DELIVER NOW FOR WOMEN AND CHILDREN:
ADVOCACY FOR MATERNAL AND CHILD HEALTH IN INDIA

Brief update from White Ribbon Alliance, India, June 2008

Background -
India’s National Rural Health Mission (NRHM) and its Reproductive and Child Health II Policy provide a strong policy framework that prioritizes the reduction of maternal and child mortality. The government has met commitments to allocate resources to improve maternal and child health, and civil society networks have led successful national advocacy efforts to strengthen safe motherhood policies. For example, recent policy advocacy efforts by the White Ribbon Alliance (WRA) in India have changed laws to enable auxiliary nurse midwives and nurses to administer lifesaving drugs during delivery and post-partum.

Although the policies are in place, it has been difficult to translate government commitments into improved access, services and care at the state, district and block levels, given India’s decentralized responsibilities for policy implementation.

Greater political will and public accountability is needed to break this gridlock at the state, district and block levels. More community stakeholders need to understand—and advocate for—their rights to improved maternal and child health services. National and state-level political leaders need to exert greater pressure on their district-level colleagues to make government commitments a reality. Media and other opinion leaders should increase their role as public watchdogs to ensure that funds are being spent on effective interventions that improve maternal and child health.

MNCH Situation in Orissa -
The status of women in the eastern coastal state of Orissa (pop. 37 million) is among the lowest in India, illustrated by skewed literacy rates, early marriage, and high incidences of anaemia and maternal mortality. As per the Sample Registration System 2004 (SRS), the maternal MMR in Orissa is 358, which is higher than the national average of 301. Studies show that 53% of women are not involved in decisions about their own health (National Family Health Survey 3, 2005-6)). The Infant Mortality Rate (IMR) stands at 73 (SRS 2006) as against all-India average of 53 (NFHS 3). Neonatal Mortality (NMR) constitutes 61% of infant mortality in the state. Contributing factors include poor availability of professional attendance at birth, high percentage of low birth weight babies and lack of professional postnatal care. Lack of access to adequate nutrition and safe drinking water are other underlying factors.

There is a need to create political will at the state level. Although there are signs of political priority at the national level, it is very important to generate political priority at the state level; especially in states, such as Orissa, with very high levels of MNCH.

To address this, White Ribbon India is implementing the “Deliver Now” campaign in 12 districts in Orissa with the support of the UK Department for International Development (DFID) and The Partnership for Maternal, Newborn & Child Heath. This White Ribbon project, to run through January 2009, will be carried out in parallel
with a 12-month state-level media campaign conducted by a media agency selected by international tender. The media campaign will be implemented from September 2008 in coordination with White Ribbon India and The Partnership.

**Key White Ribbon Project Activities**

**Orissa**
- State-level consensus-building workshop with key actors;
- Training of community stakeholders and NGOs in MNCH advocacy goals and tactics;
- Implementation of a community campaign to increase awareness about entitlements through development of materials listing entitlements under different plans and programmes on maternal, newborn and child health; workshops on entitlements involving women self-help group leaders, panchayati raj institution (PRI) representatives and service providers; supporting press meets on entitlements and maternal and child health issues, etc;
- Initiating social watch at sub-district levels over the implementation of policies and programs and the impact of Janani Suraksha Yojana;
- Organizing public hearings to provide a forum where women and communities have a space to voice their demands;
- The Orissa chapter of White Ribbon will include media outreach in social mobilization activities, and provide support in generating media coverage of the calls for increased implementation of maternal and child health interventions. Media coverage will be circled back to health decision makers to make them aware of the spotlight that is shining on implementation of promised maternal and child health interventions;
- WRA will work closely with a media agency hired by international tender to conduct a mass-media campaign that will create MNCH champions and transmit key messages to the widest possible audience while increasing media capacity to act as effective watchdogs on this issue. Activities may include organizing a two-day orientation workshop for journalists and editors from broadcast and print publications on MNCH issues and supporting reporting trips for leading journalists to see first-hand the impact of MNCH services—or lack thereof.

**National**
- Launch of Deliver Now for Women +Children in Delhi on 11 April 2008 (National Safe Motherhood Day), including a national media press conference to announce the launch of Deliver Now. Simultaneous launch in Orissa;
- Organizing a national advocacy development meeting to develop a Project Plan and Agreement on a common advocacy agenda for MNCH issues;
- Development of collaborative messages to shape top-level “asks” from decision makers and ensure consistency across organizations during the national advocacy development meeting.
- Capacity Building for State and Community-level Advocacy
Expected Results of the White Ribbon Policy Advocacy Project and the Media Campaign:

✓ Increased pressure by community members for state- and district-level implementation of MNCH policies and utilization of resources;
✓ Increased engagement of media as a public watchdog and vehicle for public messages;
✓ Increased political will for meeting MDGs 4 and 5.

The above objectives will be monitored by the following studies:

1. Quantitative baseline study employing a household level survey on knowledge, attitudes, behaviors and practices (KAB/P) in regard to MNCH. This study will influence key messages and help prioritize target audiences for the political advocacy and media campaigns (July-Aug 08);
2. Qualitative research (focus groups and in-depth interviews) to enrich quantitative baseline data and pretest media campaign products (July-Dec 08);
3. Endline quantitative evaluation that measures the effects of program interventions against the baseline survey.

White Ribbon Progress Report, Jan-June 2008

- Need assessment trip –

  Jan. 2008: A need assessment trip to Orissa was carried out in January 2008 by Dr. Aparajita Gogoi of White Ribbon Alliance, India. A series of meetings were conducted with Orissa’s Director of Family Welfare, Deputy Director Nutrition, and Consultant to the National Rural Health Mission. In addition to this, extensive discussions were held with Medical Officers and health workers. As a result, 12 districts with poor health indicators were selected as intervention districts: Koraput, Mayurbhanj, Dhenkanal, Angul, Nuapada, Balangir, Sonepur, Khurda, Boud, Jharsuguda, Sundargarh and Kandhamal. This trip was followed by meetings with state government health officials to assess the need for maternal, neonatal and child health intervention in these areas.

- Launch of Deliver Now for Women and Children –

  March 2008: The global logo of Deliver Now was Indianized in the tricolor of the national flag for the launch of the campaign in India.

  April 2008: The campaign was launched in India on 11 April, 2008 on the occasion of National Safe Motherhood Day. This launch was simultaneously done at Orissa and Delhi. Many people including government officials, celebrity guests participated in the launch and supported the maternal, neonatal and child health issues. Celebrities from film, art and rock music were felicitated as advocates, champions and youth icons for safe motherhood and they showed their commitment towards safe motherhood issues and have included the issue on their agenda. The campaign and its objectives were discussed in detail with the desired output. In addition to these, the people were informed on the activities that will be taken in this span of time under Deliver Now campaign. The live webcasting was
also available on [http://www.solutionexchange-un.net.in/health/events/safemotherhood08.htm](http://www.solutionexchange-un.net.in/health/events/safemotherhood08.htm) and [http://wstech.wstream.net/safe/](http://wstech.wstream.net/safe/)

In addition to this, the President of India and the Union Minister of Health and Family Welfare sent their messages with best wishes for the day.

Deliver Now was launched in Orissa by the state Minister of Health and Family Welfare, Sanatan Bisi, in the presence of Govt. representatives, UN representatives, representatives from international NGOs and NGOs and alliance members.

- **Press Conference**

  **April 2008**: The launch of Deliver Now was followed by a press conference where the media representatives were oriented on the campaign and its implications in India. Dr. Vinod K Paul was also present during the press conference to represent The Partnership for Maternal, Newborn and Child Health, along with Dr Aparajita Gogoi and Dr Bulbul Sood of White Ribbon India. Presentations were made on the campaign, its objectives and the activities that will be conducted in the 12 focused districts of Orissa on pilot basis. The press conference resulted in wide coverage. A similar press conference was held in Bhubaneshwar, Orissa; where the dignitaries like Mr. Sanatana Bisi, Minister of State, UN representatives and partner NGOs participated.

- **MNCH Ambassadors**

  **April 2008**: As part of the Deliver Now launch, various notables from public life in India were honoured as ambassadors for NCH. This included Ms Anu Chaudhuri, Oriya Film actress, and Ms Shabana Azmi, renowned actress and former Member of Parliament. In addition to this, noted Indian classical dancer Ms Shovan Narayan and rockstar Mr Subir Malik, member of the Parikrama band, were declared as champion and Youth Icon for Safe Motherhood, respectively.

- **Combined Implementation Plan**

  **March 2008**: A one-day workshop was organized on 26 March 2008 to finalize the detailed implementation plan for the campaign. Twelve district coordinators for the Orissa campaign developed their plans, facilitated by four zonal coordinators. Representatives from White Ribbon Orissa and India were present to brief the session.

  Some of the key activities planned were as follows
  - Development of an “Entitlement Charter” concept;
  - Use of checklist in selected focus blocks for gathering baseline information;
  - Training of NGOs on MNCH advocacy and media outreach;
  - Organization of public hearing sessions;
  - Building media champions.

- **Finalizing Checklist of “Entitlements” and Health Services**

  **May 2008**: Checklists were developed on the basis of existing entitlements under National Rural Health Mission program and the services envisaged from the health facility at different levels. A checklist comprises of minimum standards that each government health unit must meet to function properly.

  An expert committee of MNCH experts, White Ribbon representatives and UN participants attended a one-day meeting on 9 May 2008 to finalize these checklists, which were then shared with the White
Ribbon secretariat and district partners for tracking progress on policies and schemes on MNCH issues. Next, these entitlements under various schemes will be collected and compiled in a single “Charter of Entitlements” (see Future Activities, pg. 6).

- **Advocacy Training**

  **May 2008**. A “training of trainers” meeting was held in Orissa on 12-13 May to spearhead the training of NGOs in MNCH advocacy at district levels in Orissa. The training focused on advocacy and social mobilization around MNCH entitlements, as well as media outreach and political advocacy on MNCH. The training of the 12 trainers also placed a strong emphasis on improving media linkages and effective monitoring and evaluations systems for advocacy efforts. A training schedule was developed to incorporate all the sessions in a participatory manner and ensure proper dissemination of the messages.

  *This meeting was followed a series of zonal-level training sessions in May and June, where sub-district partners were oriented on MNCH advocacy.* Two assessment forms were introduced one at the pre-training stage and the other at post-training stage for internal evaluation. District- and sub-district level orientation on the use of entitlement checklists and various Deliver Now activities was carried out with several NGO partners during early June.

- **Organization of Public Hearings**

  **June 2008**: Two public hearings were organized in late June by White Ribbon Alliance members at district/block levels. Community members shared the platform to raise their voice on the MNCH facilities provided to them. This will be followed by signature campaign where the stakeholders and the women will show their commitment towards reducing maternal and child deaths by signing a common document.

- **Baseline and Formative Research**

  **May-June 2008**: A Request for Proposals for the baseline study was circulated in May, resulting in six proposals from professional research agencies in India. However, due to the high costs of the proposals received, the RfP was revised to specify a smaller sample size and revised methodology. A research agency has now been selected, and it is expected to result in the implementation of a comprehensive baseline study during August 2008 to establish measurements in current knowledge, attitudes and behaviours in regard to MNCH, against which progress for this project can be tracked. The endline study for this project will be commissioned from the same agency by the media contractor for this project, so that costs may be shared across the project and messaging goals are tightly coordinated.

**Future Activities**

Several activities will be organized during July 2008-Jan 2009. These will include:

- **Messaging Workshop**
  A one-day workshop will be held in Delhi in late July 2008 to bring together the Government of India, UN agencies, health professional associations and other members of the White Ribbon Alliance India to agree on key messages at both community and state levels to be implemented by the media campaign and White Ribbon’s Orissa chapter.

- **Development of Entitlement Charter**
The entitlements under various government programmes will be collected and compiled. This information will be screened with a focus on MNCH issues and translated in local language in Orissa to develop a Charter of Entitlements that will be used in advocacy efforts;

- **Implementation of Entitlement and Health Facility Checklist**
  Checklists will be used in 12 target districts comprising 128 blocks covering the following health units (below). Checklists will be used to compile information about the current state of health services and community knowledge about MNCH entitlements, services, quality of care. This information will be used for focusing advocacy efforts at the community level:
  - 256 Auxiliary Nurse Midwife (ANM) Centres
  - 256 Villages
  - 128 Primary Health Centres/Community Health Centres
  - 12 FRUs/DHHs

- **Training of NGOs on Media Outreach**
  A minimum of two advocates from each of the 12 target districts will be oriented on media outreach, mobilizing local media and sharing messages from the media. They will be also trained on using media as a platform to capture the success stories and organizing press conferences.

- **Formation of Radio Listener’s Club** -
  White Ribbon members will organize local radio listeners’ clubs to provide producers of the media campaign with information about how the media campaign is being received and what further type of information could be provided about services that should be available in their communities, who to target with information at the household and local policy levels, and media program preferences.