

# **Maternal Health Rights Campaign, Madhya Pradesh**

## **Community based Monitoring Report 2016**

### **1. Introduction**

The primary focus of the National Health Mission is to strengthen healthcare system and to improve maternal healthcare. Concerned over the situation of maternal mortality, the Union Government launched schemes and programmes like Janani Shishu Suraksha Yojana, Janani Suraksha Yojana, Janani Express Yojana and the Village Health and Nutrition Day for primary ante natal care. To review the status of implementation of these healthcare services, Maternal Health Rights Campaign (MHRC) prepared a community-based report card.

#### **i) Community-based Maternal Health Monitoring:**

To understand the status of maternal health services and facilities and to understand the implementation of these maternal health schemes at the grassroots level, MHRC carried out community-based monitoring in 2012-2013 and 2014. The information collected was collated and analysed which was then shared through a public dialogue. Along with this a memorandum was given to the government asking to ensure qualitative improvement in maternal healthcare services. The campaign's third phase of community-based monitoring was carried out between January and February 2016.

More than 50 civil society organizations from 18 districts (Sidhi, Satna, Reva, Shahdol, Anoppur, Singrauli, Morena, Bhind, Datia, Shyampur, Bhopal, Vidisha, Raisen, Chinndwada, Betul, Hosangabad, Sehore and Harda) of Madhya Pradesh are partners of MHRC. Of these, community based monitoring was undertaken in 14 districts. The main objective of the monitoring process was to establish dialogue with the senior level health officials based on the findings and ensure qualitative improvement of healthcare services through collaborative efforts.

## ii) Evaluation Process:

Under this community-based monitoring process, information was gathered from various sources in 14 districts of Madhya Pradesh. It is as follows:

Issues	Process	Instruments	Nos.
Health System	<ul style="list-style-type: none"><li>• Survey of services and facilities</li><li>• Observation</li><li>• Dialogue with healthcare providers</li></ul>	• Sub-Health Centres	66
		• Aarogya Kendras	67
		• Primary Health Centres	34
		• Community Health Centres	35
		• Group Discussion on V.H.N.D.	67
		• Observation of sterilization camps	28
Village level health services	<ul style="list-style-type: none"><li>• Interview of pregnant &amp; lactating women</li><li>• Group discussion</li><li>• In-depth interview of few women</li></ul>	• Exit interview (V.H.N.D)	118
Schemes under Maternal Health Care	<ul style="list-style-type: none"><li>• Interview of women</li></ul>	• Interview of lactating mothers	474

## 2) Status of Health System

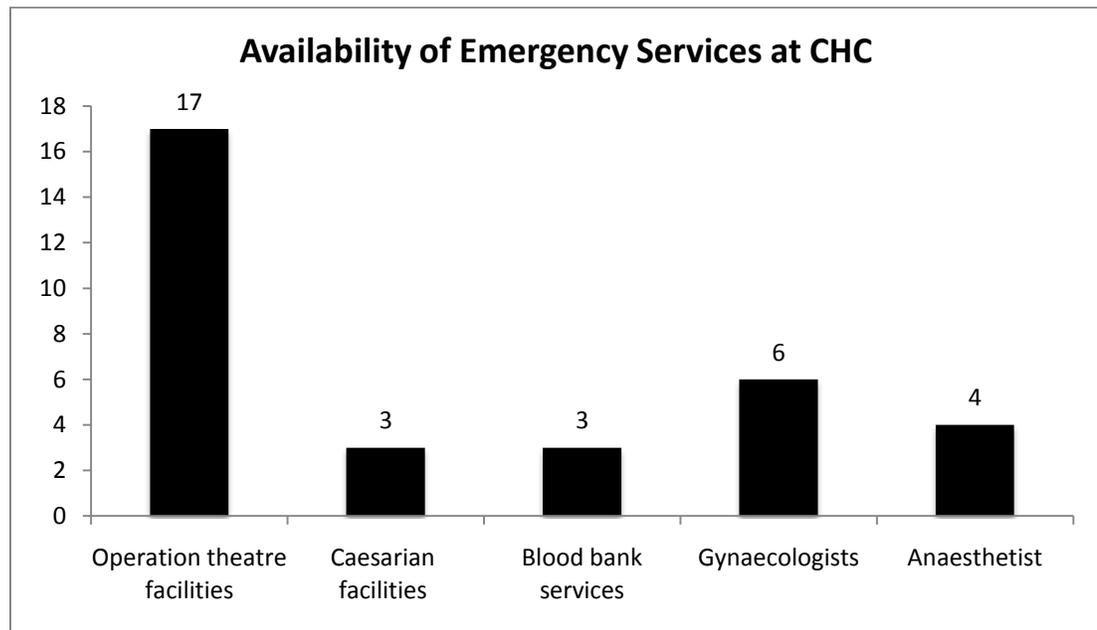
### i) Community Health Centres (CHC)

Information obtained from observation of 25 community health centres in 14 districts raised some issues of concerns. These issues are of human resources and emergency services which are essential for a CHC.

The data highlights that the availability of the doctors in the CHCs is - Gynaecologists 24%, Surgeon 28% and Anaesthetic 16%. Only 12% of the facilities have facility for a Caesarean section and 68% have an

CHC (25)	Status (%)
Infrastructure	82
Human resources	64
Instruments	86
Check up facilities	93
Availability of furniture	94
Services	64
Medicines	89

operation theatre. Only 12% of the centres have a blood bank and 36% offer emergency obstetric services. This highlights the unavailability of emergency services at community health centres, which are essential for maternal health and saving lives of pregnant women.



### ii) Primary Health Centres (PHC)

The report card prepared based on the information collected from 34 primary health centres reveals the poor condition of infrastructure. When analysed through the perspective of services affecting maternal health it was seen that, medical officers have been deputed at 97% of the centres but only

PHC (34)	Status (%)
Infrastructure	47
Human resources	69
Instruments and materials	79
Check up facilities	60

21% reside in the hospital provided accommodation. Similarly 56% of staff nurses are deputed but only 29% staff nurses reside in the hospital accommodation. The major concern is that round the clock delivery facilities are available at only 65% centres.

### iii) Sub-health Centres:

The information from 66 sub-health centres reveals that situation of centers was sub-optimal. Though ANMs were deputed at 97% centres, only 42% ANMs lived within one km radius of the

centres. This adversely impacts the services. The examination tables for check up of pregnant women was in working condition at 64% centres and pregnancy kit available at only 47% centres. We found that normal deliveries were taking place at only 20% sub-health centres.

### 3) Status of services for Village Health and Nutrition Day (V.H.N.D.)

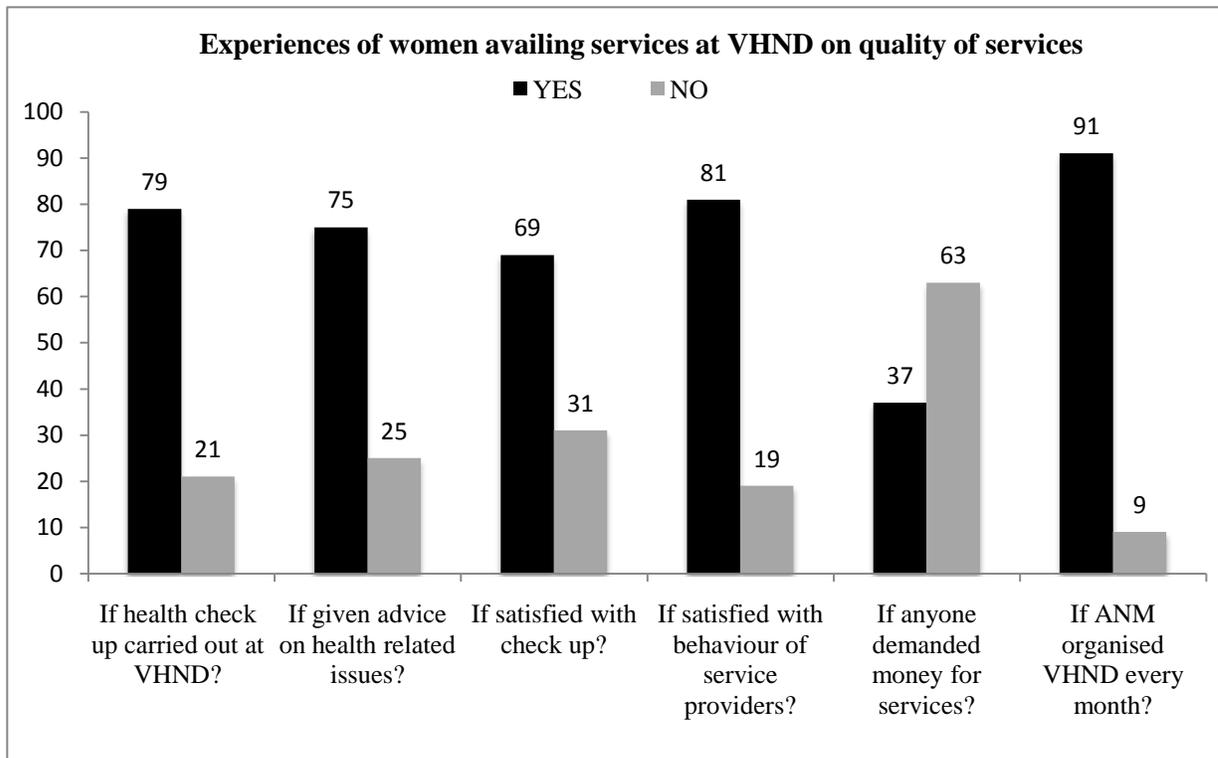
The Village Health and Nutrition Day is the backbone of maternal healthcare where prenatal and antenatal check up takes place. Awareness generation on dangers during pregnancy and information on other symptoms is given on this day. 67 Village Health and Nutrition Day were reviewed as part of the monitoring. Around 118 women were interviewed on V.H.N.D. and group discussion carried out with 474 lactating mothers.

V.H.N.D (67)	Status (%)
Venue	80
Availability of materials	81
Services for pregnant women	79
Antenatal care	72
Neonatal care	71
Other services	70
Supervision	50

According to the report card on V.H.N.D, the infrastructure in general was found to be in good condition but screens for separating the space for check up of women were found only at 63% of the venues. This adversely impacts privacy for women and makes it difficult to conduct abdominal examinations as part of antenatal check up ANMs stayed for the whole day at 90% of the venues. Regarding the availability of instruments for check up, BP machines were available at 85% of venues and Fetoscope available at 52% of venues.

#### i) Exit interview on evaluation of quality services at Village Health and Nutrition Day

Of the 118 women whose exit interviews were done at V.H.N.D., 91% beneficiaries confirmed that it was being organized at the village level. 81% women were satisfied with the behaviour of service providers and 79% women had mentioned that service providers do the check ups. 75% women informed that they were given advice on health-related issues, but 37% of women said that service providers had demanded money.



## ii) Group Discussion with Lactating Mothers:

### • Status on registration and vaccination:

The group discussion revealed that 63% of women were registered within three months of pregnancy, 33% women were registered after fourth month and 4% did not get registered at all. 88% women mentioned that VHND is organised at Arogya Kendras and these were open for a minimum duration of two hours and at the maximum six hours in a day where other services were also provided apart from VHND. Despite all these efforts, it is worth noting that only 63% women were registered within the first trimester as is the recommended guideline.

### • Quality of antenatal care:

Lactating women were asked about the nature of services they received during antenatal check up. The various components were assessed and it was found that the quality of care was sub-optimal. The details of information received is given below:

**Weight:** 90% weighing machines were in working conditions, yet only 39% women's weight was measured 3-4 times during pregnancy; 47% women's weight were measured only twice and 14% women's weight was not measured at all.

**Blood Pressure:** 85% of blood pressure machines were found in working conditions, but only 37% women had their BP checked 3-4 times while 42% women's BP was checked twice and 21% women did not have their BP checked even once.

**Vaccination:** 72% women had got vaccinated twice, 21% received vaccination only once, and 7% women who did not get any vaccination.

**Status of abdomen check up:** Abdominal check up is an essential component of antenatal care, but it was seen that only 31% women received abdomen check up 3 to 4 times during pregnancy, 39% women twice and 30% women could not get their check up done even once. One of the reasons for this may be that a screen is required to ensure privacy of the women during check up, which was available only at 63% venues.

**Haemoglobin test:** Haemoglobin test facility was available at 91% venues on VHND. However in the group discussion it came out that haemoglobin test were conducted for 78% women.

**Iron tablets:** The group discussion revealed that 53% of women had been given three packets of iron tablets. 38% women got two packets and 9% women did not get even one packet.

- **Information related to counselling by service providers:**

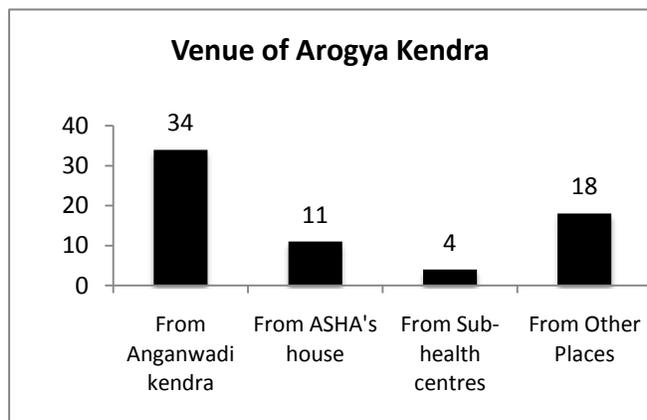
Counselling in the antenatal period is meant to provide advise to women regarding self-care during pregnancy, information about entitlements and complication readiness. 75% women mentioned that counselling was provided to them on self-care and free ambulance service by service provider and 76% women told that service provider provided counselling on breastfeeding of baby immediately after delivery.

- **Services and facilities at Village Arogya Kendras:**

In order to ensure maternal health services at ground level, Madhya Pradesh government has constructed Arogya Kendra, which is part of Anganwadi centers and is operated by ASHAs. The Village Health and Nutrition Day is organized at Arogya Kendra. The survey revealed that Arogya Kendras remained open for 2-6 hours a day. The report card based on survey of facilities at Arogya Kendras is as follows.

<b>Arogya Kendra (67)</b>	<b>Marks scored</b>	<b>Total Marks</b>	<b>Status (%)</b>
Services available	480	603	80
Instruments for check up	622	871	71
Medicines	1,069	1,742	61
Other items	728	1,273	57

In the survey of 67 Arogya Kendras, it was found that 34 Arogya Kendras were located in the Anganwadi Kendras, 11 in the ASHAs' house and four in the sub-health centres, while 18 Arogya Kendras were operating from other places. The working hours is already mentioned above.



To organize the village health and nutrition day properly, it is necessary that Arogya Kendras are well equipped but the report card was not satisfactory. This is probably the reason for the entitlement holders not receiving full services on VHND.

## **1. Schemes related to Maternal Health:**

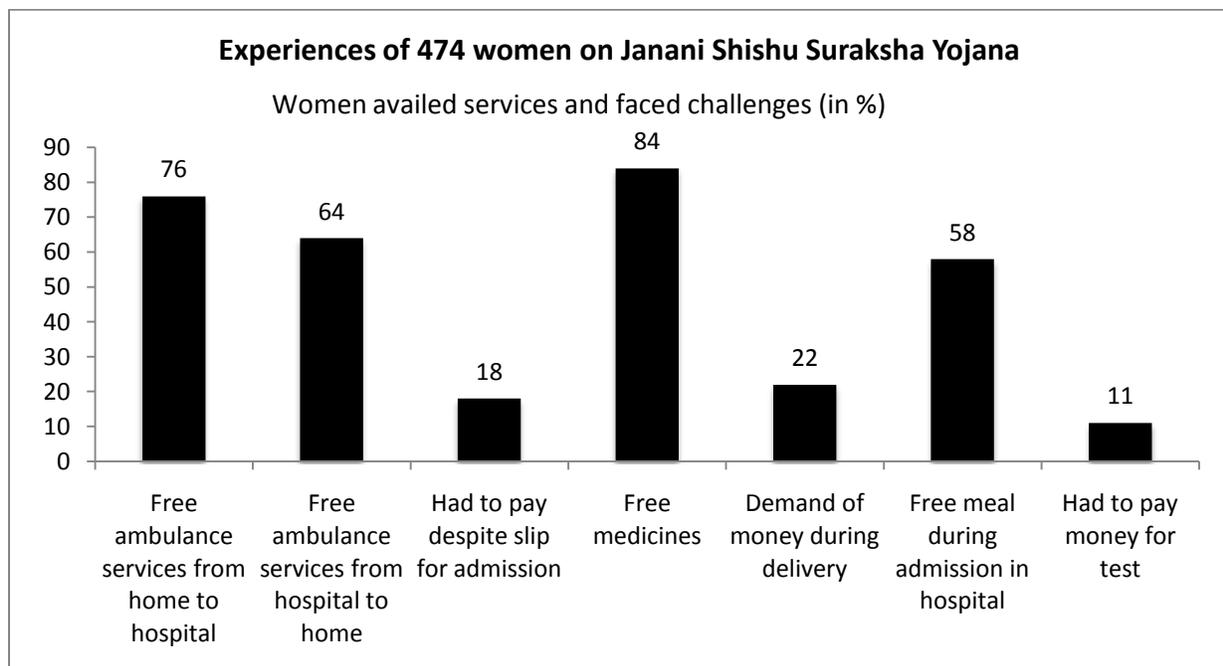
### **i) Janani Suraksha Yojana:**

The Janani Suraksha Yojana was started to promote safe delivery and a cash incentive of Rs. 1,400 was given to pregnant woman on institutional delivery and Rs. 500 for delivery at home. The analysis of interviews with lactating mothers on availing the benefit of the scheme revealed that 82% women had received cash incentives, 17% women had to pay bribe and 22% had faced problems in availing cash incentives.

### **ii) Janani Shishu Suraksha Yojana:**

The Janani Shishu Suraksha Yojana was started to reduce maternal and infant mortality. Under the programme pregnant women are provided free health services (ambulance service, medicines, check up, food, admission in hospital etc.) under public health system to overcome the complications related to delivery and post-delivery.

The status of Janani Shishu Suraksha Yojana based on interviews with 474 lactating mothers also shows that its implementation is inadequate. Free ambulance service is provided to pregnant women under Janani Shishu Suraksha Yojana but in the interview 76% women mentioned that they had received free ambulance service for going to the hospital from home, while 64% women said that they had received free ambulance service from the hospital to their home. Under the Janani Shishu Suraksha Yojana free services are provided at all levels to pregnant women on admission to hospital for delivery - including free admission and tests. But in the interview, 18% pregnant women mentioned that they had to pay money for admission to the hospital and 11% women had to pay for tests. 84% women received free medicines and 58% women received free meal during admission to the hospital for delivery. However, 22% pregnant women were asked to pay bribe to the hospital staff.



## **2. Family Planning Services and Observation of Sterilization Camps**

Along with maternal healthcare services, information related to birth control services was also gathered under community monitoring. For this health centres were surveyed, group discussion organised and reviewed.

- i) In the group discussion, 73% women recounted that they were counselled on family planning but as compared to other birth control (<30%) stress was on female sterilization.
- ii) In more than 75% of sub-health centres, appropriate birth control devices were not available.
- iii) Of the 28 female sterilization camps, only in 12 camps women were counselled on the benefits and failures of birth control. The consent form was explained in easy language only in six camps and in eight camps all the women understood the content of the consent form.
- iv) Information related to compensation on death of woman and complication in sterilization was mentioned only in 6 camps.
- v) As per the guidelines, sterilization camps can be organized only at health centres where all the emergency services were available. But we found that one sterilization camp was organized in a school and one in a dharmshala.
- vi) In four camps, operations were conducted despite non-availability of sliding operation table and in four camps cycle pumps were used to inflate the stomach.
- vii) Women had to wait for 6-8 hours for sterilization operation. Of the 28 camps, in 14 camps women had to wait for more than four hours. As per the guidelines, operation could be conducted between 9 a.m. and 5 p.m., but in seven camps operations were conducted even after 5 p.m. and four camps started operation after 5 p.m..
- viii) Proper rooms and beds were not available for women to rest after sterilization. In 12 camps women were forced to lie down on the floor in the verandah or under a tree after sterilization.

- ix) In 12 camps, women were not given discharge slips. This is an important document on the basis of which they can go for further test or demand compensation in case of complications or death after sterilization.

### **3. Conclusion and suggestions**

The public health system and maternal health programme are being regulated by guidelines and standards set by the government. The survey under Matritv Swasthya Haqdari Campaign highlighted many shortcomings in the programme such as:

- i) Shortage of specialized doctors.
- ii) Situation at ground level is very pathetic. Normal delivery not possible at sub-health centres, which is the primary centre for pregnant women.
- iii) Shortage of emergency services like blood and operation facilities at community health centres.
- iv) Apart from this, the attitude of hospital staff is also a major concern – demand for money, unnecessary referral of patient, lack of medicines and other items at lower level, etc.

To improve the services and facilities, we need to conduct advocacy in phased manner so that maternal services under public health system and maternal health schemes could be ensured.