Promoting Accountability for Maternal Health through Report Card

Experiences from two blocks of Dahod district, Gujarat, India

Experiences from two blocks of Dahod district, Gujarat, India delineate how Social Accountability mechanisms on quality of maternal health such as maternal health monitoring tools and Village Health and Nutrition Day monitoring check lists can increase the awareness of community women on maternal health and health entitlements.

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Introduction

SAHAJ and ANANDI have initiated a collaborative project 'Enabling Community Action for increasing Accountability for Maternal Health' since 2012 in four Primary Health Centres of two backward and inaccessible blocks of Devgarh Baria, in Dahod district and Gogambha block in Panchmahal district respectively, covering 25 villages each.

The project has two objectives: To enable communities to monitor accessibility and quality of maternal healthcare through use of 'safe delivery' indicators; and to equip communities with skills of identifying and reporting maternal deaths. And based on these interventions hold dialogues with healthcare providers and district health officers to make the health system more responsive and accountable.

This article lays out in detail the results of the community monitoring process on the quality of maternal health in one of the two project districts.

Awareness meeting with Sangathan women and Panchayat members about village health and nutrition day

The Context

Dahod is one of the most backward districts in the developed state of Gujarat. It is dominated by tribal population. Majority of people have small land holdings and migrate to urban areas in search of employment and work either as farm labourers or at construction sites. The tribal population is huge - 72.3 percent relative to state average of 31.5 percent [1]. According to DLHS 3, only 42.7 percent of pregnant women in Dahod were registered in the first trimester of pregnancy compared to the state average of 52.3 percent and only 46.5 percent had at least three antenatal checkups relative to the state average of 54.8 percent.[2]

The Accountability Process

Situational Analysis

The situational analysis was conducted by the ANANDI team in both the blocks. The analysis

[1] Census 2011

[2] Indian Institute of Population Science, District Level Household Survey, Initiated in 1997 (I: 98-99, II: 2002-04 and III: 2007-08)

revealed that Village Health and Nutrition Day (VHND) called Mamta Divas in Gujarat, was either not being held and wherever held was irregular. Majority of women were not aware that certain checkups were required to be done; blood pressure, abdominal checkups and haemoglobin tests were not conducted regularly. Information on maternal health entitlements was not provided uniformly to all. Benefits under the Janani Suraksha Yojana (JSY)[3] or Kasturbha Poshan Sahai[4] schemes, could not accrue to women as they did not have bank accounts and cheques could not get deposited. The Primary Health Centres (PHCs) and sub-centres were ill-equipped and short staffed.

Women's Perceptions of 'Safe Delivery'

Women's perceptions of 'safe delivery' were captured through group discussions and participatory exercises. Women valued a clean and fully equipped hospital having skilled staff which treated them with respect. Women wanted the village *Dai* to accompany them to the hospital during delivery.

Development of a Monitoring Tool for Maternal Healthcare

'A Maternal Healthcare' monitoring tool based on the concept of 'Safe Deliveries' combining both the technical and women's perspective and quality of ante-post natal care based on the NRHM standards was developed by the teams of SAHAJ and ANANDI. The tool was finalised based on the inputs given by *Dais* and members of the local women's organisation, who were involved in filling it. The monitoring tool was filled twice for each pregnant woman by trained local volunteers, once in the eighth month of pregnancy and then within 20 days post delivery. Quality checks were done on 10 per cent of the filled forms.

Report Cards on Quality of Maternal Health Services

A Report Card was compiled based on the data gathered from discussions with 117 women. The findings were shared with the respondents and the *Sangathan* women during community meetings to corroborate the information. Based on the analysis of the feedback that emerged from community meetings, a report card was prepared and colour codes were used to communicate the status of performance indicators - red indicated poor, yellow represented average and green indicated good.

Three report cards have been produced so far: December 2012-May 2013, June 2013-December 2013 and January 2014-June 2014.

Dialogue with Health Officials, Sangathan Women and Panchayat Members

The report cards were used as a base for dialogues with different stakeholders such as the *Sangathan* members, the health system representatives, local elected representatives and other leaders. The dialogues led to formation of collective plans with specified responsibilities.

Visible Changes

Improved Responsiveness of the Health System

Series of changes spiralled after the report card findings were shared with the health authorities. After seeing the Block report card, Block Health Officers and the PHC Medical Officers sought a separate report card for each PHC, to assess the situation of PHCs in their respective blocks. Enthused by the report card, one Medical Officer said that he wanted to change the 'reds to yellows'. On the basis of the field observations and the report card, ANANDI team highlighted that Mamta Divas was not covering all concerned women for ante-post natal care. A request was made to the Medical Officer, in a meeting, to hold weekly antenatal(ANC) clinics in the PHC, following which the Block Health Officer began to monitor the Mamta Divas himself.

Weekly ANC Clinics at PHCs

Within a month of the first meeting, weekly ANC clinics started at the PHCs and the ANANDI team organised checkups for pregnant and lactating women including

[3] Janani Suraksha Yojna (JSY) is a conditional cash transfer for institutional deliveries under the National Rural Health Mission in India

[4] Nutrition scheme for pregnant BPL women in the state of Gujarat, in India

those who were high risk. It was the first time for many pregnant women that all their checkups were done and they were also provided iron folic acid tablets in the clinic. Such weekly clinics at PHCs are now being held regularly since August 2013.

Improvement in Mamta Divas (Village Health and Nutrition Day)

Following the first report card sharing meet, there has been improvement in regularity and quality of services and turnout on the Mamta Divas. *Sangathan* members are involved in mobilising women to attend the Mamta Divas and avail the services. Community leaders along with the team of ANANDI are now involved in the systematic monitoring of the Mamta Divas and it is done through a special monitoring tool. Issues such as irregular conduct of Mamta Divas, lack of instruments and irregularity in supply of nutritional supplements by Anganwadi have been identified. Women who are unable to attend Mamta Divas call health workers on their mobile phones for administering TT and immunisation to their children.

Improvement in Quality of Maternal Healthcare

A comparison of the data in Report Card 1 and Report Card 3 shows improvements in many indicators:

- Registration within three months of pregnancy increased from 31.4 per cent to 54.3 percent in Dhabva and 17 percent to 41.8 percent in Sevaniya.
- Within ANC checkups, weight measurements increased from 2.1 percent to 18.6 percent in Sevaniya and 2.8 to 6.5 percent in Dhabva
- Tetanus Toxoid coverage in Sevaniya increased from 70.2 percent to 79.0 per cent.
- Distribution of Iron Folic Acid tablets increased from 6.3 percent to 13.9 percent in Sevaniya.
- Awareness on High Risk Symptoms increased from 22.8 per cent women to 32.6 per cent in Dhabva and in Sevaniya it has doubled from 14.8 percent to nearly 29 percent.
- Awareness on schemes/ entitlements increased from 5.7 percent to 15.2 per cent in Dhabva and 4.2 percent to 37.2 percent in Sevaniya.
- Institutional deliveries increased from 45 per cent to 66.6 percent in Sevaniya and from 57.1 percent to 84.6 per cent in Dhabva.
- Home deliveries conducted by trained *dais* increased from 23.8 percent in Dhabva to 60.6 per cent and from 7.6 percent to 20 percent in Sevaniya.
- Promptness of treatment within 30 minutes of arrival at a facility increased in Sevaniya from 33.3 percent to 90 percent and from 50 percent to 72.7 per cent in Dhabva.
- Service guarantees that of free transportation (to and fro) increased from 33.3 percent in Sevaniya to 40 per cent and expenses incurred in government hospital have reduced from 55.5 percent to 25 percent in Sevaniya.

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- In Dhabva, not a single pregnant woman spent on child delivery compared to 62.5 percent of the women who had to incur expenses in Report Card 1.

Increase in information regarding High Risk Symptoms and Entitlements

One of the most significant changes that have been observed is the rise in awareness about high risk symptoms. As per Report Card 1, only 14.8 percent women in Sevaniya had information about high risk symptoms/danger signs during pregnancy which increased to nearly 28 percent in Report Card 3. Similarly, in Dhabva, it rose from 22.8 percent to 32.6 percent. Information about entitlements/ schemes of JSY, JSSK and Kasturbha Poshan Sahay was as low as 4.2 percent in Sevaniya which increased to 37.2 percent, and in Dhabva it increased from 5.7 per cent to 15.2 percent.

Quality of Care during Delivery

Institutional deliveries increased from 45 percent to 66.6 percent in Sevaniya, and in Dhabva the rise was from 57.1 percent to 84.6 percent. Promptness of treatment within 30 minutes of arrival at a facility increased in Sevaniya from 33.3 percent to 90 percent and from 50 percent to 72.7 percent in Dhabva.

Conclusion

Social accountability mechanisms like maternal health monitoring tools and VHND monitoring check lists have increased the awareness of community women and their families on the importance of antenatal checkups and their entitlements. The Report Card has given an opportunity for a dialogue with the health system representatives and the community stakeholders, and resultantly led to a more responsive health system. There has been a visible improvement in both availability and quality of services during VHND. The staff at PHCs has become active and women with complications are referred to appropriate health facilities by the health system staff.

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Innovative Strategies for Community-Based Monitoring...

Implementation of 'low intensity CBM processes on voluntary basis': An approach for generalisation of community accountability processes

At present around 25 CSOs are involved in implementing CBMP in 13 districts of Maharashtra, working in an intensive project mode which has been important to demonstrate the feasibility of this process. However community accountability and participation is a core principle which now needs to be expanded in a somewhat less intensive manner, moving beyond the project mode, in many more areas. Based on such considerations, the following innovative processes have been carried out since January 2014:

- **State-wide public process for identifying new civil society organisations interested in implementing CBM:** An advertisement was published in a leading circulated across Maharashtra, inviting applications from organisations interested in taking up community-based monitoring on a voluntary basis. Despite a short deadline, 121 applications were received, which were screened based on defined criteria, especially experience of conducting accountability oriented activities. Thus 34 new organisations were shortlisted and four regional workshops were conducted to orient these organisations.
- **Capacity building process of civil society organisations for implementation CBM process on voluntary basis:** Five persons with experience of rights-based work in the health sector were selected from different geographical regions, to work as Regional Resource Persons (RRPs). They were involved in facilitating regional workshops and visited each of the identified CSOs in their respective areas, guiding them to take up CBMP activities in a voluntary manner. Various communication materials such as posters, presentations and tools for data collection were provided to these CSOs and each of them was enabled to develop CBM