



# Improving Maternal Health

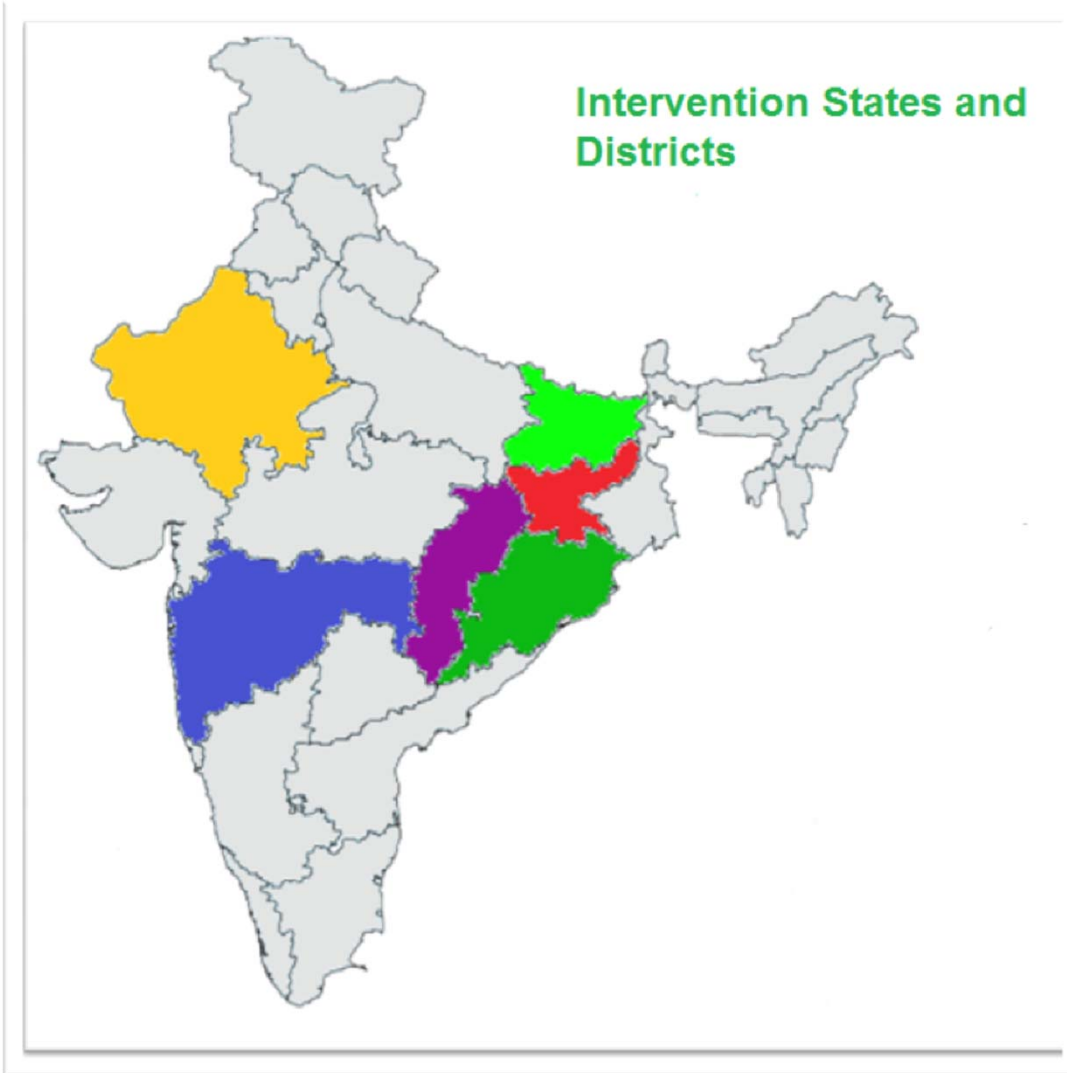


ऑक्सफैम इंडिया  
**OXFAM**  
India

# Maternal Health in India

- India has the highest number of maternal deaths, most of which are preventable.
- For every maternal death there are 20-100 cases of maternal morbidity
- Currently India's MMR is 167 (SRS 2012-13)
- India will still miss the MDG target of 109
- Inter-state and intra-state disparities





6 States
BIHAR
JHARKHAND
CHHATTISGARH
ODISHA
MAHARASHTRA
RAJASTHAN

420 villages (smallest unit of habitation)

Appx. 5,00,000 population





# Our Approach



# The Process



# Community level interventions



- Awareness generation in villages (health awareness campaigns, health fairs, cultural programmes, village meetings, puppet shows, street plays)
- Activation & capacity building of VHSNCs (village health sanitation & nutrition committees)



- Formation, training & strengthening of adolescent groups-girls and boys





- Engagement with frontline workers: ASHA, AWW, ANM

- Innovative activities
  - Videos starring community members
  - Use of community radio
  - New recipes from locally available food items



# Community Based Monitoring and Planning



- Create favorable environment for community based monitoring by seeking necessary cooperation from public health functionaries
- Build community capacity to monitor health and nutrition services



- Community feedback on status of services at different levels- Village Health & Nutrition Day, public health facilities through specific tools, in-depth interviews, FGDs, observation
- Prepare citizens report cards



# Community-System Interface

- Engagement with monitoring and planning committees of public health facilities
- Use of untied fund, annual maintenance grant, RKS funds
- Regular dialogue between community representatives and health care providers
- Convergence meeting between officials of different government departments- Health, Women and Child, Public Works Department



# Impact

- 420 VHSNCs activated and now monitoring community level health services including the entitlements under social programmes
- Adolescent girls' group and VHSNCs successful in stopping the marriage of adolescent girls
- Defunct Health Sub-Centre and child care centre made functional by the community's efforts
- Improvement in services available at Primary Health Centre: eg. 19 out of 24 PHCs now have referral transport compared to 5 PHCs earlier



## Impact (Contd.)

- Issues of corruption in the use of untied funds of VHSNCs, maternity protection scheme (JSY) came to light and action taken
- Regularisation of supplies from the Public Distribution System
- Increased uptake of nutritional supplements and temporary contraceptives
- Improved services on VHND: Increase in the women getting antenatal check-ups and IFA tablets



# Voices from the field

“Due to the active Village Health Sanitation and Nutrition Committee (VHSNC), **women are now being vocal about their demands**; they now demand that **PHC doesn't have** this particular **medicine**, or the **ambulance** did not come on time, we have not yet received **JSY benefit** etc. Such a change is visible **only because women have now come to know about their health rights and are demanding** for the same. Through active VHSNC we also **come to know about the status** of various health services in the villages and what can be done to improve it. VHSNC also helps in **creating awareness** on various health issues”.




**Dr. Suresh Damle, Medical Officer**  
Daeulgaon PHC  
Gadchiroli, Dist., Maharashtra

## Voices from the field

“BP test facility was not available in our panchayat, the VHSNC members demanded BP test on VHNDs...I **shared some problems with the villagers** like deciding place for VHND, arrangement of some other resources..VHSNC members decided the place for VHND in the entire panchayat...I **am proud that now all the facilities are available on VHND in our panchayat**, such as BP test, weighing, TT, IFA, contraceptives etc...”



**Ms. Pratibha Topo, ANM**  
Runnisaipur Panchayat  
Sitamarhi District  
Bihar



This has made me feel empowered,  
now I know my rights

When women are aware of their health  
issues; it is possible to make the society,  
village and health centres aware...

Village Committees have  
made us focus on local  
issues, women's health,  
sanitation etc...issues that  
impact our homes

# Advocacy Initiatives

- Dialogue with MoHFW, NHRC on Improving Maternal Health
- Cross-Learning Initiative with Development Partners (National Consultation)
- Maternal Health in South Asia: Moving Beyond MMR (Google Hangout)



# Advocacy Initiatives (Contd.)

- South Asia Consultation on Maternal Health: Regional Dialogue and Way Forward



- Status of Maternal Health in South Asia: Moving beyond MMR (Panel Discussion at the World Congress on Public Health)

# South Asia Consultation on Maternal Health: Introduction

- In February 2015, OIN brought together maternal health experts from 6 South Asian countries - Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka - working on the issue of maternal health from a women's rights' perspective
- Scholars, practitioners, advocates, academicians and researchers from the fields of public health, medicine, and social enterprises met with the objective of stocktaking of the maternal health scenario in South Asia and discuss future strategies.

# South Asia Consultation on Maternal Health: Sub-Groups

The maternal health experts identified four common areas of concern in South Asian countries:

- Data collection gaps
- Respectful reproductive health care
- Human resources for maternal health
- Maternal morbidity

# South Asia Consultation on Maternal Health: Recommendations

- Data collection gaps
  - Government data should be easily available eg. HMIS not accessible to all. Raw data should be made available.
  - Primary level use of data : Planning and review may be carried out with participation of local communities and organisations
- Maternal morbidity
  - Acknowledge the existence of maternal morbidities and take steps to measure and address them



# South Asia Consultation on Maternal Health: Recommendations

- Respectful RH Care
  - Protocol for conduct of health workers with clear guidelines about the action taken in case of violation
  - Part of curriculum as well as policy guidelines; to be communicated to the community as well.
- Human resources
  - Differential payment mechanism for difficult/remote service locations with incentives: will ensure both attraction and retention
  - Promote task shifting as has been done successfully through community health workers
  - Maternal health team rather than one skilled birth attendant (involvement of midwives)

# South Asia Consultation on Maternal Health: Way Forward

- Form a South Asia working group on maternal health
- Network and collaborate to take the advocacy agenda further collectively
- Shadow report on maternal health in South Asian countries based on existing quantitative and qualitative evidence (QL information often left out)
- Share communication and advocacy material with each other
- Exposure visits to learn best practices

Thank you

