

# **The Bigger Picture**

Each year an estimated 585,000 women around the world die from complications of pregnancy and childbirth. Nearly one quarter of these maternal deaths take place in India. Increased access to essential obstetric care will reduce such loss significantly. The USAID-funded PRIME Project developed Community Partnerships for Safe Motherhood and Child Survival, an innovative strategy designed to improve the effective application of reproductive health techniques. These community partnerships reduce maternal and neonatal risk by:

- Increasing access to basic life-saving interventions at the most peripheral levels, within the home and community
- Reducing delays in transport to referral units where lifethreatening complications can be managed
- Offering postpartum and postabortion family planning methods at a time when couples may be more receptive.

#### **Program Design: The Strategic Link**

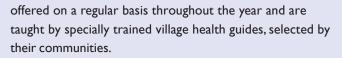
A vital component of Community Partnerships for Safe Motherhood and Child Survival, the Home-Based Life Saving Skills (HBLSS) program was developed by the American College of Nurse Midwives (ACNM), a PRIME supporting partner. HBLSS combines two competency-based training interventions.

• The first is designed for pregnant women, their primary family caregivers and home birth attendants. Classes are

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• The second provides a supplemental clinical practicum for active home birth attendants. This training component is offered periodically and taught on-site by the referral facility staff.

Broader community-sponsored efforts reinforce HBLSS training. Safe motherhood and child survival communications materials, an emergency loan for referral, and a simple system of monitoring pregnancy outcomes support this initiative. Social marketing of commodities such as iron and folic acid, disposable delivery kits, and contraceptives contributes to sustainability.

Each intervention focuses on the most common causes of death and the most vulnerable time periods. All seek to enhance individual and community behaviors that may prevent death. Interventions are planned and implemented through a participatory approach. Technical advisory groups provide guidance and link the village-level project with the larger safe motherhood and child survival effort in India.

### Implementation Methodology: Partnership

A three-year project is currently underway in the rural Kanpur Dehat district of Uttar Pradesh in northern India. Working closely with Shramik Bharti, a local NGO, PRIME uses a simple pre-post test design and samples men and women residing in 11 villages and 29 hamlets with a combined population approximately 23,000. The goal is to determine if participation in the project interventions will lead to:

- An increase in basic knowledge for survival, use of key preventive practices, and adequate response to lifethreatening problems
- The capability of villages to support the interventions effectively using local resources.

## **Progress to Date; Challenges Ahead**

Year one involved:

- Gathering baseline information for use in advocacy
- · Planning proposed interventions
- Follow-up evaluation.

Activities included a Referral Facility Assessment to identify nearby facilities and physicians ready to serve as referral linkages, a Community Self-Assessment to engage the whole community in an effort to reduce the number of women dying in childbirth, and a baseline Morbidity and Performance Survey.

Year two is currently underway and includes:

- Formation and strengthening of village health committees and village health guides
- Participatory planning and development of interventions, including the field testing of the HBLSS manual.

Year three will conclude the project with:

- A follow-up Morbidity and Performance Survey
- Development of an implementation package
- Dissemination and planning for expansion and replication.



# **Community Partnership Outcomes**

The Community Partnerships for Safe Motherhood and Child Survival is an empowering strategy. It will improve the ability of women, their families and home birth attendants to:

- Understand local causes, extent and contributing factors in maternal and neonatal mortality
- Recognize and prevent obstetric, postabortion-related, and neonatal complications including practices that may contribute to those complications
- · Respond to complications in a prompt and safe manner



- Achieve access to referral facilities during emergencies, where possible
- Use postpartum and postabortion family planning.

The project as a whole will result in:

- A sustainable community model for reducing maternal and neonatal mortality
- An NGO strengthened in integrated reproductive health and participatory research
- An implementation package that allows others to adapt the model easily.



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