Collective Action, Sustainable Practices
Bringing Maternal Health to the Panchayat’s Agenda

‘Apna Swasthya, Apni Pehel’
Preface

PRIA’s Apna Swasthya, Apni Pehel (ASAP) is a Panchayat level intervention that aims at strengthening the local governance to improve maternal health service delivery. The project covers 104 Gram Panchayats (GP) in three blocks of Rajasthan namely Govindgarh (Jaipur district), Banswara and Talwara (Banswara district).

It entails making the Panchayats accountable and responsible towards ensuring that pregnant and lactating women are able to exercise their reproductive rights, rights over maternity entitlements and proper medical care. A very crucial part of this process is assessing not only the availability but also demands for these services and in turn making women aware of their entitlements so that they can voice their demands.

Based on experiences from the intervention areas and an understanding of the processes within public health system, it is evident that women are largely thought of as passive recipients of maternal health services and facilities. This further highlights how women do not play an active role in shaping the demands for improved medical care or voicing their concerns around the available services. This is one of the reasons why despite intensive engagement with the service-providers and continuous upgradation in the supply side, the uptake of maternal health services remains less than satisfactory.

In order to strengthen service delivery, it is important that attention is drawn to generating ‘active demand’ and ensuring existence of strong systems that can help in translating these demands into reality. It is with this understanding that ASAP’s project strategy was framed which involves the parallel processes of:

- **Facilitating** multi-stakeholder interventions at the individual, family, community levels that are aimed at mobilization and capacity building of both the women and community members.
- **Strengthening** the Panchayats and making them more accountable towards improving maternal health through effective decentralized participatory planning. It involves reinstating the importance of Gram Sabhas and Mahila Sabhas as the linchpin of local self-governance, activating and bringing into action the Standing Committees of Panchayats, and mobilizing the community around maternal health issues.

Over the last two years, this approach has not only brought in elements of balance and sustainability to the intervention but has also helped inunderlining the importance of women’s health as intrinsic to the development agenda. Owing to which, in the financial year 2019-20, maternal health issues were able to make a place for themselves in Gram Sabha discussions and also in Gram Panchayat Development Plans (GPDP) of active GPs in the intervention areas.

This document discusses PRIA’s aforementioned strategy and the various community based processes and practices that had aided the process of putting maternal health on the Panchayat’s agenda. It underlines the importance of Panchayats as a ‘development institution’ and that of GPDP as the cement that reinforces that identity.

Tanya Dikshit  
Programme Officer, PRIA
Explaining the Link between Governance and Improvement in Maternal Health

Over the years, significant progress has been made in reducing the maternal mortality ratio (MMR). As per trends recorded in NITI Aayog’s report\(^1\), India’s MMR has dropped from 254 per 100,000 live births in 2004-06 to 130 per 100,000 live births in 2014-16. However, seen against the Sustainable Development Goal 3 (SDG 3) target of reducing global MMR to less than 70 per 100,000 live births, India still has a long way to go. In Rajasthan, the MMR is at 199 per 100,000 live births (2014-16), which shows the gravity and importance of changing the current attitudes towards Maternal Health in the state.

In order to achieve this global health target, the Panchayats can play a significant role. The eleventh schedule of Article 243(G) of the Constitution transferred 29 subjects which would become the responsibility of local governments. The Panchayats are required to draft and execute plans within the purview of activities listed in Article 243(G) and are expected to ensure people’s participation in this decentralized planning process. ‘Health and sanitation’ is one of these 29 subjects under the Panchayat’s jurisdiction and hence they play a crucial role in localizing the SDG 3 targets and devising Panchayat level activities to achieve them.

These target linked activities can be incorporated in the Gram Panchayat Development Plan (GPDP) and can be monitored round the year. A holistic and visionary GPDP is pivotal to rural transformation. Therefore, in order to meet the core-objective of the ASAP project, it was realized that issues pertaining to maternal health should first, be discussed and both gaps and demands should be addressed through collective planning with the local community. If the Panchayat and its people take the ownership of improving maternal health indicators and services, it will reflect in their GPDP.

The roadmap for this involved the following key steps:

- **Initiating a conversation** around women’s health;
- **Identification of local actors** who can **drive change** within the community so as to ensure sustainable impact;
- **Mobilising and organising people** to determine an action plan;
- **Facilitating meetings** of standing committees of Panchayats;

\(^1\) https://niti.gov.in/content/maternal-mortality-ratio-mmr-100000-live-birth
Participatory Research in Asia

- **Capacity building of local representatives** for effective planning;
- Facilitating successful **Gram Sabhas and Mahila Sabhas**;
- **Providing continuous feedback** to the State for policy level actions.

Finding time and space: PRIA animator mobilizing women from one neighbourhood

These key steps, though devised for bringing maternal health on the agenda also led to inclusion of diverse community health, women’s safety and governance related activities in the GPDP (FY 2019-20) of PRIA’s intervention areas. The activities can be grouped into the following broad categories:

- Provision of sanitary napkin incinerators at every secondary and higher secondary school (girls and co-ed)
- Construction of kitchen/nutrition gardens in every household to ensure proper nutrition for children, adolescents and pregnant women
- Provision of public toilets for women and adolescent girls
- Awareness generation for Mahila Sabha and Ward Sabha
- Preparation of Village Health Plan for efficient utilization of unutilised funds granted to Village Health, Sanitation, Water and Nutrition Committee (VHSWNC)
• Information Education Communication (IEC) activities to spread awareness against social evils like female foeticide, child/early marriage, and violence against women
• Awareness generation activities to promote family planning, breast-feeding and immunization
• Monitoring the Anganwadi Centres to check for provision of all required basic amenities and services
• Organizing periodic health camps for women and children
• Installation of CCTV cameras to improve security in the public areas
• Develop processes of Community Monitoring for improving the state of nutrition, sanitation, health and education.

What is the GPDP?

The GPDP is a comprehensive annual plan each Gram Panchayat is mandated to draw for both economic growth and human development as well as imparting social justice to marginalized groups by addressing their needs. It was introduced in 2015 by Ministry of Panchayati Raj (MoPR) in a bid to strengthen decentralized participatory planning. It facilitates convergence and utilization of funds under Central Finance Commission, State Finance Commission and various welfare schemes. It has emerged as a powerful tool that upholds the spirit behind Constitution of Panchayats by strengthening local participatory planning and making the Panchayats more transparent, accountable and responsive to people’s needs.
How does one introduce an issue such as Maternal Health as part of the Panchayat Agenda?

This section below presents a summary of approaches adopted in the project and the various parallel processes that unfolded within them.

A. Identification of women’s issues and enabling women to unlearn the stigma around their bodies

In the context where women’s issues have been repeatedly denounced as tabooed and unimportant, it is pertinent to bring these issues out for discussion and tackle the associated stigma for any change to ensue. To speak of India in general and rural Rajasthan in particular, this is an uphill struggle. This includes, first and foremost, helping the women understand that their issues are also important. Secondly, there is also a need to capacitate these women to rationalize their concerns and voice them in order to demand what their rights.

In practice, following were the key steps that were adopted in order to help initiate this dialogue on field:

1. **Mapping down key stakeholders** who can act like a catalyst to this entire process: at this stage the frontline workers (FLWs) were identified as the people who can help in building connections with the women and mobilizing them. These frontline workers include Aanganwadi Workers (AWW), Accredited Social Health Activists (ASHA) and Auxiliary Nurse Midwife (ANM). Owing to the nature of their work, these workers have become an interface between women and the public health system. Over time, they have developed a relationship of trust and sharing with the women from the community. They not only have specific insights into health related problems that concern women but since they are internal to the system, they can also assist in raising these demands.

2. **Creating safe spaces for women**: a very crucial pre-requisite for initiating any conversation is curating a safe environment so that the conversation can be constructive and sustained over a long period of
time. This becomes even more important in the context of women’s health because of the notion that it is ‘personal’ and that it cannot be openly shared. In order to engage women in a dialogue, the following platforms were utilized:

a. Maternal & Child Health and Nutrition Day (MCHN day): In the intervention areas, Thursdays have been earmarked as MCHN day as directed under National Health Mission (NHM). NHM’s idea behind this is to ensure Ante Natal Care (ANC) coverage and medical care of the new born wherein regular check-ups, counselling and immunization services are made available at all the Anganwadi centres, free of cost. Every Thursday, Pregnant and Lactating Women (P&LW) visit their nearest centres in order to avail these services and to consult with all the three frontline workers, who are also present at the centre. Hence, in order to connect with both the women and the frontline workers, the ASAP team started organizing weekly meetings in each Anganwadi centre every Thursday.

Initially these meetings were facilitated by PRIA but eventually, the frontline workers took charge with P&LW’s showing a more active interest as well. The topics covered during these meetings ranged from maternal and child health, nutrition for P&LW to safe sex and abortion. During these meetings, women also shared stories emerging from their own experiences of pregnancy and child-birth and asked questions related to their own bodies.

These meetings also helped both PRIA and FLWs to identify and track women who have been skipping ANC check-ups, engaging in high risk practices during pregnancy and not taking proper nutrition. In these cases, personal meetings and discussions were held with the women in order to understand the cause of such behaviour and what could be the possible remedial measures. The women in order to understand the cause of such behaviour and what could be the possible remedial measures.

b. Women’s discussion & action groups: In the intervention areas, the
ASAP team facilitated the formation of ward and village level groups of women between 18 to 50 years of age. They were formed with the help of FLWs who had helped in identifying active women in their locality, who in turn brought in more women together. Unlike the meetings organized on MCHN day, these groups do not meet regularly. However, they have emerged as a support system for women where they can discuss their concerns and ask for advice and help.

Such interactions at both group and personal level did not exist before PRIA’s interventions. They have not only helped in generating awareness but also in raising consciousness about the issue. A mentionable outcome has been helping women map the possible redressal mechanisms and platforms where they can put forth their demands. The discussions were also steered to be political in nature. Women understood and drew conclusions on how they as gram sabha members can both challenge and work with the GPs for their own development. The transition of women from passive beneficiaries to those who can proactively work for attaining their entitlements took root in these spaces and expanded further.
Systems of Support: Women for Women

During a regular door to door field visit, Narayani, (PRIA’s animator based in Banswara) met Kali Rajni.

Rajni was physically very weak and constantly felt dizziness when exerting any effort. Narayani immediately deduced that these were the symptoms of anaemia (which is common among Indian women and one of the causes of maternal deaths in India). On discussion, it was found that despite having given birth to two children and being pregnant with the third child, she was not aware of Ante Nataal Care (ANC). None of her pregnancies had been registered, due to which she could not avail any maternal health services and entitlements provided under National Health Mission.

Narayani gave Rajni, her full support and confidence, with a promise that she will do whatever she could to help Rajni and her child. Narayani met ANM, Asha and health workers of the panchayat and informed them about Rajni’s situation. The ANM, Asha and Health workers assured Narayani that they would make her Mamt card as soon as possible. A few days later, Rajni received all of the services that she had registered for and safely delivered her baby boy.

<For the full story, please go to: https://pria.org/featuredstory-an-effort-towards-safe-motherhood-rajni-s-story-44-207>
Utilizing Existing Forums for Mobilization

In Banswara and Talwara blocks, the ASAP team also uses meetings of programmes run by the district administration as a channel to mobilize women. One such programme is called ‘PUKAR’, it is a flagship initiative of Banswara district administration that aims at generating awareness in the community about health and safe health care seeking behavior. Weekly meetings are organized under this programme on every Wednesday with women are the main participants. The ASAP team supports the administration in organizing these meetings in the capacity of resource persons. These meetings have been utilized for pitching maternal health as an agenda in front of the district administration and mobilizing women. For similar purposes, PRIA has also collaborated with the SHGs being supported in Banswara under the Rajasthan State’s Livelihood Mission Programme.

Building on these already existing platforms has been advantageous as it saves time from mobilizing women from the very start. In fact, through these meetings PRIA has been able to establish a rapport with both the district administration and community. Moreover, a lot of volunteers and change agents have been identified who are not only aware but also active.
Raising Political Consciousness: One Step at a Time

Members of PRIA’s Tajo Parivar taking out a rally before 2nd October Gram Sabha aimed at making the community aware of the importance of Gram Sabha

In a few Gram Panchayats of Banswara & Talwara, with PRIA’s support, women have organized themselves into an exclusive group called PRIA Tajo Parivar (PTP).

The term ‘tajo’ means ‘healthy’ in Banswara’s local language Bangri. PTP as an association aims at discussing and taking action on issues of gender and governance. The PTP comprises of 15-20 women belonging mainly to Scheduled Castes and Scheduled tribes. It also has a significant number of pregnant and lactating women who both learn and give feedback about the maternal health services they are entitled to.

It was conceptualized with the twin vision of:

- Creating a safe space for women to start a conversation around their health issues. PTP also ensures that women belonging to the SC/ST communities are able to speak for themselves.
- Organizing women together so that they can raise a demand for their entitlement and proper services in Gram Sabhas.

Such small associations of local women will help in sustaining project’s objectives and ensure its sustainability. PTP is proving to be a very innovative initiative which generates ownership amongst the women from the community to change the current status of maternal health in their Gram panchayat. Till now 18 such groups have been formed in 18 Panchayats of Banswara with an overall participation of over 300 women.
B. Engaging volunteers: garnering support from the community

The core task of the ASAP project involved the expansion of the development agenda of GPs and making them more accountable by mobilizing the community members.

However, the first step on this ladder is getting people to understand and acknowledge women’s issues. In order to ensure this, PRIA looked at mobilizing community based volunteers to build collective pressure on the local government as well as monitor the actions of the Panchayat.

ASAP’s volunteer group can be divided into two main categories:

- **Adolescents and youths** who are studying or working in the intervention areas and have an affinity towards social causes. They have helped in mobilizing their peers as well as family members and since most of them are gram sabha members, they have been instrumental in creating considerable pressure on the Panchayat members.

- **Ex-members of the Panchayati Raj Institutions (PRI) and retired government teachers** who have both experience in the field as well as close relationships with the existing PRI members. They have helped in reiterating the demands of the community to the Panchayats at regular intervals and owing to their experience and active role in community activities, exercise a fair amount of influence on the people.

These volunteers once identified and enrolled have undergone multiple rounds of training and workshops facilitated by PRIA. These were conducted with the aim of building their capacities and providing them with the vocabulary that will help in negotiating with other community members and Panchayats. These trainings, intensive in governance and health related content also helped the volunteers learn methods of community mobilization.

At present, ASAP project has above 200 active volunteers who have been functioning as the extensions of the core team in the field and providing continuous support in both mobilizing the community around women’s health issues and strengthening the platforms under local governance for instance Gram Sabha/Mahila Sabhas.
Volunteers Share

“I was initially associated with PRIA’s Govindgarh team as an animator for a period of 6 months. I supported the team in facilitating women’s meetings, conducting workshops and discussions with FLWs and generating awareness around importance of ANC and immunization. However, I had to discontinue working on field after I got pregnant with my first child. I thoroughly enjoyed the work and community engagement methods used in the project; it helped me learn a lot. After a short break, I have joined PRIA as a volunteer now and would like to contribute towards improving the status of women in the block.”

- Mamta Meena, Volunteer (Govindgarh)

“I have been working as an e-mitra and computer operator for Gudaliya Gram Panchayat. I was in search of some work that will keep me connected with the community. As I was a part of the Panchayat office, I used to hear people who visit Panchayat everyday with pleas looking for resolution of their concerns. I wanted to help them while not giving up my job. I met Rekhaji (PRIA’s animator) when she had come to meet the Sarpanch in Panchayat office and was influenced by her opinions and PRIA’s work. With her assistance, I joined PRIA as a volunteer.

These two years have built my knowledge around maternal and reproductive health and importance of women’s political participation. I have been encouraging other community members to get associated with PRIA’s cause.”

- Surgyaan Meena, Volunteer (Govindgarh)
C. Leveraging local level multi-stakeholder platforms for collective discussion around maternal health

A process that was initiated parallel to mobilizing women was identifying a formal platform where the issues can be raised and further course of action can be planned. For this purpose, joint meetings of Social Justice Committee (SJC) and Village Health Sanitation Water and Nutrition Committee (VHSWNC) were organized at every GP level.

The reason why these two committees were selected and then converged lies in objectives and responsibilities of both the committees. Integrating them with the project in intervention areas was imperative for the following reasons:

- The principals, aims and constitution of these committees make them conducive to acting as a platform for women to come forward and raise their concerns. With the SJC endeavouring to ensure that women’s voices are heard and with reproductive health falling within the compass of VHSWNC, convergence of these forums for discussion is advantageous.

- Since 50% of the membership of VHSWNC has to mandatorily comprise women, with both AWW and ANM as its regular members, conversation around maternal health and its current state in the panchayat becomes easier. All the three frontline workers (FLWs) can utilize this as a space for open discussion and improving their services based on the feedback.

- With the Sarpanch and other elected representatives as the members of these committees, their involvement in deliberations and decisions around activities for improvement in MHC would increase ownership of the local bodies of governance.

- Since both of these committees come under the ambit of Panchayats, their convergence and mobilization would in turn help in creating pressure on local representatives for increased accountability and proactive action.

Understanding the utility of this joint platform, the ASAP team took the following steps in order to successfully conduct the meetings:

1. Members of the field team undertook GP wise visits in order to access how functional these committees are and whether the members of the community and their local level representatives are aware of the existence of these committees. On further enquiry, it became apparent that in most GPs of both the intervention areas, the committees just existed on paper. Both the bodies were defunct and none of their core-members were aware of the existence of these committees, including their own responsibilities. Hence, the most essential step was to functionalize the SJC and VHSWNC. This was done through an intensive mobilization campaign supported by our volunteers.

2. During the mobilization phase, the animators and volunteers under the guidance of programme officers visited the Panchayat functionaries, core members of the committee, people from the community and frontline workers and had a discussion with them around the functions and importance of SJC and VHSWNC. They explained how the regular meetings of both these committees will catapult social development in the GPs.
3. The mobilizers always had in mind that the target is framing and inclusion of maternal health plan in the GPDP, post discussion in Gram Sabha. However, given the defunct status of these committees, it was understood that convening the meeting with a very specific approach might be a failure. Hence, the strategy was revised to include all health, hygiene, sanitation and welfare related issues. Additionally, prior to holding the meetings, block level officials of both Panchayati Raj and Integrated Child Development Services (ICDS) were apprised and they extended their support wherever required.

4. Broadening of discussion pointers and letting the meeting take its own course was done on purpose so as to encourage unfettered discussion around any issue. The aim was to ensure both of these committees are recognized as pivotal for development of GP and their meetings are regularized.

During the first year of the intervention, PRIA’s team facilitated these meetings with the help of volunteers. However, at present the frontline workers and community members have taken the initiative to organize these joint meetings on a quarterly basis. This ownership and participation led to the drawing up of a ‘draft health plan’ as a charter of women’s demands to be presented in the Gram Sabha. The aforementioned activities that have been included in the GPDP from 2019-20 had emerged during discussions of these joint meetings. These meetings have been pivotal to orienting stakeholders, encouraging women to speak at a public platform and arriving at a consensus around activities for ensuring proper health care for women.

### Committees: At a Glance

**SJC** is one of the five standing committees to be mandatorily constituted at Panchayat level in order to ensure promotion and protection of economic, social and cultural interests of socially and economically backward sections of society, especially SCs/STs, women, and other marginalised groups. The objective of the committee, of which the Sarpanch is the ex-officio member and chairman, is to understand and ameliorate the conditions of under-privileged sections and secure social justice for them.

**VHSWNCs** were introduced under NHM to be instituted at the level of each revenue village in a Gram Panchayat. Its objective is to improve the biological, socio-economic, behavioural and environmental determinants of health. As per guidelines, the committee should be led by woman elected representative of the panchayat (either Sarpanch or Ward Panch). An ASHA is to appointed as the member secretary and convener. The representation of other elected members to be limited to 1/3rd of the total strength.
D. Establishment of women’s issues as Panchayat’s issue: Support in organizing Gram Sabhas

To meet the objective, the demands and concerns that had surfaced at the discussions mentioned above, needed to be put forward at an appropriate forum for the Panchayat to take action on them. Under the system of local governance, the strongest platform is the Gram Sabha and most utilitarian of any tool is the GPDP.

However, it must be acknowledged that non-participation of community in the gram sabhas and the exclusionary way in which local development plans are prepared has led to Panchayat’s diminishing importance and integrity over the years. With an understanding that both Gram Sabha and GPDP are the cornerstone of local governance, continuous attempts have been made under the project to mobilize people, especially women and adolescent girls for increased participation in the 4 mandatory Gram Sabhas.

This involved:

- Intensive mobilization of *gram sabha* members in each GP 4 weeks prior to the Gram Sabha. The community based volunteers have been instrumental in carrying out these processes block-wide.

- Regular interaction with local representatives- Sarpanch, Ward Panch, Village Development Officer- to sensitize them about MCHN and apprise them of the current situation on the basis of the data generated through interaction with FLWs, pregnant and lactating women. PRIA representatives (animators and volunteers) have been regular in attending block level *Panchayat Baithaks* and initiating discussion around concerns raised by FLWs.

**Governance & Women:** In the past two years, PRIA has supported the local administration in organizing Mahila Sabhas or exclusive Gram Panchayat level meetings of women. PRIA’s aim was to ensure that Mahila Sabhas were definitely held before the four mandatory Gram Sabhas in all the intervention areas. Due to our efforts, over a two-year period, Mahila Sabhas were organised in all 104 GPs and total of 1,119 women participated for the first time in such sabhas.

Organising a Mahila Sabha requires intensive engagement with the community, Panchayat’s elected representatives, block level and panchayat officials and frontline workers. It entails launching a huge campaign in order to bring these stakeholders together as well as a constant follow-up after the Mahila Sabha to monitor the actions taken.

< To read more on how to organize Mahila Sabhas, please visit, link to [https://www.pria.org/knowledge_resource/1564115720_How%20to%20conduct%20Mahila%20Sabhas_English.pdf](https://www.pria.org/knowledge_resource/1564115720_How%20to%20conduct%20Mahila%20Sabhas_English.pdf)
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- Facilitating Mahila Sabha and Ratri Chaupals meetings as a method of preparing the community for Gram Sabhas.

Mobilising women for Mahila Sabha
A Participatory GPDP

It was in a special Gram Sabha meeting that the GPDP for 2019-20 was prepared. The order for organizing this Gram Sabha was passed by the State and in the intervention areas these sabhas were conducted between 24th and 29th December 2018. As per order, the plans had to be submitted by the Panchayats by 31st December and subsequent revisions could be made till February 2019. The order was short notice and was designed to ensure that the mobilized community members, especially women and VHWSNC and SJC members attend these meetings to present the draft health plan. PRIA with support from FLWs and volunteers carried out a one-week mobilization campaign. However, PRIA’s actual engagement with the entire process began almost a year in advance in the form of:

- village level informal meetings
- state level advocacy meetings
- Activation of Panchayat level committees and Sabhas (VHWSNC and SJC, Ward Sabhas, Mahila Sabhas)
- encouraging the ASAP field coordinators and volunteers to become a part of GPDP’s technical support group

To read about the full process on making participatory GPDP, please visit link: https://www.pria.org/knowledge_resource/1564115720_How%20to%20conduct%20Mahila%20Sabhas_English.pdf
Through the **Apna Swasthya, Apni Pehel initiative**, PRIA has tried to reinvigorate discussion around not just maternal health care, but community health and care seeking practices, as well. This document is an attempt to generate interest in these issues with the intention of replicating such effort across the country, and bring forward positive change, so that health in general, and health of women in particular in India can drastically improve.

**OUTREACH DASHBOARD* (April 2017- March 2019)**

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<th>Training Programmes &amp; Workshops</th>
<th>Women: 588</th>
<th>Men: 1500</th>
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<tr>
<td>Community level Meetings (Focus Group Discussions, Ratri Chaupals, Women’s Group Meetings)</td>
<td>Women: 7,014</td>
<td>Men: 4,060</td>
<td>Total: 11,074</td>
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<td>Panchayat level committees’ meetings</td>
<td>Women: 493</td>
<td>Men: 1,858</td>
<td>Total: 2,351</td>
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<td>Block &amp; District level meetings for sharing learnings from the field</td>
<td>Women: 45</td>
<td>Men: 338</td>
<td>Total: 383</td>
</tr>
</tbody>
</table>

* This data has been calculated only for direct beneficiaries and all the beneficiaries have been counted only once to prevent exaggeration of figures.

**Recommended Readings**

1. Occasional Paper: Gram Sabha Mobilization (Society for Participatory Research in Asia, 2005)
2. Occasional Paper: Capacity Building of People in Panchayats (Society for Participatory Research in Asia, 2018)
3. Report: Ratri Chaupal (Society for Participatory Research in Asia, 2019)
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