Improving accountability for maternal health

CommonHealth's perspective and work

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The Barwani fact finding

- Poor maternal health services and outcomes in spite of NRHM's investment in health systems
- Very poor governance and accountability as one of the main causes of the poor services
  - Poor quality of care
  - Apathy from professionals, frequent flouting of ethical principles of care, dereliction of duty
  - Absence of grievance redressal systems
  - No maternal death reviews in spite of being mandated
  - Lack of attention to local priorities like anaemia, malaria
  - Corruption

Taking lessons from Barwani forward

- Move beyond just institutional delivery to comprehensive, universal maternal health care through the woman's life cycle
- Address not only proximate determinants of maternal health, but also root causes
- Improve governance and accountability
  - Grievance redressal systems
  - Change in organizational cultures of health systems
  - Transparent dissemination of data from health information systems
  - Audits – including maternal death audits, referral audits
  - Community monitoring of health services

CommonHealth's focus

- Maternal Death Reviews
  - Must be implemented
  - In public domain
  - Community involvement
- Monitoring of maternal health services
  - Availability
  - Accessibility
  - Acceptability
  - Quality of care

Dead Women Talking

- Several documentations of maternal deaths by civil society groups from different parts of India including from Tamil Nadu and Kerala.
- Need to centrestage the lived experiences of the women and their families.
- Juxtaposed to indicator oriented approach that does not take into account social determinants.
- Led to the Dead Women Talking process

Dead Women Talking workshop

- June 2012, Chennai
- Objectives:
  - Develop a framework to look at maternal mortality in the Indian context
  - Evolve tools for the collection and analysis of these
  - Collect evidence that goes beyond numbers and is respectful of the experience of women, families of women and communities.
  - Focus on the social determinants of health
  - Develop alternate approaches that are rigorous, systematic and at the same time grounded in the experienced reality of the women who died.

Dead Women Talking – what needs to be done

- Accountability as an important issue that needs to be addressed.
- Move from individual responsibility to systemic accountability and to accountability to the communities
- Need to strengthen Maternal Death Review process – in terms of content, actors and process
  - Include social determinants
  - Multi layered investigation with people with different capacities and perspectives
- Understand and address inherent power differentials in the MDR process – who dies, who collects information, who analyses, who acts

Overarching goal of increasing accountability and deepening democracy

What has been done?

- Development of a tool for collecting information on maternal deaths – Social autopsy - with emphasis on social determinants and rights
- Training community based organizations to use the tool

The Social Autopsy Tool

- Social determinants
  - Poverty
  - Nutrition
- Power and exclusion
  - Caste
  - Gender including violence
  - Migration and displacement
  - Unsafe abortion

The Social Autopsy Tool

- Health system – Quality of care
- Rights
  - Information
  - Entitlements
  - Decision making
  - Dignity
  - Grievance redressal
  - Health workers' rights

Training to use the tool

- Civil society and community based organizations
  - Demystifying in lay terms some technical aspects of maternal health / deaths
  - Skills to use the tool
  - Skills to analyse the information from a rights perspective
  - Developing modules for this
- The Gujarat experience

Monitoring of maternal health services

- Framework of increasing accountability to the community
- Moving the paradigm beyond institutional deliveries to “safe deliveries”
- Again, centrestaging lived experiences of women

Centrestaging “Safe delivery”

- Consultations with different groups of people
  - Activists
  - Academics
  - Civil society
  - Women at the grassroots

Several domains emerged.

Centre staging “Safe delivery”

- Absence of morbidity and mortality
- Technical quality of care
- Continuum of care through antenatal, intrapartum and postpartum period and through the life cycle of the woman
- Adequate support facilities at place of delivery like electricity, running water, toilets, cleanliness
- Enabling environment promoting physical and emotional health of the woman including nutrition, family support, social support
- Presence of a birth companion
- Safe contraception and safe abortion services

Centre staging “Safe delivery”

- Autonomy and decision making of the woman
- Dignity of the woman and absence of abuse and violence
- Absence of discrimination
- Special needs of marginalized groups to be addressed
- Accountability to the woman and to the community
- Absence of corruption.
- Safety at work places, maternity benefits and welfare schemes like crèches, child care facilities

Monitoring safety of deliveries

- Development of measurable indicators based on “safe delivery” definition
- Tool format – can be filled in by pregnant women, families, community based organizations
- Compilation into report cards at block and district level

Newer areas to explore

- Morbidity, near misses
- Perinatal outcomes
- Processes like referrals
- Respectful care