



*Hamara Swasthya,
Hamari Awaz*

Maternal Health: The Indian Scenario

Despite a rapid decline of Maternal Mortality Rate (MMR) in the last 10 years, 15 % of maternal deaths around the world occur in India.¹ Bihar MMR is an estimated 206 deaths per 100,000 live births (SRS 2013).² With around 45,000 women dying each year from pregnancy related causes, India has among the highest number of maternal deaths anywhere in the world.

India has addressed maternal health issues through programs like *Janani Suraksha Yojana (JSY)*, one of the world's largest conditional cash transfer programs aimed at reducing the burden of delivery-related expenditure on families and promoting institutional delivery. As a result, the country has witnessed a dramatic rise in the number of health facility births. Institutional delivery has increased from 28.1% to 64% in the last 10 years. However, the increase in institutional deliveries has also resulted in massive overcrowding at higher-level health facilities, posing a challenge for provision of quality care.

Besides JSY, the Government has also introduced programs like the *Janani Shishu Suraksha Karyakram (JSSK)*, which provides completely free and cashless services to pregnant women in government health facilities, expanded human resources, build capacities, strengthened infrastructure at all levels, including setting up maternal and child health wings in hospitals and introduction of the 108 ambulance service. First Referral Units (FRUs) and Primary Health centers (PHCs) provide 24x7 services have increased threefold. Mobile Medical Units have been introduced and many innovations in financing like untied funds, caseload based allocations, incentives for health sector reforms have been added. As many as 184 districts have been declared high priority districts with additional funding, and free drugs and diagnostics services and newer contraceptives have been added. *Mission Parivar Vikas* districts have been chosen for intensive family planning efforts and the *Pradhan Mantri Matritva Suraksha Abhiyaan* has been launched under which fixed day antenatal care services are to be given on the 9th day of every month.

Although there have been many gains, recent data from National Family Health Survey 2015-16 (NFHS-4) shows that only 53.9%

women received financial assistance under JSY for births delivered in an institution. Under the Government of India guidelines all women are entitled to free and full antenatal checkups and care. Despite this, full ANC coverage increased only 3 points from 11.2% (NFHS 3), to 14.4% (NFHS 4). Maternal health service entitlements listed under the JSSK are to be free of cost at public facilities, but according to NFHS-4, the average out-of-pocket-expenditure per delivery in public health facilities is reported at Rs. 1724. Despite high prevalence of anaemia among women, only 10% consumed 100 or more Iron Folic Acid tablets while pregnant. (Rsoc)

Bihar Scenario:

Improved governance in Bihar in the last decade has led to an economic and social revival in the state through investments in health, education and infrastructure. The latest NFHS 4 survey indicates visible improvements in delaying child marriage, reduction in experience of domestic violence, increase in institutional deliveries and decline in Maternal Mortality Ratio. During the last decade the proportion of women age 20-24 years married before age 18 years reduced significantly from 60 to 40%, Institutional Deliveries has significantly improved from 20 to 60 per cent and MMR has come down from 261 in 2009 to 208 in 2013.

However, the data also indicates that more efforts are needed to ensure access to fully functional and equipped health facilities to prevent mortality, to improve uptake of family planning services, and to ensure availability of skilled health providers in all facilities, in order to improve health and nutrition outcomes.

As per NFHS 4, only 23% women have completed 10 years of schooling in Bihar and 60% women in the age group of 15-49 years are anaemic. Ante Natal Care (ANC) marginally improved from 11 to 14 % (4 ANCs). On an average a family spends Rs 1,724/- from its own pocket to access healthcare.



Quality of Care and How it Affect Maternal Health Outcomes

The World Health Organization (WHO) defines Quality of Care as “the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centered.” Quality of Care is increasingly recognized internationally as a critical aspect of the unfinished maternal and newborn health agenda, mainly with respect to care around labour and delivery and in the immediate postnatal period. It is recognized that high coverage alone is not enough to reduce mortality. To reduce maternal and neonatal mortality substantially and move towards elimination of preventable causes of maternal and newborn death, increased coverage should be accompanied by improved quality throughout the continuum of care. Several studies have demonstrated that quality often influences a woman’s decision to seek care in a particular institution, thereby indirectly affecting maternal mortality. If she has a positive experience, she will tell her friends and family about it. If she has a negative one, she may simply stay home to give birth the next time, and warn others to stay away as well. A growing body of evidence from developed and developing countries confirmed that patients’ perception of quality and patient satisfaction with care was critical to utilization of health services.

¹Trends in Maternal Mortality: 1990 to 2015 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

²Office of Registrar General, Sample Registration Survey 2011-13

Why Do We Need to Hear What Women Want?

Given that a woman's perception of the quality of care she is likely to receive during labour and delivery influences her decision on whether to seek facility-based health care, it is important to look at what quality of care means from the woman's perspective.

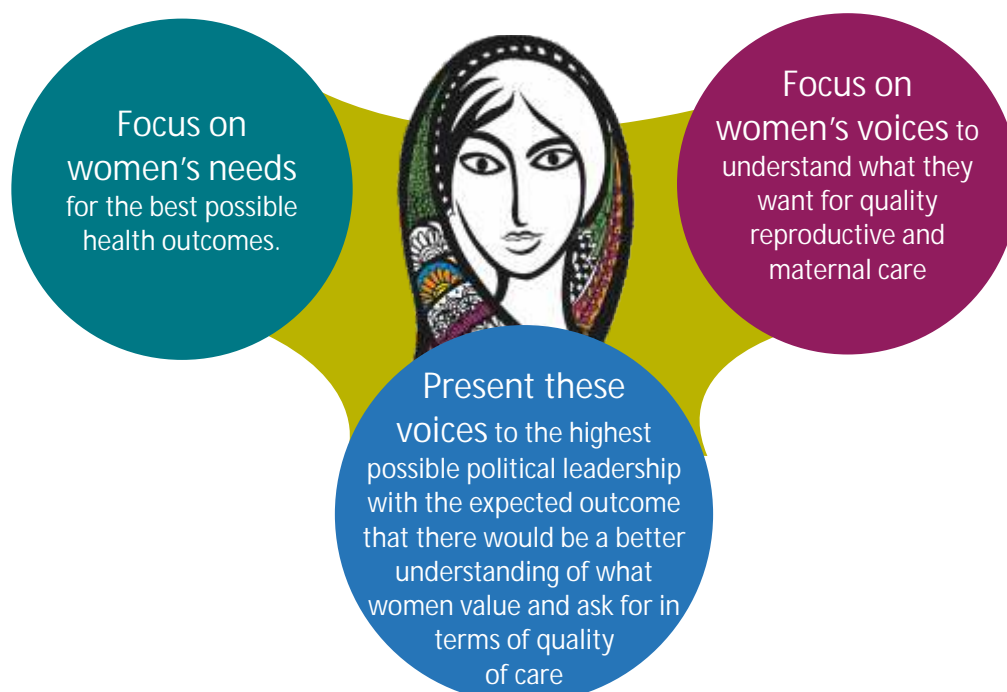
Most accreditation agencies tend to focus on measuring facility infrastructure, human resources, and safety measures. Some more advanced schemes look at clinical measures, but few assess the quality of care through lenses most relevant to the woman and her family. Few examine aspects of care such as how the woman was treated by facility staff, whether care was given in a timely fashion, or whether the facility was clean.

The *Hamara Swasthya, Hamari Awaz* (HSHA) Campaign

With the objective of amplifying women's voices, their needs and priorities, the Centre for Catalyzing Change (C3) in Bihar initiated a Campaign '*Hamara Swasthya, Hamari Awaz*' which means 'Our Health, Our Voices'. This campaign reached out to women directly to understand what they would need for quality maternal healthcare in India and engaged with women directly to put forward their one Ask to improve reproductive and maternal health in the country.

From the commencement to the culmination of the *Hamara Swasthya, Hamari Awaz* campaign, C3 and partnering organizations have worked tirelessly to understand what women want in terms of quality services. Over the past 3 months from December 2016 to February 2017, these organisations have spoken to 75000 women directly across d state about their expectations on quality. Women from all over the state have spoken and submitted their asks.

The key objectives of the campaign were to;

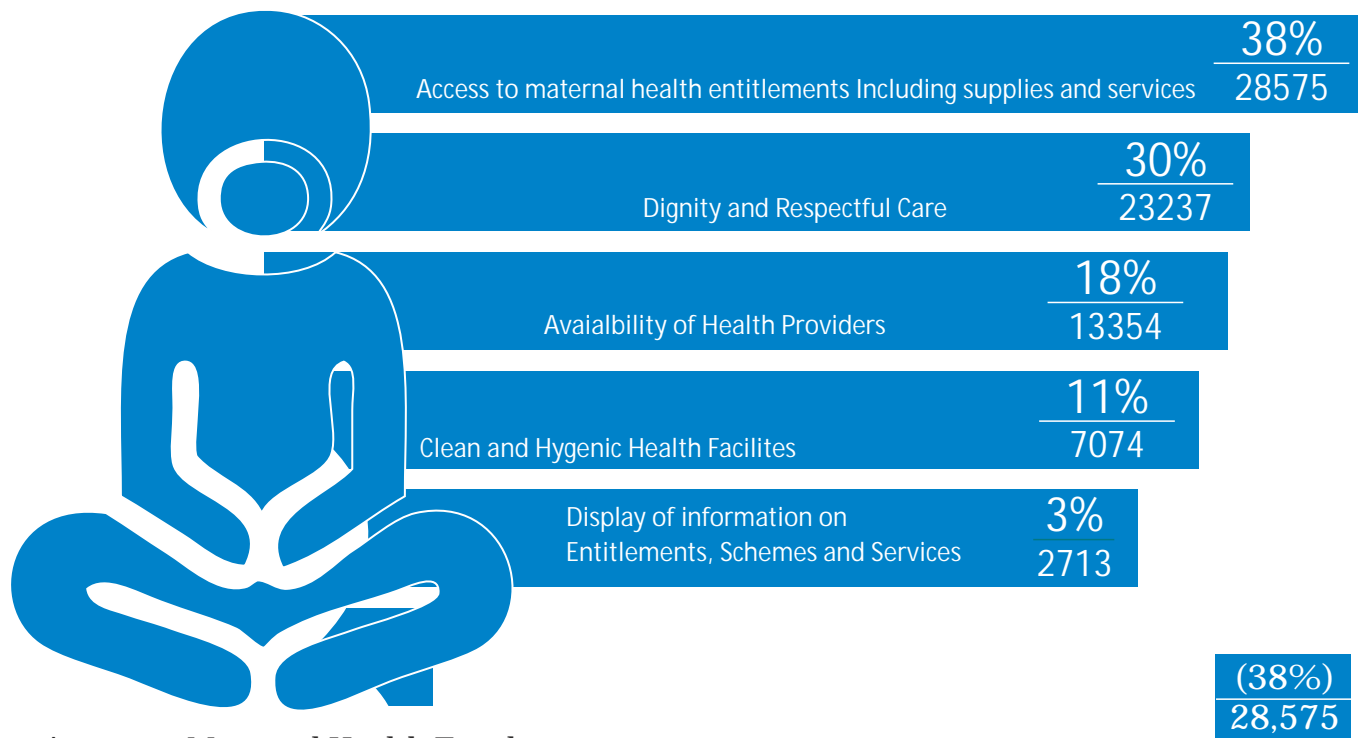


What do Women Want?

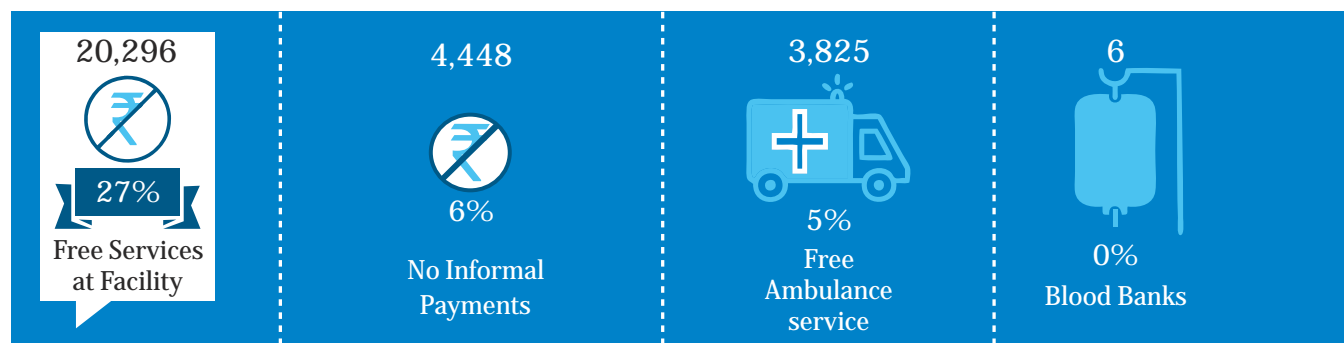
'Asks' submitted by 74,953 women from across Bihar were analyzed. The findings indicate that a sizeable 38% of the women have asked for access to maternal health entitlements, services and supplies, followed by 30% women who seek services provided with dignity and respectful care. This implies that about 4 out of every 10 women registered their asks for access to maternal health services such as free medicines and medical examinations, access to blood banks, post-natal care etc. 18% of the women seek availability of health providers while 11% seek clean and hygienic health facilities. Analysis also highlights that 3 out of every 10 women who participated in the campaign desire respectful behaviour by health providers; no caste or religion-based discrimination; one bed per woman in a ward; a birth companion during delivery; privacy and confidentiality during check-ups and treatment; fixed visiting hours and a visiting room to ensure privacy; complete information and counselling; clean toilets and labour rooms; availability of skilled doctors, specialists and frontline health workers among others.

74,953


women participated

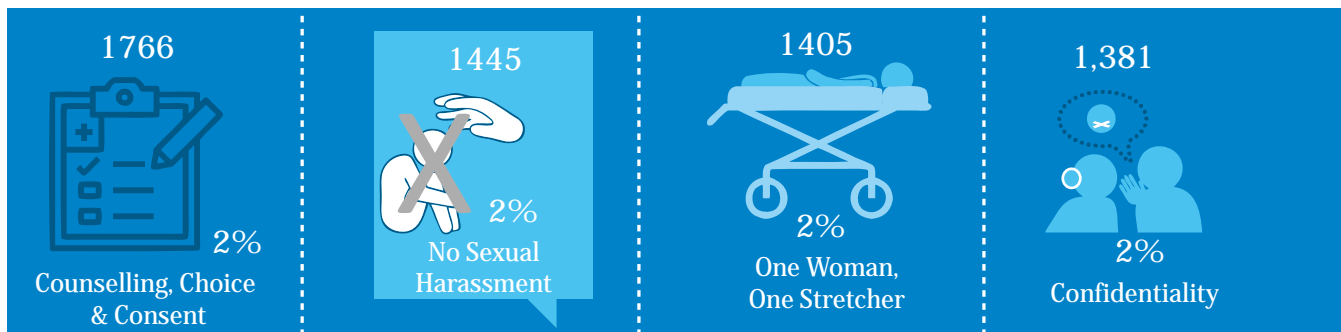
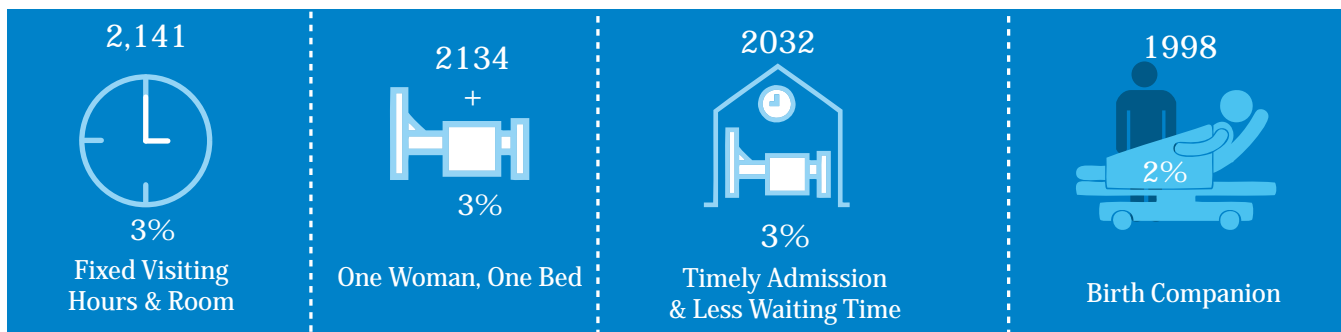
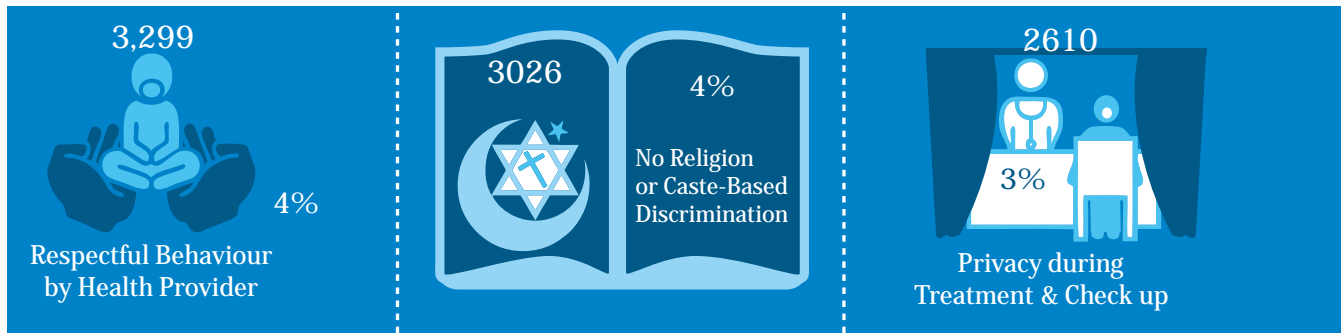


Access to Maternal Health Entitlements



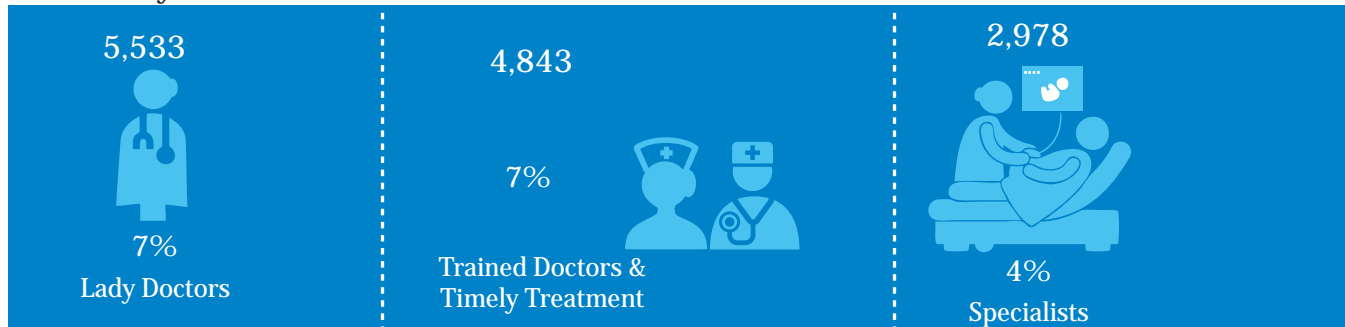
Dignity and Respectful Care

(30%)
23,237



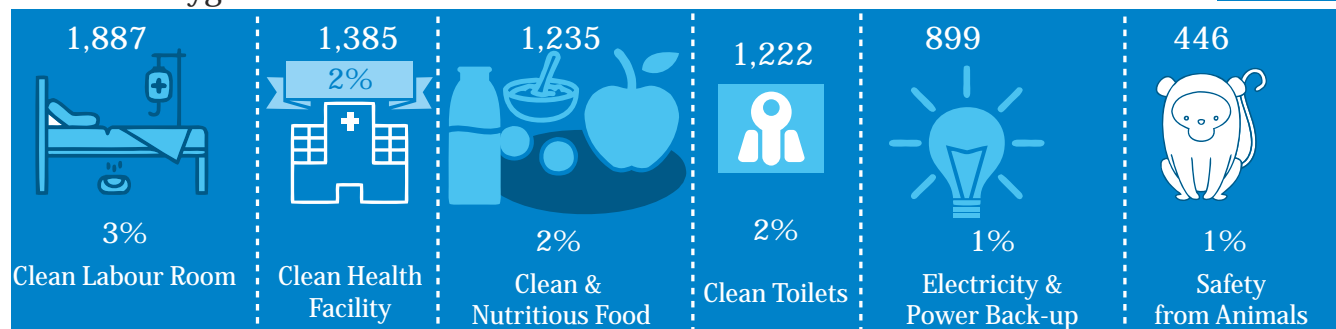
Availability of Health Providers

(18%)
13,354



Clean and Hygienic Health Facilities

(11%)
7,074



Information on Entitlements

(3%)
2,713



Responding to What Women Want: A Call for Action

- 1) Guarantee free health services to women:
 - a) Ensure availability of skilled doctors 24X7 at government health facilities
 - b) Ensure availability of free drugs and supplies at all government health facilities
 - c) Ensure free ambulance services available 24X7
- 2) Invest in generating awareness on all entitlements assured by the government; track time bound payments and strengthen monitoring mechanism to track dispersal of all the entitlements.
- 3) Issue a government order committing to Zero Tolerance for abuse and disrespect and set up a phone line for women to report abuse and denial along the lines of the 104. Make the display of Respectful Maternity Care Charter mandatory in all facilities.
- 4) Form flying squads under the DM to conduct surprise visits to Facilities to ensure cleanliness

The 'Hamara Swasthya, Hamari Awaz' campaign brought the voices of women from across the Bihar. We are grateful to all the women who placed their confidence in C3, its state alliance members and partnering organizations. We are thankful to our partners and volunteers for collecting, writing and compiling the asks of the women.

Women want the Chief Minister's attention

**Women
Appreciate
Prohibition
But Now
Want
More**

"I want that all services are made available to everyone for free. It is also important to inform people of their entitlements.." Chandni Kumari, Nawada

"I want that doctors don't push or kick us, abuse or hit us when we go to health facilities." Sushma Devi, Kosut Panchayat

"I am very happy that alcohol is banned now. Earlier, my husband would waste money on alcohol. Now I want all medicines to be provided for free at all public health centres!" Neetu Devi, Gaya

"Thank you for banning alcohol, CM Ji! Now, we want cleanliness at our health facilities" Reena Devi, Sitamarhi

"I want that there be skilled doctors and nurses available at our health facilities." Anita Devi, Lakhisarai

Earlier, men would roam the streets drunk. We had no place to sit and discuss. For prohibition I want to thank CM Ji. Now, I want that every health facility should have lady doctors so that women can talk freely."

Women Want Round-the-Clock Services

"All of us have had different experiences at hospitals, but collectively we think that consistent availability of medicines and supplies at hospitals is most important. We want treatment and medicines to be made available to all, 24x7!"
--Members of Kanchan Swayam Sahayata Samooh, Nalanda

"Two years ago, I had accompanied my daughter-in-law to Bajpatti District Hospital for her tubectomy. The operation was okay but later that night, she started shouting in pain. Since it was late night, the doctor wasn't available. When I went to the ANM's house, she started abusing us. She said that we should go to a private hospital if we want 24*7 facilities. My daughter-in-law's voice was echoing in the whole hospital and yet none came to help. Ultimately we had to take her to a private hospital for treatment. I want services to be made available to us 24x7 at public health facilities."
- Kiran Devi, Ward Member, Sitamarhi




Women Want Respectful Care

"At the local health centre, when I was in the throes of labour pains, the nurses shouted at me. They also asked me to get my delivery done by a dai. They also asked me to pay up Rs. 700 for their services!! I ask that nurses and doctors talk to patients respectfully"
Madhuri Kumari, Samastipur

"All local hospitals must have a clean labour room"
-Neelu Devi, Munger

"I don't like it when staff members shout at us and use abusive language. I want them to talk to everyone respectfully."
-Rinki Devi, Nalanda

"In December, last year, I went to the health centre for my niece's delivery'. The toilet was filthy and there were no sheets on the beds! I want the health centres to be clean and offer hygienic services."
Reena Devi, Sitamarhi

"I want doctors to talk to patients respectfully."
-Seema Kumari, Vaishali







Alliance Partners HSHA Bihar

1. Hari Narayan Sewa Samiti
2. Vikash Path Vikram
3. MADAD
4. Yuva Kalyan Kendra
5. Suraj Narayan Sewa Samiti
6. Sankalp Jyoti
7. Vikash Vihar
8. Berojgar Sangh
9. Ragho Sewa Sansthan
10. Bhojpur Mahila Kala Kendra
11. Jagran Kalyan Bharti
12. Sitara Swayam Sewi Sasnstan
13. Gyan Sewa Bharti Sansthan
14. Mahila Shishu Kalyan Sansthan Evam Hast Shilp Kala Prashikshan Kendra
15. Aulia Adhyatmik Anushandhan Kendra
16. Nari Vikash Manch khalgaon
17. Jayprabha Gram Vikash Mandal
18. Mahila Bal Jyoti Kendra
19. Vaishali Samaj Kalyan Sansthan
20. Bhartiya Jan Uthan Parishad
21. Mahila Vikash Kendra
22. Samajik Vikash Sansthan
23. Panah Ashram
24. Bihar Pradesh Jan Kalyan Sewa Sansthan
25. Jan Vikash Sewa Sansthan
26. Kosi Viklang Virdhan Kalyan Samiti
27. Neha Gramin Mahila Vikas Samiti
28. Chatra Chaya
29. Gram Swarajya Samiti, Ghoshi
30. Jan Nirman
31. Lok Madhyam
32. Mithila Mahila Samaj Vikas Sansthan, Samastipur
33. Maa Vijya Vikash Shikshan Sansthan
34. IZAD
35. Centre For Health And Resource Management (CHARM)
36. Jai Sri Laxmi Mahila Vikas Kendra
37. Jan Jagran Sansthan
38. Niradesh
39. Chandrika Samajik Uthan Ewam Gramin Vikash Sansthan



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