

# Continuum of Quality Care: Engaging and Empowering Women



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**CHETNA**

For Women Young people Children

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Maternal Mortality Ratio (MMR) of India has declined by 34% points (16%) from 212 in 2007-09 to is 178 per 1 00,000 live births (SRS 2012). However there are state level disparities.

The National Rural Health Mission guarantees the rural, poor particularly women and children free health services through the public health system

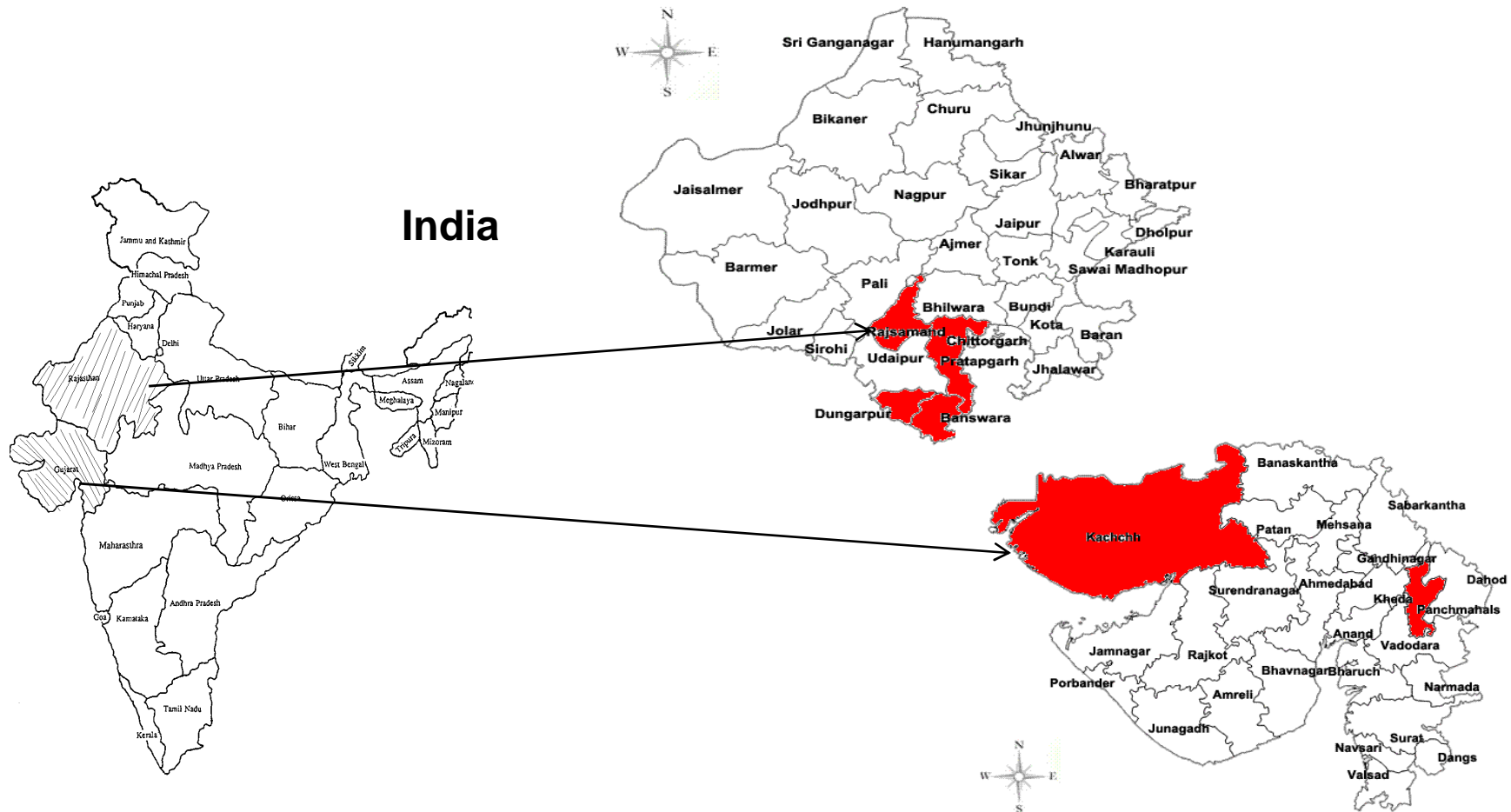
The Mission aims to increase Communities' Ownership over public health facilities.

This effort was initiated to engage women for monitoring women's access to maternal health services from the public health system and empower them claim their right to continuum of quality health services.

## Area and Partners

82 villages from Six blocks of Rajasthan and Gujarat State India

**Partners:** Jatan, Navachar, ASSEFA, PEDO, SARTHI, AWAG.



## Process- 1. Listening to women



Village level focused Group Discussions were held with women from disadvantaged sections to listen to their experiences of accessing maternal health services .

### Household level

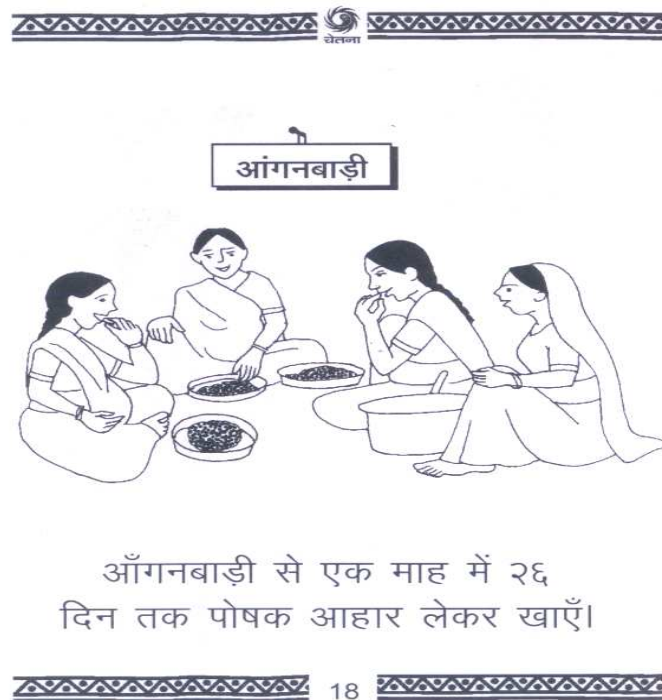
- Over work-Frequent illness-fatigue
- Inadequate access to food, water and basic amenities
- Lack of time to access services- work. Migration, control over mobility

### Health Services level

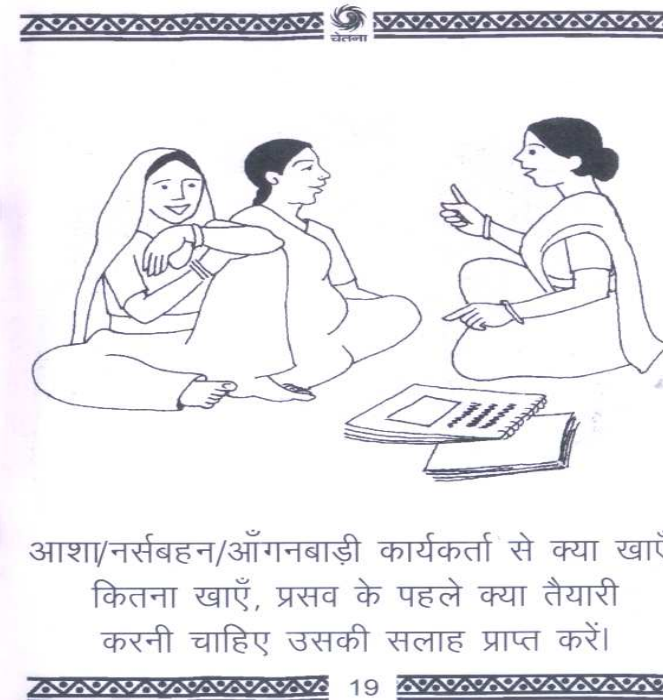
- Inadequate information and counselling
- Informal payments up to Rs. 3000 at the time of delivery
- Inadequate attention by service providers-delay at facilities
- Absence of Electricity, running water at health facility
- Absence of ambulance service at the time of referral/costs
- Absence of health staff at the time of delivery in Night
- Shortage of medicine supply for MCHN day at village health and nutrition centre-

## Process-2 Awareness and Entitlement Education

- Picture books were used to share information about maternal health entitlements. Women encouraged to access health services, share concerns and demand entitlements



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


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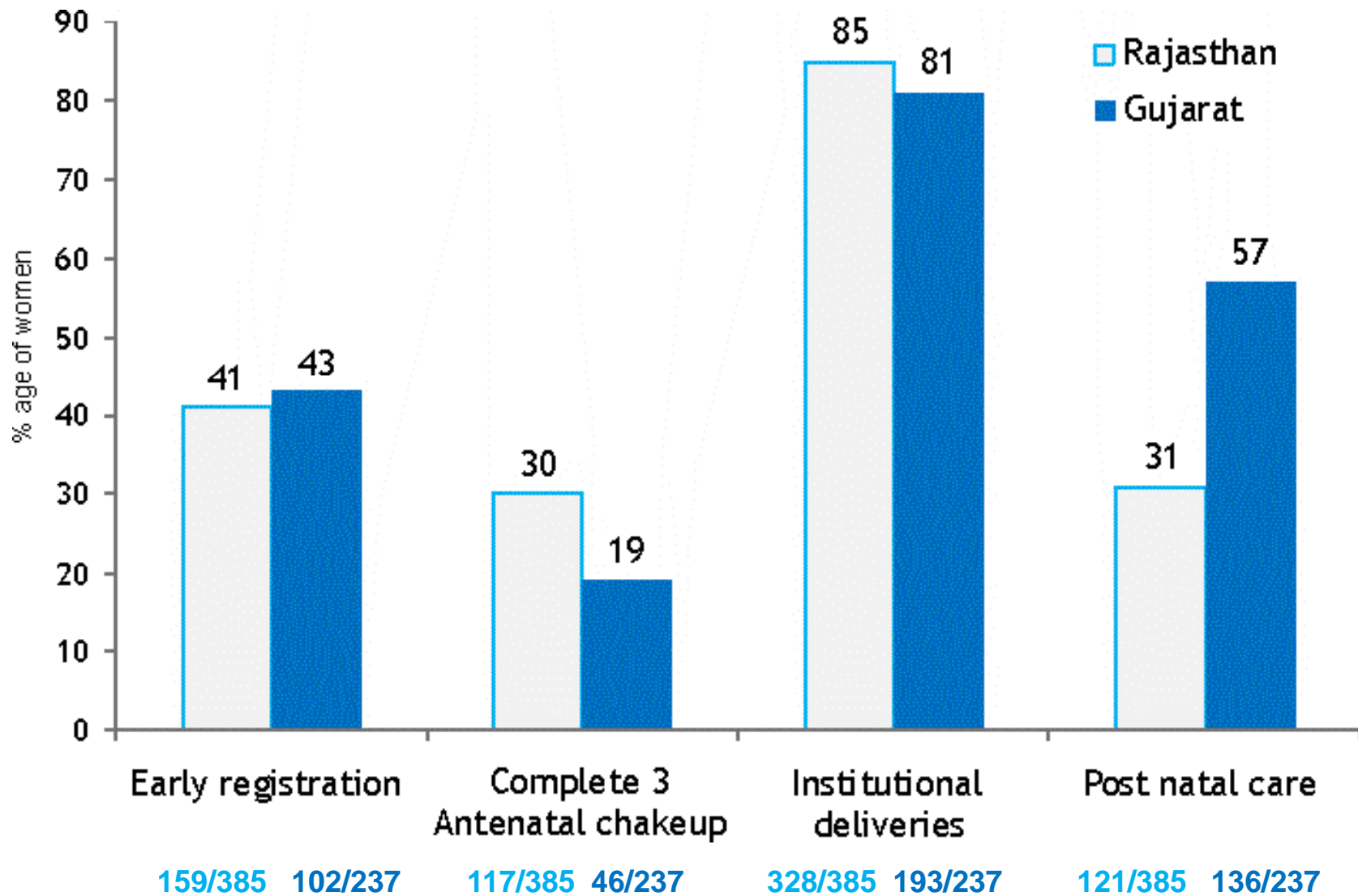


## Process-3 Collecting evidence

- A three member village level team was formed (VHSNC/SHG/young literate).
- Hands on training using a specially designed and field tested pictorial tool was provided.
- 274 (190 in Rajasthan & 84 in Gujarat) Women leaders interviewed 622 women ( 385 women in Rajasthan & 237 in Gujarat) who delivered during January - June 2013
- Data analysed using SPSS software during August-September 2013.

क्या आपकी डिलीवरी सामुदायिक स्वास्थ्य केन्द्र में हुई थी?	हाँ	नहीं	
क्या आपकी डिलीवरी जिला अस्पताल में हुई थी?	हाँ	नहीं	
क्या सामान्य डिलीवरी हुई थी?	हाँ	नहीं	
क्या डिलीवरी करवाने के लिए कोई दवाई का उपयोग किया गया था?	हाँ	नहीं	
क्या डिलीवरी करवाने के लिए औज़ार का उपयोग किया गया था?	हाँ	नहीं	
क्या शिशु का जन्म सिद्धीयन ऑपरेशन के द्वारा हुआ था?	हाँ	नहीं	
क्या डिलीवरी के दौरान कोई जटिलता हुई थी?	हाँ	नहीं	
क्या जन्म के समय ख़ूब रा रोया था?	हाँ	नहीं	
क्या बच्चा अभी जीवित है?	हाँ	नहीं	
गर्भावस्था में प्राप्त सेवाएँ व लाभ की जानकारी			
गर्भावस्था के कौन से महीने में ए.एन.एम. के द्वारा आपको पहला टीका लगा था? (सामने दिए गए उत्तरों में से एक चुनना करें)	 1-3 महीने  4-6 महीने  7-9 महीने		
क्या आपने विक्रिसा परामर्श सेवा से संपर्क किया था?	हाँ	नहीं	
गर्भावस्था के प्रथम तीन माह में आपको स्वास्थ्य सेवाएँ प्राप्त हुई थी?	हाँ	नहीं	यदि नहीं तो पृष्ठ 4 पढ़ें
आपको टी.एन.एस का टीका लगा था?	हाँ	नहीं	

## Process - 4 Identifying issues/gaps lack of Continuum of Care



- Complete information about entitlements from the providers- Maternal Health services-JSSK, schemes, danger signs, Expected Date of Delivery/BPCR
- Lack of Universal Coverage- distance, socio-economic strata
- Coverage of checkups- BP/Weight/Blood Test/Abdominal checkups particularly in last trimester
- Referral for maternal and neonatal complications
- Coverage of 100 IFA during pregnancy and Post delivery and counselling for compliance
- JSSK: woman/new born complete package as per norms
- JSY- Rarely BPL women receive Rs.500/- as maternity benefit as per Supreme Court Order.
- Cost of Care: transport; services in Public facilities- women, particularly poor women have to pay
- Lack of Dignified treatment and non- discrimination



## Process-5 Public Hearings/dialogues

- Public hearings/dialogues organised in all the six blocks.
  - Monitoring report presented and demand for redress made.
  - 128 women shared experiences/grievances and demanded action
  - *“There is no doctor at our hospital (PHC). We need delivery services at this centre as it is on the main road.”*
- “ When I went to the nurse, she refused to look at me. We are not supposed to serve the vagariya community”*



## Specific recommendations : Bichiwara, Dungarpur



- Home visits by ANMs/MOs to women , particularly during the last trimester and the post natal phase so that services are provided during the critical period which is physically stressful for most women.
- Strengthen implementation of JSSK- all components for cashless services.
- As Dungarpur is a hilly area, hence the amount provided to BPL women for transportation (to and fro) should be increased to Rs. 500 from Rs. 125 for seven kilometers and Rs. 800 for more than seven kilometers.
- Opening and operationalising 2 more sub centres at Balwada village at it has a population of 10000 and is spread in an area of 25 kms.
- Linkages with Dais and providing supplies and incentives to Dais for birth companion and assisting in deliveries for safe births .
- Operationalising Rogi Kalyan Samiti to be active in planning and management of health facility.
- PHC has taken initiative to arrange for cleanliness, The concern of un interrupted power supply needs to be addressed- invertors/solar lamps?
- Ensuring that doctors/ANMs are on call at night for conducting deliveries at night. Compounders and other staff should abstain from prescribing and taking action.
- Strict actions should be taken against staff of Dist hospital and Kanba PHC for demanding money for services/cleaning and even as token of safe delivery.

- Women from disadvantaged sections- Vagariya, Kalbelya , SC communities discriminated. Sensitisation and orientation of service providers on social aspects, gender and rights perspective is needed. Display of provisions under the SC/ST act and the constitutional Rights could be one measure.
- High Rate of Migration as a result mostly women available at homes. Role of Dais should be strengthened. Dais should be regularly trained and provided delivery kit. Dais accompanying women to health facilities should be allowed in the labour room and given Rs.500 as incentive.
- Strict /disciplinary action against ANM who is intimidating and abusing women.
- Fill up the vacant posts doctors at Dariba and Railmagra CHCs
- Ensure cashless deliveries at SC/PHC and CHC

# Drops of Change..

21/ 36 commitments given by the Health officials to improve the health services have been fulfilled.

- ✓ cleaning staff has been appointed at three health facilities in Rajasthan
- ✓ Demand for payments has stopped in one facility in Rajasthan .
- ✓ Three new nurses appointed at one facility in Gujarat
- ✓ Inquiry related to issues of one secondary level health facility ordered by the Collector Rajasthan
- ✓ Medical officer and Laboratory technician appointed in one health facility in Gujarat
- ✓ JSY money given to a young couple in Rajasthan.....

## Recommendations



- Ensure evidence based planning and resource allocation- as per local need and context
- Strengthen the role of service providers to provide Information, education and counseling- entitlements, free services, Birth Preparedness and Complication Readiness.
- Ensure individual tracking for continuum of care-registration/early registration-post natal care through linkages with VHSNCs/Self help groups/Dais.
- Strengthening skills of ANMs , promote home visits and provide regular supplies/equipments .
- Ensure un- interrupted supply of Iron folic acid tablets. Providing complete dose during pregnancy and after delivery. Counselling by ANMs/ASHAs for compliance and linkages with ICDS.
- Payment of JSY maternity benefit-500Rs. during last trimester to BPL women- issue directive; list to be provided by ANM to facility- use of mobile technology?



## recommendations contd..

- JSSK - Fulfill the promise of cashless services

- ✓ environment building for a cashless (no formal/informal payments) - pay-back in **case** of payments received . Incentivising staff?
- ✓ Ensure Human Resource as per need
- ✓ In difficult areas-hilly, desert etc. reimburse transportation to and fro- as per actuals- meeting with vehicle owners and standardisation of rates.
- ✓ Linkages with SHGs/ Bhojanalay to ensure complete package to all women and newborns.
- ✓ Strengthening of facilities- supply. equipments including maintenance and ensuring they are in working condition;
- ✓ Ensuring hygiene and cleanliness- of labour room, toilets and PP ward.
- ✓ Privacy and Dignity of women need to be assured
- ✓ Linkages with TBAs- allowing them in labour room as birth companions, assisting and facilitating deliveries , incentives for safe delivery.
- ✓ Cashless Referral services need to be strengthened- Functional FRUs, referral slip/accompanied referral/referral transport.

- Grevance Redress- Role of RKS in proactively asking for feedback and complaints?

## And Miles to go.....

Changes at the health facility level through engaging and empowering women to monitor health services and demand accountability.

Investing resources in community empowerment is one of the ways to sustainability. In contexts where women are relegated secondary status, their role in claiming their rights is non negotiable. However this approach requires substantial resources.

Need to ensure Continuum of Quality Services- across time, stages of life cycle, social structures and location !