List of Participants

S. no	Name	Organisation	Designation	Membership Type	Day 1	Day 2
1	Abhijit Das	CHSJ	Director	Institutional	P	A
2	Ajay Das	IHDAWC	Director	Institutional	P	P
3	Anagha Pradhan	-	-	Individual	A	P
4	Gayatri Giri	CMHS, IIM-Ahmedabad	Prog. Associate	Individual	P	P
5	Jiban Krushna Behera	Society for Development Action	Prog. Manager	Institutional	P	P
6	P. Balasubramanian	RUWSEC	Executive Director	Institutional	P	P
7	Radha Arya	LCVK	Secretary	Institutional	P	P
8	Ram Kishor Prasad Singh	GENVP	General secretary	Institutional	P	P
9	Pradeep Dixit	SRKPS	State Coordinator	Institutional	P	P
10	Rajendra Singh	LCVK	Pro. Director	Institutional	P	P
11	Leena Vaidya	Deepak Foundation	Sr. Training Coordinator	Institutional	P	P
12	Lindsay Barnes	Jan Chetna Manch	Project Director	Individual	P	P
13	Nandini Srivastava	Deepak Foundation	Deputy Director	Institutional	P	P
14	Rehana Maniyar	Sahaj	Field officer	Institutional	P	P
15	Renu Khanna	Sahaj	Trustee	Institutional	P	P
16	Sharad Iyengar	ARTH	CEO	Individual	P	A
17	Shibumi Prem	ARTH	Prog. Associate	Institutional	P	P
18	Shilpa Shroff	ASAP	Prog. Assistant	Individual	P	P
19	Subhasri	RUWSEC	Clinic Director	Individual	P	P
20	Suchitra Dalvie	CH	Coordinator	Individual	P	P
21	Sunanda	Sahaj	Field Officer	Institutional	P	P
22	Sunita Singh	CHSJ	Prog. Manager	Individual	P	P
23	TK Sundari Ravindran	AMCHSS	Professor	Individual	P	P
24	Sukhbir Kaur	CH	Prog. Officer	Secretariat Staff	P	P

Annexure iii

Contents of CD (soft copies) given to members during the meeting

Folders

- Back ground readings from MPS course
    - Approaches Intl
    - Contemporary challenges
    - Data for states
    - Health systems
    - India policies
    - Making Change
    - Overview maternal health abortion
    - Resources in Hindi
    - Rights
    - Studying Maternal Mortality
- CH fact sheets – power point presentations

Files / Documents

- Assam Safe Abortion Workshop Report
- Brochure of CommonHealth
- CH narrative report 2009
- Counseling manual -1
- Counseling manual -2
- Counseling manual -3
- Final report Media Workshop
- Hindi Belagio
- Hindi RHM Matri- Mrityu
- Hindi younikta evam gender
- Report- Workshop on Gender, Sex-Selection
- Report MPS 2010

Contents of Folder (Hard copies) given to members during the meeting

- 3rd GBM 2009 report
- Benefits and responsibilities of CH members
- CH Activities report – Apr to Sept 2010
- State wise list of members with contact details
- Terms of reference
- Agenda of the GB Meeting