



### **Knowledge based Intervention for Reproductive health Advocacy and action (KIRAN)**

Mewat is one of the most backward districts of Haryana, as far as the key development indicators are concerned. According to the District Level Family Health Survey(DLFHS) 2007-08, **institutional delivery in the village is as low as 14 per cent, mothers who had at least 3 ante natal care visits during the last pregnancy is 15.3 per cent, the percentage of women exclusively breastfeeding for first 6 months is 0.9, and the percentage of children aged 12-23 months fully immunised is 12.2 only.** To add to this dismal state of affairs, the region has non-existent health facilities.

Mewat has its genesis in its tribal inhabitants, the Meos, who are agriculturalists. Meos are a Muslim dominated community with distinct ethnic and socio-cultural characteristics. Literacy levels are low, with female literacy being only 24 per cent. The family size is large (5-10 members per household) and women have a low status in the family. Men are the decision makers and extremely resistant to change, especially on issues impacting women's reproductive health. This poses a great challenge for implementation of any health intervention.

To address this situation, in partnership with the Population Foundation of India, we implemented KIRAN in 29 villages covering a population of approximately 70,000 in October 2009. Through this intervention, we attempted to create and strengthen community-based mechanisms for increasing access to quality reproductive health care services and promote positive behaviour change among young couples. To put it simply, on one hand we tried to generate demand within the community for better reproductive health care services and on the other hand we tried to improve the service delivery by working with the government health departments.

The main milestones were:

### **Advocacy with Religious Leaders**

The success of KIRAN can solely be attributed to the constant engagement with the community. Religious leaders acquire a very high position in the community and have a strong hold over the people. Hence, networking and advocacy with religious leaders was a critical component in our attempt to promote positive health behaviours and practices. We conducted meetings with the Maulvis and Imams of the project intervention villages. Nuh is the headquarter of Mewat and the head of Nuh, Jama Masjid Imam has the authority to take decisions. Hence, meetings were organised with Jama Masjid Imam Mufti Zahid and discussions were held on role of Ulemas in promoting positive health behaviours in the context of Islam. He assured and provided his full cooperation towards KIRAN activities except family planning. Likewise, our initial interactions in the community revealed that in Mewat in almost every village there exists a group of women called Talimi women who teach the women about religion and the ideal way of life. Thus, Talimi women were identified from each village and oriented about positive health behaviours in the context of Islam. Multiple rounds of community awareness sessions, group counselling, one-on-one discussions have created a change in this hard to access community in a way which is clearly evident in the singular stories that have emerged from here.

### **Recruitment and Capacity Building of Community Health Workers:**

Recruiting female community health workers to work on issues of reproductive health in Mewat was one of the biggest challenges, yet also one of our biggest achievements. In Mewat, the average literacy level is very low, and women are not allowed to step outside their houses. The government in the area had been unable to recruit the Accredited Social Health Activists (ASHA) for these very reasons.

Our initial approach included networking with the religious leaders and the Panchayat members, talking to them about the objectives of the project, the need for the availability of maternal and child health services in the community and why the support of women from within the community was critical. We cited sections from the Quran, explaining why promoting health was important. These intensive dialogues with the religious heads were critical in ultimately paving the way for **recruiting and training 59 community health workers (CHWs), some of whom were interestingly the wives of the maulvis and daughters-in-law of the Panchayat members.** This gave great impetus to the cause.

Today, many of these women are working as ASHA workers with the government health department to create a healthier and happier society.

### **Building Awareness through Counselling and Community Meetings**

**The main thrust of KIRAN was on building awareness and changing the attitudes of the community members to improve their health seeking behaviour.** A district where the community had absolutely no access to any

information on issues of reproductive health, KIRAN was a big first. We conducted awareness sessions for pregnant and lactating women, newly married couples, mothers-in law, the Anganwadi and ASHA workers talking about nutrition, institutional deliveries, ante natal care, reproductive health and immunisations. Audio visuals and film shows were shown every month to the target population to supplement the information received through the group sessions. Film shows focused on removing superstitions on various issues concerning reproductive health care and encouraging positive thinking and behavior change. In many of the Muslim families in Mewat, watching films by women is not encouraged. After several rounds of counselling and discussion with the religious leaders and the panchayats, this was permitted for the KIRAN project. Being the only source of information on reproductive health issues, the awareness sessions were a big success, with many women coming back to the community health workers asking for when would the next session be held.

### **Provision of Health Services through Camps, Clinics and Mobile Diagnostic Clinics**

While the counselling and awareness sessions, focused on the attitudes and behaviour, the health camps helped improve service delivery by providing comprehensive care. Specific focus was given on pregnant and nursing mothers, where they were routinely tested for the vital health indicators and provided with counselling, ante natal care, post natal care, medicines and vitamins. All our health camps were conducted on routine immunisation days where the ASHA workers were also present. This helped in creating an environment in the village where everybody was aware of the camp, and many people came forward to access these services. Pregnant women were routinely tested for key indicators such as blood pressure, haemoglobin, height and weight and then followed up by the community health worker till the delivery.

### **Involving Men as Partners**

Haryana and especially Mewat is characterized by a male dominated society where most of the decisions are taken by men. We have therefore been working to involve men on health and specifically reproductive and sexual health issues, as this helps ensure better communication between the partners and improved family health. Regular sensitisation exercises with men and health awareness sessions have helped us made them more aware of the need and importance of taking care of the reproductive health of women and in the process improve mother and child health of the community.

### **Building Linkages**

KIRAN was also an attempt to strengthen the existing health system in providing quality reproductive health care and ensuring better co-ordination between the

community and the government health departments. Meetings were held with the Panchayats, government health departments and the Integrated Child Development Services (ICDS) department to sensitise the community members about the importance of providing adequate and quality reproductive health care services.

We also conducted trainings with the Accredited Social Health Activists (ASHA) workers, Anganwadi workers and front line doctors on ways of counselling, providing awareness and improving service delivery. We trained the local dais, on safe delivery practices and provided information to the young women and their mother's-in-law about newborn and post partum care.