

“Before we elected our committee, the nurse-midwife would come, take a walk around the village and leave. We did not know who she vaccinated nor did we know how many women were pregnant. Now we catch her and get our work done.”

Parvati, a mother of three in her 40s, is a member of the Village Health Committee in Kakardehi, a community of 2,500 people in the northern Indian state of Uttar Pradesh. On the first and last Wednesday of every month, Kakardehi receives a visit from Rama Nayar, an Auxiliary Nurse-Midwife charged with immunizing pregnant women against tetanus. In the past, Parvati says, Rama’s rounds usually took little more than half an hour, during which time she inoculated three or four women.



One morning, as she prepared to leave Kakardehi, the newly elected Village Health Committee staged a friendly encounter to waylay Rama. The committee members asked how many women she had immunized that day and were surprised to learn that she had found only four. The committee had recently conducted its own household survey and registered the names of 45 women who were four to five months pregnant. After a visit to Parvati’s house, where they kept their list, the committee members accompanied Rama to all 45 homes. In the process, they discovered four more pregnant women in need of tetanus inoculations. Rama’s visit to Kakardehi that day lasted four hours.

The Village Health Committees are a vital component of the PRIME II Project’s Community Partnerships for Safe Motherhood program to reduce maternal and neonatal mortality in Uttar Pradesh. With Shramik Bharti, a local nongovernmental organization, PRIME has helped to create 34 democratically elected Village Health Committees serving 40 communities. In addition to registering pregnant women and facilitating access to nurse-midwives for prenatal care, the committees supervise Village Health Guides who are teaching home-based life-saving skills to hundreds of pregnant women and their caregivers during 2001-2. With community input and involvement as its driving force, the CPSM program also focuses on reducing

delays in transportation to referral facilities and integrating family planning and postabortion care with improved maternal health services.

The partnership between the Village Health Committee and their nurse-midwife provides Parvati with a sense of ownership in the health care system and enables Rama to serve the community more effectively. As a result, the chances for safe motherhood are actively enhanced for the women of Kakardehi.

The PRIME II Project works around the world to strengthen the performance of primary-care providers as they strive to improve family planning and reproductive health services in their communities.

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PRIME II Intrah • School of Medicine • University of North Carolina
1700 Airport Road, Suite 300 CB 8100 • Chapel Hill, North Carolina 27599-8100
Tel: 919-966-5636 • Fax: 919-966-6816 • intrah@intrah.org • www.prime2.org



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