



# Empowering Communities for **Social Accountability**

(2013-2017)

**Efforts Made by  
SUMA-Rajasthan White Ribbon Alliance for Safe Motherhood**



SuMa-Rajasthan White Ribbon  
Alliance for Safe Motherhood



THE WHITE  
RIBBON  
ALLIANCE  
HEALTHY MOTHERS  
HEALTHY WORLD



WHRAP

SuMa Secretariat



**CHETNA**  
For Women Young people Children



## The Sustainable Goal 3: Ensure healthy lives and promote well-being for all at all ages Target 3.1: Reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.

Women, as drivers of SDG 3 need to be meaningfully engaged at all levels of decision making. Policies and programmes need to listen to voices of women, the right holders. Given the contextual realities, greater investments are needed to enhance capacities and strengthen the voices of women and communities. A functional, responsive and accountable system needs to be in place.

***“Accountability is a dynamics of entitlements and obligation between people and their Government and within the complex system of relationship that form the wider health system. It is about strengthening health systems that function for the benefit of the people.”***

*(L.P.Freedman; Human Rights, Constructive Accountability and Maternal Mortality in the Dominican Republic: a commentary; 2003)*

India's National Health Policy, 2017 aims to reduce Maternal Mortality to 100 by 2020. The National Health Mission (2012-17), a flagship programme of the Government of India envisages attainment of Universal Access to Equitable, Affordable and Quality health care services which is accountable and responsive to people's needs. The core values of the Mission include empowering community to become active participants in process of attainment of highest possible

levels of health and institutionalization of transparency and accountability in all process and mechanisms.

Rajasthan is one of the high focus states of the National Health Mission, Government of India. The states' Maternal Mortality Ratio is estimated at 244 per 100,000 live births (*Sample Registration System, 2011-13*). Several efforts are being made to reduce Maternal and Infant Mortality in the state.

It is in this context that SuMa- White Ribbon Alliance for Safe Motherhood, Rajasthan, which is anchored by CHETNA since 2002, rolled out a programme in 2013, to advocate for continuum of quality care and promote social accountability for Maternal health.

### **Capacity enhancement workshop for alliance members.**



The programme was initiated in 11 districts of Rajasthan. They are Dungarpur, Udaipur, Sirohi, Jodhpur, Rajsamand, Chittorgarh, Jhunjhunu, Tonk, Jhalawar, Karauli and Baran.

The objective was to enhance capacities of SuMa members to advocate for continuum of Care. **The Village Health Sanitation and Nutrition Committees** (VHSNCs), **Rajasthan Medicare Relief Societies** (RMRS - Facility based planning and monitoring committees) and **Gram Sabhas** (Constitutionally mandated spaces for Citizens' participation and voice in local self governance) were identified as accountability mechanisms.

These efforts spanned over 83 villages, 28 Sub Health Centres, 11 Primary Health Centres and eight Community Health Centres (CHCs).

### Building women's voice

Women's voice was at the core. To begin with discussions were held with women to listen to their experience of accessing maternal health services. A total of 1183 women from 83 villages participated in these discussions. They shared positive experiences such as receiving the mandated check-ups during pregnancy, free nutritious food from the Anganwadi, free transport services, etc. They also shared some of their concerns which included incomplete services, behaviour of service provider, payments, lack of basic amenities at the health facility, distance to the health facility, poor quality of services and delay in availability of free transport services from the public system.

### Visit to Health Facilities

Teams comprising members of the village and facility-based committees, Panchayat leaders and SuMa members collected information regarding services provided at the Village Health Nutrition Day (VHND), Sub Health Centres, PHCs and CHCs. Indian Public Health Standard checklists were translated in Hindi and used to collect information.

### Citizens Report Cards

The information was then analysed and categorised into positive observations and gaps. For each area Citizens' Report Cards were prepared in Hindi language. These had information from the village to the CHC level.

### Prioritising Issues

Discussions were held with women to identify priority issues for action. These were then taken by the women themselves and SuMa partners to the identified decision making forums.



*Women sharing their experiences of accessing maternal health services in Rajsamand District.*



## Advocacy with Village Health Sanitation and Nutrition Committees (VHSNCs)

Members of the Village Health Sanitation and Nutrition Committees were mentored by SuMa partners in 26 villages of Udaipur and Rajsamand District. Monthly visits were made by SuMa partners to support VHNDs and VHSNC meeting . Dialogues between women and the VHSNC members were facilitated.

## Changes at the VHNDs (2014-2015)

	Baseline	Endline
Facilities N=	24	24
Held on Scheduled day	20	22
Held on Scheduled time	6	14
Equipments and Supplies	14	22
Seating Arrangements	12	20
Due list prepared	14	22
Increase in number of people	14	20
Service delivery	10	15
Display of information	11	13
Presence of Service providers	10	14
Privacy Maintained	12	14
Presence of Panchayat	10	6

## Strengthening Women's Voice at the Gram Sabha (Village Assemblies)

*“ Women were not allowed even to touch the Hatai (elevated platform) on which Panchayat members sit during Gram Sabha/Ward Sabha. We took an initiative and asked the Ward Panch /Sarpanch to ensure participation of women. As a result, during Ward Sabha in Golipura village, the Ward Panch invited women to sit on the platform along with men and discuss maternal health issues. In Rindlya Gram Sabha large number of villagers, including nearly 100 women, participated and raised maternal health issues. Four proposals on maternal health issues were accepted and passed by the Gram Sabha. ”* (Bhanvarlal Sain, SUMA partner from CRPR, Tonk)



The Gram Sabha or the village assembly is the cornerstone of Panchayati Raj Institution (PRI) –a three tier local self governance system in India. It gives space to the people to take part in decision-making of decentralized governance, planning and development. The Panchayati Raj in India generally refers to the system introduced by the 73rd constitutional amendment in 1992. Gram Panchayats are the basic unit of local administration. The system has three levels: Gram Panchayat (village level), Panchayat Samiti (block level) and Zila Parishad (district level).

Rajasthan's Panchayati Raj Act was passed on and came into effect on April 23, 1994. Certain important amendments were made in 1999, 2000 and 2004. Under this legislation, Panchayats at all the three levels have been entrusted with duties and functions with regard to all the 29 matters listed in the Eleventh Schedule of the Constitution. (<http://www.panchayat.gov.in/home>) Health is one of the subjects devoluted to the Panchayats.

SuMa conducted a baseline of 31 Gram Panchayats of 10 districts of Rajasthan State, namely Tonk, Dungarpur, Karauli, Jhalawar, Baran, Chittorgarh, Sirohi, Rajsamand, Jodhpur and Udaipur. The data revealed that during April 2013-March 2014. :

- A total of 42 out of the mandated 124 Gram Sabhas ( four times every year) were held.
- In two districts - Rajsamand and Jodhpur – no Gram Sabha was held during this period.
- None of the Gram Sabhas had discussed maternal health, nor women's participation was ensured.
- In 210 Wards, only six Ward Sabhas (WS) were organized; none had discussed maternal health issues.
- The Gram Sabhas were conducted without consideration of quorum.
- Decisions were taken by few members (Sarpanch/ Deputy Sarpanch etc.).

SuMa members developed a plan in 2014 to ensure that Gram Sabhas are held as per schedule, people, especially women participate in Gram Sabha, make proposals on maternal health issues and actions are taken by the Gram Sabha/Panchayat on the proposals made by women and communities.

SuMa partners advocated with Panchayat and Block level authorities to issue orders for organization of Gram Sabhas and include maternal health in the Gram Sabha agendas. They campaigned in villages, shared Citizens' Report Cards and facilitated prioritising asks /demands on maternal health. They mobilised women to participate and make proposals in the Gram Sabhas. Women were provided hand- holding support for drafting demands /proposals which were later submitted in the Gram Sabha.

For most women, it was for the first time that they participated in Gram Sabhas, discussed maternal health issues and submitted written/verbal proposals. Most of their proposals were for improvement in basic infrastructure, human resource, medicines and equipment, etc. and services to be provided at village Sub Health Centres and Anganwadi Centres. In majority of Gram Sabhas, the leader-Sarpanch was surprised at seeing women's presence, their participation and placing their demands. They also welcomed this initiative.



**SuMa members campaigning for women's participation in Gram Sabha.**

## Results

SuMa engaged with a total of 49 Gram Sabhas during August 2014- November 2017. Gram Sabha/Ward Sabha which were once closed for women have opened up to seeking their proposals and resolving to address them.

- **During 2014**, SuMa engaged with a total of 25 Gram Sabhas in 11 districts. About 1200 women participated. They gave 74 proposals in 21/25 Gram Sabhas. These were to improve maternal health services. A total of 18/25 Gram Sabhas resolved to take action on 54 proposals. Action has been taken on 48 proposals.
- **During 2015**, SuMa engaged with a total of 16 Gram Sabhas in 10 districts. About 750 women participated. They gave total 25 proposals in 8/16 Gram Sabhas. 16 new proposals were submitted and nine earlier proposals reiterated. The Gram Sabha resolved to take action on all the 25 proposals. Action has been taken on 18 proposals.
- **During 2016**, SuMa engaged with 27 Gram Sabhas in 10 districts. About 750 women participated. They gave total 62 proposals in 23 Gram Sabhas. A total of 16 Gram Sabhas resolved to take action on 40 proposals. Action has been taken on 28 proposals.
- ✍ **During 2017**, SuMa engaged with a total of 26 Gram Sabhas in 10 districts. About 650 women participated. They gave total 27 proposals in

17/26 Gram Sabhas. The Gram Sabha has addressed one proposal.

Some of the proposals made by women were regarding filling the vacant posts of service providers and ensuring that frontline workers provide at least 100 iron folic acid tablets, valuing girls and women in the society, quality maternal health services, information on benefits under various government programmes / schemes and supplementary food to all pregnant women.

SuMa's experience of strengthening women's voice at the Gram Sabha has been positive, despite the need for rigorous efforts. Some of the challenges such as elections, political priorities, heavy rainfall or severe cold did affect the process. However, given the socio-cultural context, there is a need to open up public spaces for women's participation. Substantial efforts need to be undertaken for mentoring and mobilising women to claim these spaces. Their voices are valuable in design and implementation of health programmes which will eventually lead to increased uptake and improvement in health status of women. Women Sarpanches also need capacity enhancement and hand holding support. A responsive and accountable public system with greater investments for women's empowerment is essential for achieving continuum of quality care.

## Strengthening Capacities of Facility-based Committees (RMRS)

*“We were invited to be a member of the Rajasthan Medicare Relief Society (RMRS) of Bhoola Primary Health Centre, Sirohi district, which was recently upgraded from a Sub Health Centre. We observed several gaps related to infrastructure, supplies and human resource. We submitted a proposal for strengthening the PHC at the Gram Sabha scheduled in August 2014. A resolution was passed. We kept following up with the Panchayat Samiti and held regular meetings and planned for the PHC building. We have taken initiative in choosing an accessible location for the PHC building.” (RMRS member, Bhoola PHC)*

*“The RMRS of Islampur PHC has mobilized rupees ten lakhs and constructed a labour room as per quality standards.” (SuMa Partner SRKPS)*



Capacity building workshop of RMRS members in Sirohi district.

In 2014, SuMa undertook an initiative to strengthen facility-based committees – Rogi Kalyan Samiti or Rajasthan Medicare Relief Society (RMRS), as known in Rajasthan, in 20 health facilities (12 Primary Health Centers and Eight Community Health Centers) from 11 districts namely Dungarpur, Udaipur, Sirohi, Baran, Rajsamand, Chittorgarh, Jhalawar, Jhunjhunu, Jodhpur, Karauli and Tonk.

Rajasthan Medicare Relief Societies (RMRS) were formed in 1997 to strengthen and modernise the services of the public health system. The members include community representatives and senior citizens.

To begin with, a total of 70 members from 20 facilities were interviewed to understand their functionality.

Of the 20 RMRS:

- Meetings were reported to be held regularly at two facilities.
- Monitoring visits were reported to be conducted by the members from eight facilities.
- Only 17/70 members mentioned that they received orientation on their roles and responsibilities.

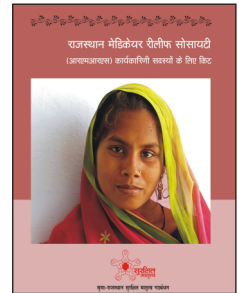


An action plan to strengthen the facility based committees at 17 facilities was developed and implemented by SuMa. To implement the plan,

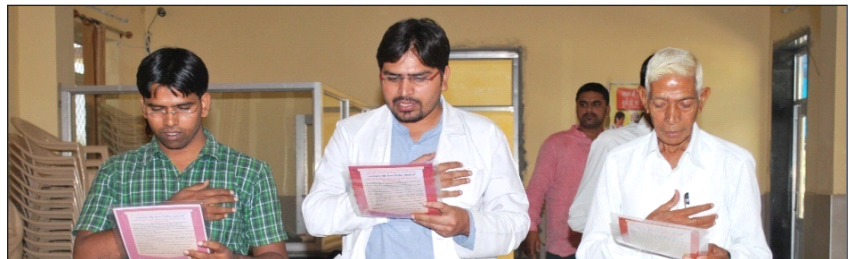
- CHETNA held dialogues with the Mission Director, National Health Mission for release of RMRS guidelines and with Director State Institute of Health and Family Welfare regarding partnership for capacity enhancement of the committees. (2014)
- RMRS members were engaged in monitoring of health facility along with SuMa members to identify issues for action.(2013-14)
- CHETNA organised orientation workshop at state level for SuMa and RMRS members.(2014)
- SuMa members, with resource input from the Block and District Chief Medical Officers and CHETNA, organised orientation workshops for RMRS of 17 facilities. Action plans were developed to address gaps found during the monitoring visits.(2014,2015)
- Advocacy dialogues between women and the RMRS members were organised in 2015
- Block level workshops were held in 2016 to orient RMRS of entire block. Members of around 72 health facilities of 10 blocks were oriented.
- Mentoring of the RMRS was done by SuMa through followup visits to health facilities and participation in the committee meetings.

- CHETNA also developed a kit for orientation of RMRS members which included:

- Government of Rajasthan Guidelines for RMRS (2007)
- Service guarantees at public health facilities
- Social accountability tools and checklists for monitoring of health facilities
- An oath to safeguard health and lives of women and children.
- A table calendar on maternal health.



Some of the challenges faced while working with these committees were: the absence of updated guidelines in public domain which required substantial convincing to work with RMRS; frequent transfer of medical officers as a result the new officer had to be oriented and convinced several times; lack of interest and inadequate capacities of RMRS members or in some cases the unequal power relationships within the membership, which created a situation of conflict.



## Results

While the programme began with 20 facilities, the intervention was continued in 17 facilities. Though required extensive follow-ups, the results are encouraging.

### At the State level

- Guidelines have been printed by the Department of Medical Health and Family Welfare, Government of Rajasthan and copies provided to all the public health facilities.
- RMRS meetings are being tracked and the facilities instructed to hold RMRS meetings.
- The Department of Medical Health and Family Welfare has initiated a process of restructuring the RMRS and an order has been issued in 2017.

### At the facility level

During 2013 to 2017, of the 17 RMRS where the intervention was made,

- The number of RMRS taking action to improve maternal health services increased from **none to 14**.
- The number of RMRS opening complaint box increased from **three to 10**.
- The number of RMRS conducting monitoring visits of the facility increased from **eight to 15**.
- The number of RMRS visiting labour room and maternity ward increased from **six to 16**.
- The number of RMRS including SuMa as members increased from **none to nine**.



RMRS members conducting monitoring visit of PHC Gangdhar, Jhalawad district.



RMRS members conducting monitoring visit of CHC Kapasan, Chittorgarh district.



RMRS members conducting monitoring visit of CHC Malpura, Tonk district.



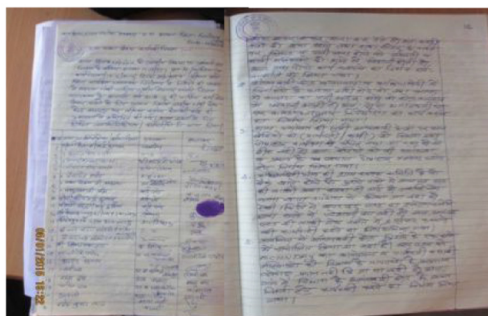
## Discrimination against daughters ends!

*"I have two daughters, the elder one Payal is three and the younger one Tina is five months old. For birth of both the daughters, I came to my natal home. During my first pregnancy, I did not receive the nutrition supplement from the Anganwadi centre and used to feel bad as other women used to get it. When I came home for the birth of my second daughter, I received the nutrition packets and feel good about it."* (A woman from Roopakhedi village, Kapasan, Chittorgarh)

Mr. Arun Kumawat, SuMa partner from Navachar Sansthan was taken aback when women shared their concerns at meetings held in five villages of Balarada, Rupakhedi and Damakheda Panchayat in Kapasan block of Chittorgarh district of Rajasthan. Several women shared that they were upset when

they, the daughters of the village were deprived of supplementary nutrition provided at the anganwadi center<sup>1</sup>. The service provider - the anganwadi worker explained that - *"since the daughters are registered with the centre at their marital home, it is difficult for us to account for the nutrition packets"*. It is customary for women to come to their natal home for delivery. Hence, depriving the pregnant daughters from their share of nutrition supplement was a concern for women. At a women's meeting, one of the several issues taken up was to submit a proposal at the Gram Sabha<sup>2</sup> and ask for nutrition supplement to be given to daughters also.

In August 2014, after a mobilisation campaign, for the first time, approximately fifty women participated in the Gram Sabhas of Balarada, Rupakhedi and Damakheda Panchayat. They submitted seventeen proposals which included the one to provide supplementary nutrition food to daughters/ sisters of villages who come to their natal home for delivery. Other sixteen were related to improvement in infrastructure



Women's proposals registered in Gram Panchayat

<sup>1</sup> Anganwadis are crèches at a population of 1000 to provide nutrition and health services for Integrated Child Development Scheme

<sup>2</sup> Gram Sabhas are village councils of the Local Self Governments, constitutionally mandated to meet at least four times a year to discuss and take action on issues of concern and Governance)

During 2015-2017, after rigorous follow-up with the Panchayat, the Women and Child and the Health department, 13/17 women's proposals for improving health and nutrition services have been addressed. The access road to Balarada sub health centre has been repaired, Anganwadi centre of Damakheda village has been repaired, windows of Anganwadi centres of Kachhiya khedi and Balarada villages have been repaired, the road to Anganwadi centre in Junakirkheda village has been repaired. During subsequent field visits and interaction with women, it was observed that daughters who had come to their natal home for delivery were being provided supplementary food packets. The proposals which remained unaddressed are: construction of public toilet at Rupakhedi village and cleanliness and water supply at Rupakhedi Sub Health Centre.

<sup>3</sup> Sub centres are health posts for a population of 5000 providing outreach services of the health and family welfare department

[illegible]

### Order from the Women and Child Department



## Rojhana Sub Health Centre<sup>1</sup> becomes functional

*“We are not able to avail health services because Rojhana Sub Centre open's hardly once or twice in a month. Even for minor illnesses like fever we travel a distance of seven kilometres to reach PHC<sup>2</sup> Gangdhar.” (Men's Group Discussion, 2013).*

*“When the nurse used to come, more women used to come to the center. Now hardly anyone comes.” (Women's Group Discussion, 2013)*

For Mr. Chhail Bihari, leader of SuMa partner Gram Rajya Vikas Evam Prashikshan Sansthan, listening to men as well as women provided insight into their experiences of accessing care. *“When women are in labour, most of the times it is the men who do the running about and take decisions so we need to listen to their experiences also,”* he said.

The Rojhana sub centre in Dug block of Jhalawad was found to be closed when several visits were made by Mr. Chhail Bihari. Even the name of sub centre was not readable. He discussed with the medical officer of PHC Gangdhar and requested him to improve the condition of Rojhana Sub Centre. No action was taken.

Later on, meetings were held in the villages and men and women were motivated to participate in Gram Sabha<sup>3</sup>. It was decided to give a proposal for operationalising Rojhana sub centre. On 2<sup>nd</sup> October 2014, thirty men and five women from Rojhana village participated in Gram Sabha for the first time. They submitted a proposal for appointment of Auxiliary Nurse Midwife in the Rojhana sub centre and make it functional, the sub centre should be cleaned and painted, there should be curtains for privacy and drinking water to be provided. The sarpanch of Rojhana Gram Panchayat, Ms. Kailash Kunvar later wrote a letter to the health department to take action on the proposals made at the Gram Sabha. After several follow-ups, the sub centre building was cleaned and painted. A senior lady health visitor (LHV) was also appointed on temporary basis. Name of the sub centre was painted on the building, new electrical wiring was done and curtains were put on the door and windows.

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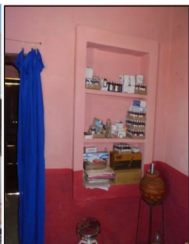
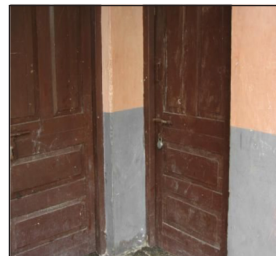
<sup>1</sup>Sub Centre or Sub Health Center is expected to service a population of 3-5000 and is mandated for outreach services. Some Sub Centres also provide delivery services.

<sup>2</sup>Primary Health Centre is expected to serve a population of 25-30,000 population, has services of a doctor and pathology and patient admission. Some PHCs are also identified as delivery points.

<sup>3</sup>Gram Sabha is a constitutionally mandated space for peoples participation in the local governance of public facilities and programmes.

After a few months, the LHV stopped coming. Mr. Chhail Bihari, SuMa partner again held village meetings. It was decided to submit written proposals in the Gram Sabha for improving service of Rojhana sub centre. On 15<sup>th</sup> August 2015, thirty-five men and seven women submitted four proposals on maternal health issues in Rojhana Gram Sabha. The proposals included posting of a permanent ANM at Rojhana sub centre and regularise its cleaning.

The Gram Sabha unanimously resolved to take action on the proposals. The Sarpanch Ms. Kailash Kunvar wrote a letter to health department with a copy of proposals. In December 2015, a permanent ANM was appointed at Rojhana sub Centre. Mr. Chhail Bihari and his team have observed that after her appointment, sub centre opened regularly and cleaned. For women of Rojhana village, maternal and child health services were available near their homes.



## Jamun Sub Health Centre<sup>1</sup> gears up to provide delivery services

*"Ours is a hilly area and it is difficult to travel, particularly at night. When a woman goes in to labour, we have to carry her across several hills to reach the road. It is not possible to get the 108 ambulance. Earlier women used to go to Jamun Sub centre for delivery. It is connected with the pucca road and the nurse stayed there. But she moved out and there is hardly any space nearby for women to deliver".* (A woman during group discussion at Madla village, Udaipur)

In December 2013, for the first time in their lives, women from Madla village of Jhadol block, Udaipur shared their experiences while accessing maternal health services. For women, they shared, distance to the facility and inadequate transport and communication were major concerns. A team of members of the Panchayat and Mr. Sohan Jannawat from SuMa partner Shrushti Sewa Samiti visited Jamun Sub Centre. They observed that the Auxilliary Nurse Midwife conducted deliveries. The sub centre is accessible. There was a need to create adequate space to provide delivery services at the centre. Mr. Sohan then shared the report with the Block and the District Chief Medical Health Officer.

After a meeting, in August 2014, women made a proposal in Madla Gram Sabha<sup>2</sup> for construction of labour room at Sub Centre Jamun. The then Sarpanch<sup>3</sup> Mr. Dhularam Bhagora (Head of the

Gram Panchayat) took interest and the Gram Sabha resolved to take action. The proposal was taken up at the General House of the Panchayat which is held at the district level. After a year long followup by the Sarpanch, in 2015, funds were allocated by the Panchayat to construct the labour room at Jamun sub centre. The block and district Chief Medical and Health Officers agreed to provide supplies, equipments, furniture and medicines. The Gram Panchayat began the process of land allocation, design of the sub centre and identifying the builders. After the elections in 2015, the sarpanch's daughter Ms. Divya Bhagora got elected and she took the process ahead. She worked with the Panchayat members so that the additional land was allocated. The area being hilly, she pushed for leveling of the land and approach road was prepared.

As the construction cost had increased, the revised rates were submitted to the Gram Panchayat in July 2016. After the sanction of the funds, the construction of the sub centre building has began in August 2017. The sub centre building is expected to be operational by 1st April 2018.

Women from the villages occasionally visit the facility with a hope that someday they will be able to access delivery services without the painstaking travel to a distant facility.

<sup>2</sup> Gram Sabha is a constitutionally mandated village council of the Panchayati Raj which is a three tiered local self Government body with Village, block and district level structures.

<sup>3</sup> Sarpanch is an elected head member of the Gram Panchayat which is at a cluster of revenue villages.

<sup>1</sup> A sub health centre by the health department is constructed for 3000 population in tribal and difficult areas to provide outreach health services.



Leveling of land at Jamun Sub Center, 2015



Construction of Labour Room began-November 2017



## A fully equipped labour room is built

*Women used to deliver in the maternity ward itself. There was no labour room. We have now constructed a fully equipped labour room and since this area has extreme temperatures we have also installed an air conditioner.* (A member of the RMRS<sup>1</sup>, Islampur PHC, Jhunjhunu)

Islampur village with a population of about 11 thousand is located about 23 kilometers away from Jhunjhunu district head quarters. The Islampur PHC<sup>2</sup> located in this village is expected to serve around 25,000 population.

In 2013, Ms. Munni Devi, from SuMa partner SRKPS, held group discussions with women in five villages to listen to their experiences of accessing maternal health services. Women shared that they have to deliver on the bed of the maternity ward of the Islampur PHC as there was no labour room. They either travel to district or block facility or deliver at home. The medical officer and the PHC staff also shared that it was difficult to provide delivery services in the maternity ward.

After an orientation of SuMa partner by CHETNA, the RMRS members were oriented on their roles and responsibilities on 26<sup>th</sup> November 2014. A members meeting was held on 29<sup>th</sup> November 2014 and they took a decision to mobilise funds and construct a labour room. A woman sarpanch, also a member of the RMRS agreed to support. The committee passed a resolution

for construction of the labour room and forwarded it to the district Chief Medical and Health Officer. There was no progress for several months. A member - Mr. Ramnivas Chaudhry then approached a local businessman Mr. Ratanlal Chaudhry for funds. This family had earlier provided funds for construction of the PHC building.

In February 2015, at RMRS meeting the funds were committed by Mr. Ratanlal and the construction work was initiated in March 2015. The newly constructed labour room was inaugurated on 21<sup>st</sup> October 2015. The labour room is fully equipped, as per the norms and has space for breast feeding the newborn, attached toilet and geyser, and an air conditioner to beat the heat.

In 2016, SuMA had a discussion with the state health officials and was informed that the number of deliveries in Islampur Primary Health Centre have increased. PHC Islampur has been accredited as a Model PHC by the Department of Medical Health and Family Welfare, Government of Rajasthan in 2017. Women have a quality facility near their homes and the members of the committee expressed satisfaction in providing quality services to women and children.

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<sup>1</sup>RMRS-Rajasthan Medicare Relief Society is a facility based committee mandated to plan for the development of the facility and use of user fees.

<sup>2</sup>Primary Health Centre is expected to cater to a population of 25-30,000 and has services of a doctor, pathologist. Some PHCs are identified as delivery points.





Fully equipped labour  
room of PHC Islampur

## Condition of Devri Primary Health Centre<sup>1</sup> improves

In a remote, hilly and tribal village of Shahabad block, Baran district, Devri Primary Health Centre is expected to serve approximately twenty five thousand tribal and nomadic population. It is located at a distance of 10 kilometers from Community Health Centre (CHC) Shahabad. Private jeep is the only means of transport, which is scarce and sporadic.

Shri Tarachand, from SuMa partner Prayatn Sansthan, along with the elected representative of the village visited PHC Devri. They observed gaps in infrastructure of the PHC. The main gate was so narrow that ambulance or jeep carrying pregnant women could not reach its doorsteps. The boundary wall of the PHC was damaged and stray animals entered the premises. There was no arrangement for cool drinking water. There was lack of cleanliness in the PHC as the post of sweeper was vacant. The posts of providers- the Lady Health Visitor- LHV and Medical Officer (AYUSH) doctor was vacant. According to standards for L2 level, which Devri PHC was, there should have been six beds in maternity ward, but the number of beds was less than six.

Although the facility based oversight mechanism known as Rajasthan Medicare Relief Society (RMRS) was formed, it was not functioning.

In November 2014, a workshop was organised by SuMa to orient the RMRS members on their roles and responsibilities and functioning of RMRS. Action plan was prepared to conduct regular meetings and take actions to address the gaps at the facility. To follow up, Tarachandji made several visits to the RMRS secretary (Medical officer). A meeting of RMRS members was organised in which it was decided to address the gaps observed.



Maternity ward beds increased to six

<sup>1</sup> Primary Health Centre is expected to serve 25,000 population in tribal areas.

Several actions were taken by RMRS:

- The number of beds was increased to six.
- Four sweepers were appointed on contract basis.
- Chairs were purchased for waiting area.
- The main gate was widened and boundary wall was also repaired.
- A water cooler was installed and three room coolers were purchased for the maternity ward.
- A complaint box was also placed near entrance.
- Citizen Charter was also displayed.

Although the RMRS took significant actions, ensuring regular meetings of member was a challenge. In October 2015, an action plan was prepared which focused on conducting regular meetings, monitoring of maternal health services by RMRS members and taking actions to improve the services.

In 2016, the RMRS of PHC Devri conducted three meetings. The RMRS members regularly visited facility and monitored maternal health services.

The RMRS took action to improve cleanliness in maternity ward including regular cleaning of bed sheets and curtains. The action by RMRS has brought smiles on the faces of pregnant women from Devri and other nearby villages.



RMRS members monitoring labour room of PHC Devri

## The Community Health Centre(CHC)<sup>1</sup> Malpura<sup>2</sup> finally shifts to a new building

*“In 2014, when I visited the CHC Malpura, it was located on a busy street with little privacy for women who delivered. The building was in dilapidated condition. The post partum women were kept in a crowded female ward. Often, due to unavailability of bed, women had to go to private hospitals. The facility based committee also known as Rajasthan Medicare Relief Society (RMRS)<sup>3</sup> of this CHC was not functional. Today, in 2017, the CHC has moved to a new building and the maternity ward has one woman per bed”.* (Mr.

Bhanvarlal Sain, SuMa Partner, CRPR)

A new building for CHC was already constructed in 2013. It was accessible and a few kilometers away from old building. Due to the resistance of private medical store owners, this health facility continued to operate from the old building.

<sup>1</sup>Community Health Centre or CHC caters to 90,000 to 1,00,000 population and is expected to provide services of specialists. Some CHCs are designated First Referral Units

<sup>2</sup>Malpura is situated at a distance of 70 kilometer from Tonk district headquarters. For healthcare services, CHC Malpura is the mainstay of approximately 37 thousand population of Malpura town. This CHC is expected to serve a total of 2.54 lakh population of Malpura sub-division.

<sup>3</sup>Rajasthan Medicare Relief Society(RMRS) is a facility based committee mandated to plan for its development and take decisions on the use of user fees and other funds provided to the facility.

Mr. Bhanvarlal along with the RMRS held several meetings with the Member of the Legislative Assembly-MLA of Malpura Shri Kanhaiyalal Chaudhary, and Sub Divisional Officer (SDO) Shri Prabhati Lal Jat, who is also the ex-officio president of the RMRS. He shared his observations of the CHC Malpura and sought their support. The SDO of Malpura reconstituted RMRS and four new members were included in the RMRS committee. In November 2014, SuMa organised an orientation workshop of the RMRS members on their roles and responsibilities. CHETNA provided resource input.

After orientation, the members met and developed an action plan to shift the facility into new building. RMRS member Advocate Rajkumar Jain and RMRS Secretary- Dr. Joshi took the lead. Advocate Rajkumar Jain made efforts to convince the medical store owners that they need to consider people's benefit. Dr. Joshi made efforts to ensure the support of health department officers and staff members of the CHC. The SDO of Malpura called a meeting of medical store owners, in which, they were persuaded to support the move to shift CHC in new building.

Finally after almost seven months of extensive efforts, the CHC Malpura was shifted into new building in June 2015. The building has sufficient space. It has a well equipped and functional labour room, separate ward for post partum women and sufficient beds in post partum ward and other amenities like clean toilets. Later in a dialogue with women, the lack of privacy, dignity and unavailability of nurse in the labour room surfaced. The RMRS took action to address these. Now the RMRS meets on a quarterly basis, the members take round of the CHC premise, monitor cleanliness and service delivery and take immediate action if any gap is observed. The CHC has been identified as a model CHC to receive the 2018 Kaya Kalp Award.





5

**New building of CHC Malpura, having a separate maternity ward**



## Bhoola<sup>1</sup> Primary Health Centre moves to an appropriate place

*“Bhoola Sub Centre was upgraded to a Primary Health Centre in 2013. When we, along with Sohanji visited the centre, we observed that the PHC operated from a Sub Centre level building. Delivery services were provided in a very small room at the Sub Centre. Many times women had to travel at least 10 kilometers to reach nearest CHC in Rohida. The 104 service (ambulance) often came late. Private jeeps were the only means for transportation. Many houses of Bhoola are three to four kilometers away from the main road and four-wheelers cannot reach. When in labour, women are carried on doli or cots, which is dangerous.”* (Kanhaiyalal Agrawal, Sarpanch of Bhoola Panchayat, Sirohi, May 2013).

In May 2014, when Mr. Sohan Jannavat, from SuMa partner Shrushti Seva Samiti visited the Primary Health Centre, it was operating from a sub centre level building. The facility based oversight committee, known as Rajasthan Medicare Relief Society (RMRS)<sup>2</sup> was not formed.

Mr. Sohan then had several meetings with the community, elected representatives, medical officer and Block Chief Medical and Health Officer. After several efforts, RMRS for Bhoola PHC was formed in 2014. The newly elected Sarpanch of Bhoola Panchayat, Mr. Kanhaiyalal Agrawal and Mr. Sohan Jannavat from Shrushti Seva Samiti were members. The RMRS meeting was regularly organized and a proposal for construction of new PHC building was submitted to the health department.

This proposal was approved by health department and land was allocated for PHC. The local MLA Shri Shamaram Garasiya wanted the new PHC to be built in Malera village. He asked the health department officials to transfer the PHC to Malera.

The newly formed RMRS-Bhoola wrote several letters to the sub divisional magistrate, Pindwara, and district collector of Sirohi and also met them to prevent the transfer of proposed PHC from Bhoola to Malera. However, the efforts of RMRS proved unsuccessful.

Then, RMRS members wrote letters to the Minister of Medical, Health and Family Welfare, Government of Rajasthan, Shri Rajendra Singh Rathore and also met him. The Minister ordered that the PHC should be constructed according to approval for Bhoola village.



Labour table in a small room of PHC Bhoola

<sup>1</sup>Bhoola is a village in tribal Pindwara block in Sirohi District of Rajasthan State. It is located 46 KM from district headquarters Sirohi and 24 KM from Pindwara.

<sup>2</sup> Rajasthan Medicare Relief Society-RMRS is a facility based committee mandated for development of the facility and take decisions on the use of user fees and untied funds to the facility.



Foundation stone of PHC Bhoola building laid by local MLA



Now finding land for new PHC and beginning construction was a challenge. Several meetings were held with the community members and a central and accessible location for construction of PHC was identified. It was not easy to purchase the land and the Sarpanch made efforts to convince the land owners. Resources were mobilised with donations from the people and from the Sarpanch himself. By the end of 2016, the land was acquired and foundation stone of new PHC building was laid on 20<sup>th</sup> February 2017.

The challenge did not end. The contractor was delaying construction work. The RMRS members met him and asked him to complete the work within six months. Finally, the construction work of PHC began in April 2017.

*"We hope that maternal health services from new PHC building will start in 2018. Approximately twenty thousand women from Bhoola and nearby villages like Gopalbera, Dohitra, Semli and some villages of Kotra block will benefit from this PHC,"* says Kanhaiyalal Agrawal, RMRS member and Sarpanch .

**The story could be viewed at the following video link:**

<https://www.youtube.com/watch?v=mzVpVdxgm10&index=2&list=PL60GAnFL6tn0Tf18ocej5NnR1boCZ2U IX>

## Primary Health Centre<sup>1</sup> Tordi<sup>2</sup> starts providing delivery services

*"I am glad that most of the gaps identified in 2014 have been addressed and we have started providing delivery services."* (Dr. Alok Mittal Medical Officer, PHC Tordi at a block level meeting of RMRS)

In 2014, Mr. Bhanvarlal Sain, SuMa partner and Director, Centre for Rural Prosperity and Research (CRPR) held group discussions with village women to know their experiences of accessing maternal health services from public health facilities. Women shared that often doctor was not available at the PHC nor was the ambulance facility.

He visited Tordi PHC and observed that there were no curtains in labour room and maternity ward; some essential drugs were not available and delivery service was not provided at the facility. He reported this to the secretary of the RMRS<sup>3</sup>, the Block Development Officer, Block Chief Medical Officer (BCMO) and the MLA and demanded action.

Addressing the gaps in maternal health services of PHC Tordi was challenging as the facility based oversight mechanism- Rajasthan Medicare Relief Society (RMRS) was non-functional. When contacted, most of the members shared that they were unaware of RMRS membership and roles and responsibilities of the members.

Mr. Bhanvarlal then discussed the issues of PHC with Mr. Kanhaiya Lal, elected representative (MLA) of Malpura assembly constituency. On his recommendation, three active members were included in the RMRS of PHC Tordi. Mr. Bhanvarlal was among them. In 2014, the RMRS of PHC Tordi was oriented by SuMa and supported for holding meetings. Since 2015, RMRS began organising two meetings in a year. During 2015-16, RMRS took actions to fill up the vacant post of the medical

officer/ doctor, provide 24x7 normal delivery service, ambulance service and provide all essential medicines. To ensure privacy of women, curtains were placed on windows and doors of labour room. A sweeper was appointed and some more chairs were placed in waiting area.

Action by RMRS has brought smiles on the faces of pregnant women from Tordi and other nearby villages. Now, they need not go to block or district level facilities for normal delivery. In case of complication, referral transportation facility is also available to them.



**Lack of privacy at PHC Tordi, 2013**

<sup>1</sup>Primary Health Centre is expected to serve a population of 25,000 in tribal and hilly areas. It is expected to have services of doctor and a pathologist.

<sup>2</sup>Tordi village is 45 kilometres from Tonk district headquarter, Rajasthan. PHC Tordi is located in this village and it is expected to serve approximately 45 thousand population from Tordi and nearby villages. The distance of Community Health Centre (CHC) Malpura is 15 KM from Tordi and private jeep is the only means of transport. People from these villages, especially women from marginalised communities, depend on the PHC for maternal health services.

<sup>3</sup>Rajasthan Medicare Relief Society-RMRS is a facility based committee and mandated for development of the facility, decisions regarding use of user fees and untied funds provided to the facility.



About SuMa-Rajasthan White Ribbon Alliance for Safe Motherhood SuMa-Rajasthan Surakshit Matritva Gathbandhan anchored by CHETNA since 2002, is for Awareness, Advocacy and Action for reduction of high maternal and neonatal mortality in Rajasthan. It was launched after the success of a campaign coordinated by CHETNA along with 11 Non Government Organisations of seven districts of Rajasthan, State Resource Centre, UNICEF, UNFPA, CARE < WFP, Department of Health and Family Welfare, State Institute of Health and Family Welfare, Government of Rajasthan, Rajasthan Women's Commission and Print Media. SuMa's core strategy includes working with women and communities from marginalised social sections and taking their voices to the local, state, national and international decision making forums; engage key stakeholders such as the media, elected representatives of the Panchayat and the legislative assembly; health officials and build capacities of civil society organisations. SuMa has over a 100 listed individual and organisational members. SuMa advocates for Continuum of quality and respectful maternal care and for women's engagement and voices to be heard in the decision making process. SuMa has engaged with Gram Sabha (Village Councils) and Facility Based Committees-Rogi Kalyan Samitis known as Rajasthan Medicare Relief Societies (RMRS) in 13 districts of Rajasthan.

#### CHETNA – Since 1980...

CHETNA, meaning awareness in several Indian languages, is an acronym for Centre for Health, Education, Training and Nutrition Awareness based in Ahmedabad, Gujarat, India. CHETNA envisions an equitable society where disadvantaged communities are empowered to live healthy lives.

CHETNA's mission is to empower children, young people and women, especially from marginalised social groups, so that they become capable of gaining control over their own, their families' and communities' nutrition, health and wellbeing.

CHETNA's approach to health embraces the life cycle of gender equity and empowerment within the wide cultural, economic and political environment. It recognises the needs and aspirations of children, young people and women through critical stages of life; Children (Birth-10 years), Adolescents and Young people (11-24 years) and women (25+)

- **Thrust areas:** Optimizing health and development in early childhood; Enhancing the value of the girl child and improving access to nutrition, health, education and development entitlements; Promoting nutrition and health, especially reproductive and sexual health and the responsibilities of adolescents and young people; Improving maternal health; Building food security and improving nutrition

#### CHETNA's core activities:

- **Capacity building:** CHETNA supports Non-Government Organisations (NGO), Government Organisations (GO), Corporates and health and education practitioners through facilitating training programmes and providing technical and mentoring support on how to implement gender sensitive and comprehensive health and education programmes. CHETNA has built capacities of over 60,000 people, from frontline workers and adolescents to coordinators, trainers and educators of NGOs and GOs.
- **Development and dissemination of Behaviour Change Communication (BCC) Material:** CHETNA develops and disseminates field-tested, gender sensitive BCC materials to help facilitate training and learning with literate, semi-literate and non-literate communities. CHETNA also adapts traditional media which are easily accessible to the communities. CHETNA's BCC materials are appreciated and transcreated in several Indian languages, mass produced and used by state and national government and at international level. Over 90,000 BCC materials have been disseminated throughout India since 2013.
- **Developing innovative approaches and replicable models:** CHETNA develops and implements people-centred models that can be effectively mainstreamed in existing government health, nutrition and education programmes at the state, national and international levels.
- **Advocacy:** CHETNA advocates for comprehensive policies and programmes at the state, national, South Asia region and international levels, through forging strategic partnerships and ensures that the voices of disadvantaged and marginalised communities are reflected in the formulation of people centred policies and programmes.

CHETNA has established an Information and Documentation Centre (IDC) to specifically address the information needs of individuals, organisations (GOs and NGOs), academicians, researchers and students who are working on health, education, and development concerns.

As an effort to spread the knowledge and experiences, CHETNA has gained since its beginning in 1980, "CHETNA Outreach" was created in 2013. CHETNA Outreach aims to extend the reach of CHETNA's activities to state, national and international levels. This is done by systematically up-scaling and mainstreaming effective models, promising practices and strategies and collectively advocating for gender sensitive comprehensive programmes and policies.

CHETNA designated as a resource organisation:

- Regional Resource Centre for Reproductive and Child Health by Government of India; 2005-2012
- NGO Support Organisation by Government of Gujarat from 2014 - present
- State Training Resource Centre (STRC) by National AIDS Control Organisation; 2014 – 2016

All training programmes are conducted by CHETNA at its Samvad Heritage Conference and Training Centre, which is equipped for residential programmes as well.

#### SuMa Partners in this initiative:

Centre for Rural Prosperity and Research (CRPR), Tonk

Gram Vikas Evam Prashikshan Sansthan (GVPS), Jhalawad and Karauli

Gram Vikas Navyuvak Mandal Laporiya (GVNML), Tonk

Gramin Vikas Vigyan Samiti (Gravis), Jodhpur

Jatan Sansthan, Rajsamand

Jan Shiksha evam Vikas Sangathan (JSVS), Dungarpur

Navachar, Chittaurgarh

Prayatn, Baran

Srushti Seva Samiti, Sirohi and Udaipur

Shikshit Rojgar Kendra Prabandhak Samiti (SRKPS), Jhunjhunu

Seva Mandir, Udaipur

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