



## **Community Mobilization for safe motherhood in district Karnal, Haryana**

The Government of India is implementing the Reproductive and Child Health (RCH)-II program to reduce maternal and neonatal mortality and increase access to contraception. The White Ribbon Alliance of India has helped in developing guidelines for skilled birth attendants (SBA), allowing Auxiliary Nurse Midwives (ANMs) and Lady Health Visitors (LHVs) to assist during delivery and provide emergency care. CEDPA, India is working with state governments in Gujarat, Haryana and Uttarakhand to pilot the feasibility of implementation of these guidelines and increase community awareness about birth preparedness and complication readiness. Current study was conducted in 2 blocks i.e. Nilokheri (well performing with good health infrastructure and staff in position) and Indri (poorly performing) of district Karnal, Haryana from June, 2008 to November, 2009. The study included training of SBAs and building awareness in the communities for birth preparedness and complication readiness.

Objectives of the study were to develop a midwifery focused model of maternal care and to test feasibility of new guidelines for ANMs for skilled birth attendance/ emergency obstetric care, to develop suitable management models to monitor the new interventions and to create awareness in the community about birth preparedness and complication readiness.

Situational analysis, through focus group discussion with village women, interview with MOs, ANMs, AWWs, ASHAs etc. and informal discussion with village people and observation, was done to understand the maternal and child health needs of the community, to enumerate the gap between the demand and supply of the services and to know the prevailing practices and health care seeking behaviour of the community pertaining to MCH issues. Findings showed that there were positive developments in promoting institutional delivery and immunization rates in the area. However, challenges remained in areas such as early pregnancy registration, birth spacing, promotion of vasectomy, menstrual hygiene, and addressing the issue of female feticide.

Efforts were made to address these challenges and improve the overall health outcomes for women in the area. The SWACH team contacted government health facilities and various stakeholders (PRI members, members of VLC, ASHA, AWW, Dai and ANM) to seek their cooperation in providing quality health services. Village level meetings were organized to discuss topics such as pregnancy care, safe delivery, birth preparedness and complication readiness, post natal care, newborn care, exclusive breast feeding, immunization, anemia, family planning, sanitation, personal hygiene, and menstrual hygiene. Special meetings were held for SC and BPL families. Flip books containing key messages with illustration on safe motherhood developed by CEDPA and SWACH were used during these meetings, and quiz competitions for pregnant and lactating mothers were organized in selected villages (17 villages of Nilokheri and 13 villages of Indri). Interpersonal communication (IPC) was used to promote institutional delivery and birth preparedness. Village Level Safe Motherhood Chapters comprising 5-7 members (like ASHA, AWW, SMS member, VLC members) were established to promote and propagate safe motherhood. Meetings with men were also conducted to involve them in reproductive and child health activities. Linkages were established with stakeholders at different levels. ASHAs were oriented and motivated through regular interaction and monthly meetings. Depots were established at village level on the basis of interest of depot holders and willingness and their acceptability to the target



population. Community mobilization through IEC activities and support to the client as well as the service providers was provided to improve institutional deliveries. Information on deliveries was collected before and after implementation of the project to assess its impact.

A significant number (822) of village level meetings were held in the Nilokheri and Indri CHC areas attracting the participation of 18402 women, mainly pregnant (8573) and lactating mothers (9829). To specifically address the needs of SCs and BPL categories, separate meetings were organized in their mohallas, total of 67 in Nilokheri and 69 in Indri. A total of 45 meetings in Nilokheri and 69 in Indri was organised in which 419 and 962 men were covered respectively. Knowledge level in the community about safe motherhood (pregnancy care, institutional delivery, BPCR, breast feeding, etc.) was improved which was evident from community meetings. Moreover, discussion with health care providers revealed that there was improvement in pregnancy registration, antenatal care (ANC) and institutional delivery. A total of 1383 IPC in Nilokheri and 917 in Indri was done. Additionally, 40 Safe Motherhood Chapters were established in Nilokheri and 50 in Indri CHC and were conducting regular meetings. To enhance accessibility, 141 depot holders were appointed in the villages, distributing a substantial number of contraceptives. 326450 pieces of condoms and 5681 of OCPs were distributed by them. Notably, the rate of institutional delivery demonstrated improvement, with 90.9% in Nilokheri and 88.1% in Indri. 239 deliveries in Indri and 581 in Nilokheri were conducted in the delivery huts which showed an increasing trend over the months. Referrals for deliveries and high-risk cases were made to appropriate facilities and linkages were also established to support the successful implementation of these activities.

The conclusion of the study is that the various activities implemented in the Nilokheri and Indri CHC areas have had a positive impact on improving knowledge and practices related to safe motherhood. A significant number of village level meetings were conducted, attracting a large number of women, including pregnant and lactating mothers. Separate meetings were organized for disadvantaged groups. The knowledge level in the community regarding safe motherhood has improved, as evidenced by the discussions during community meetings and feedback from healthcare providers. The establishment of Safe Motherhood Chapters and appointment of depot holders have improved accessibility to contraceptives. The rate of institutional delivery has increased in both areas. Referrals for deliveries and high-risk cases have been made to appropriate facilities, and linkages have been established to support the implementation of these activities. Overall, the project has been successful in promoting safe motherhood and improving maternal and child health outcomes in the study areas.