

Financial Support

Jeeva is extremely grateful to the following for their financial support

1. [Department of AYUSH](#) Department of Indian systems of Medicine and Homoeopathy (Ayurveda, Yoga, Unani, Sidha and Homeopathy)

2. [ICICI Foundation](#) ICICI Foundation for Inclusive Growth

'Co-Funding' by AYUSH & IFIG

The Jeeva research is supported by two coinciding grants from the Department of AYUSH (MoHFW, GoI) and from the ICICI Foundation for Inclusive Growth, Mumbai. This co-funding arrangement enables us to employ full-time professional research associates (RAs) leading the four regional field teams as well as to manage the project coordination from New Delhi. The latter includes four inter-regional orientation and review workshops, translation, processing and analysis of the large body of data, support of expert resource persons and so on. Thus the Jeeva project enjoys the support of a kind of 'public-private partnership' involving AYUSH and IFIG.

Comparison of the AYUSH and IFIG Components in the Jeeva Project

Aspects ↓	AYUSH Study Proposal	IFIG Study Proposal
Study Title	'Establishing the scope and pattern of care by Dais during and after childbirth in four cultural and geographic settings in India'	'The role of indigenous midwives (Dais) in the health and wellbeing of birthing women and newborns in four locations in India'
Provision for Grant	By AYUSH Dept. (MoH&FW, GoI) under scheme for 'Strengthening Local Health Traditions including Midwifery, to enhance the Health Security of Rural Communities'	By the ICICI Foundation for Inclusive Growth (IFIG), Mumbai, under its mandate of corporate social responsibility (CSR).
Length	Two years (October 2011 – September 2013)	Three years (October 2011 – September 2014)
Grant Amt	Rs.30 lakhs	Rs.3 crores
Main coverage of Grant Budget	For 4 Regional Research Site offices, stay & local travel arrangements, Regional Team Training, local field Team support members (FRAs, LPs) for 1 st year of fieldwork, field research equipment (laptops, voice recorders, cameras), and facilitation of field research by 4 regional Partner organisations.	Central office/ Core team, Resource Persons (RPs) Core researchers (RAs), Inter-regional orientation and training, Development of research tools, Data management and analysis (including translation of narratives), Dissemination & advocacy; supplementation of the AYUSH grant with continuation of regional support for the 2 nd fieldwork year.
Main Concerns	Usefulness of Dais' care practices, inter-action with formal care Providers (ASHA, AWW, ANM, MOs); Documentation of Dais' hands-on skills, use of herbal medicines.	Interface of knowledge system of Dais with Public Health services and modern childbirth care; Comparison of women's experience of Dais' care with Institutional childbirth care.

<i>Overall Aim</i>	To establish scope and pattern of Dais' care thru 1 st week; diversities & commonalities, knowledge & skills, competence & cultural rootedness; socio-econ. context, relations with marginalised, poor and other Providers; and to explore the potential to improve care.	To study the role of experienced traditional Dais in their own socio-economic and cultural context, their knowledge and skills as they affect the health and survival of mothers and newborns, and to explore linkages towards strengthening the formal health services.
<i>Specific Objectives</i>	<ol style="list-style-type: none"> 1. To list/map the Dais upon whom families rely, with help of ANMs, ASHAs, AWWs and communities. 2. To explore Dais' socio-cultural, economic context, relations with households including caste/class, work/pay etc. 3. To track last 2 years' births for place, attendants, services, outcomes (~ 640) 4. To document dais' traditional childbirth care in normal/complicated situations, including use of medicinal plants. 5. To identify key practices, their prevalence & outcomes for the wellbeing of mother/baby. 6. To document Dais' linkages with other care Providers (trad'l, mod.), focus on ANM, AWW & ASHA, RMP, Healers & NGOs. 	<ol style="list-style-type: none"> 1. To profile 4 diverse rural contexts where homebirths assisted by Dais are common. 2. To identify experienced Dais and explore their backgrounds, work patterns, support to birthing women & newborns. 3. To document traditional CB care practices from onset of labour through 1st week, including dealing with complications. 4. To identify 'key practices', prevalence and outcome; 'placental stimulation' a focus. 5. To probe Dais' links with health services (ANM, AWW, ASHA; RMP, Healer, NGO). 6. To explore Dais' knowledge/ritual, to find ways to interface with bio-medical world. 7. To explore 'placental stimulation' through lit. review, interview of TM/MM experts.
<i>Fieldwork Methods</i>	<p>Period of Fieldwork: One year (1st)</p> <ol style="list-style-type: none"> 1. General observation (contexts, relations) 2. Profile & Mapping of Villages, Area 3. Survey: 33% Sample Households (SHHs) for S/E profile, birthing care context; to confirm Dais list, identify birth/pregnancy. 4. Birth-tracking: Retrospective births of last 2 years, interview women in 33% SHHs 5. Semi-structured Interview: 1st, 2nd with 'popular Dai' (15 x 4 sites = 60 Dais... 120 intrvs.), 1 with 'other Provider' (60 intrvs.) 6. Direct observation of births, as possible. 7. Case reports and case studies. 	<p>Period of Fieldwork: Two years (1st and 2nd)</p> <ol style="list-style-type: none"> 1. General observation (continues) 2. Direct observation of births (in both home and institutional settings) by guideline 3. Survey: rest of 67% HHs in village cluster (S/E profile, identification of pregnancies) 4. Birth-tracking: Prospective births over 1 year, in 100% of village cluster households 5. Semi-str. Int: 3rd, 4th with 'popular' Dais + 1st, 2nd with 'average' Dai (120 + 120 intrv.) 6. Group discussion with women, dais for deeper study in 2 villages 7. Case reports and case studies.
<i>Direct Outcomes Expected</i>	<p>Report at end of 2 years, with recommendations and specifically:</p> <ol style="list-style-type: none"> 1. A composite portrait of experienced dais from 4 regional locations, including diversities of caste, culture, patterns of working and relations. 2. A listing of traditional childbirth and postpartum care practices from labour onset through 1st week after birth, with prevalence/association with outcomes. 3. A listing and documentation of the Dais' use of medicinal plants. 4. A detailed documentation of what the Dais 	<p>Report at end of 3 years with dissemination of findings and advocacy, and specifically:</p> <ol style="list-style-type: none"> 1. A portrait of Dais practicing today in four diverse locations, with commonalities and diversities of caste, culture, work patterns and modernisation impacts. 2. A baseline listing of the traditional child-birth and post-partum techniques practiced by experienced dais. 3. A tentative classification of helpful and harmful practices, with prevalence and outcomes for identified 'key practices'. 4. A detailed documentation of reviving a

	<p>do when faced with a 'lifeless' or weak newborn, with a focus on placental stimulation and details of timing etc.</p> <ol style="list-style-type: none"> 5. An assessment of dais' interactions with the health system and other providers and the Dais' perceptions about strengthening these. 6. An evaluation of Dai-training experience from Dais' perspective to help improve the midwifery training model for TBAs as well as SBAs. 	<p>distressed newborn, focusing on placental stimulation, its timing and technique.</p> <ol style="list-style-type: none"> 5. An account of Dais' interactions with the health system, private practitioners, NGOs and other healers), and comparison of birth with Dais and in Institutions. 6. An evaluation of Dai-training experience from Dais' viewpoint, helpful for improving the model for both TBA and SBA training. 7. A review of literature and expert opinions to throw light on possible physiological mechanism of 'placental stimulation'. 8. A presentation on epistemological issues that arise in this investigation, mapping the indigenous 'body knowledge' framework that underlies Dais' practice. 9. Publication of a book.
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The four regional Study areas are far flung, located in the relatively remote and underserved areas of the States of Jharkhand, Karnataka, Maharashtra and Himachal Pradesh. They diverse in terms of geographical terrain, climate, culture and pattern of governance of the health services system, although in each state there is a gearing up of the National Rural Health Mission (NRHM) in recent years. The map below shows the four Jeeva Study site locations and the 'hub' at Delhi.

