Public Dialogue on Maternal Health

29th April 2016 Gandhi Bhawan

Bhopal, Madhya Pradesh

Introduction

Maternal Health Rights Campaign (MHRC) organised a Public Dialogue on Maternal Health in Bhopal on 29th April 2016 at the Mohaniya Hall in Gandhi Bhawan, Bhopal. The objective of the public dialogue was to shed light on the grave and poor state of maternal health services in various districts of Madhya Pradesh by means of Community Based Monitoring (CBM) carried out in 18 districts. The CBM findings were showcased in the form of a multimedia presentation as well as a report. The findings were taken from 125 facilities (CHC, PHC and Sub-centre) and 162 village-level services (Aarogya Kendra, VHND and Female Sterilisation Camp) where group discussion was done with 474 women and exit interview was performed with 118 women. A status report on maternal health in Madhya Pradesh based on secondary data along with the 4th MHRC newsletter was also released during the public dialogue. It commenced at 10.30 am and was facilitated by members of the MHRC.

Members

There were close to 100 people at the public dialogue, which included 12 media personnel. Among those present were representatives from public health resource organisations, civil society organisations from 17 districts (Sidhi, Satna, Rewa, Shahdol, Annupur, Singrauli, Morena, Bhind, Datiya, Sheopur, Bhopal, Vidisha, Raisen, Chindwara, Betul, Hoshangabad and Sehore), grass-root movements such as Ekta Parishad, members from the community and families of victims of maternal and child mortality. The government was represented by Dr. Archana Mishra (Deputy Director, Maternal Health) and Dr. Shalini, from Maternal Health division of the National Health Mission, Madhya Pradesh.

Key Issues Raised

1. Poor condition of services, especially emergency obstetric care services. Shortage of specialists, blood banks, C-section facilities was evident in both secondary data and CBM findings.

2. Unwarranted referrals, often without even a single examination, from not just PHC and CHC but from District Hospitals as well, which should be equipped to admit and treat patients without referral.
3. Lack of any skilled birth attendant for home births despite some districts having as high as 50% home births.
4. Ill-treatment and physical abuse of poor and marginalised pregnant women by doctors in government facilities. Lack of proper and timely dissemination of ambulances under Janani Express Yojana which causes delay in pickup of patients. The patients bear out of pocket expenditure in availing private vehicles for pick-up, referral and drop-back.
5. If after getting referred, the recipient decides mid-way to avail private treatment instead, ambulances refuse to transfer the patient from a government facility to a private one.
6. ASHA and ANM do not cover their areas efficiently, charge money from the family of the patient and are unavailable in PHC for emergency delivery at night.
7. Patients are made to believe that they cannot undergo normal delivery for unsubstantiated reasons and they are pushed towards a caesarean delivery.

Response from government representatives

1. Proper investigation into the cases and then relaying the information to the MHRC would be done.
2. New activities will be introduced, one of which being a Behaviour Training with nurses and ANMs by UNICEF to make them sensitive and mitigate the practice of charging money from patients. In a similar light, the government had recently made a short film based on the Maternal Mortality Ratio of Sagar and Raisen districts to raise awareness among the people and focuses on sensitising health care service providers.
3. An integrated call centre will be developed to address all maternal health related problems. In the interim period a state-run helpline number (0755-4092523) can be reached for any health related problems.
4. It was agreed that maternal deaths are preventable and that state-wide Maternal Health Camps will be started which will provide iron tablets, detection of tumours in the abdomen, infertility tests etc. free of cost.

5. An appraisal of all the employees of NHM, including nurses and ANMs, will be carried out and those not performing up to the mark will not receive renewed contracts.
6. Data from the Mother and Child Tracking System will be analysed and the major causes of death during home delivery will be enlisted. At the same time, *Dai* (traditional birth attendant) from 1046 villages will be given training to become Skilled Birth Attendants and also to administer Misoprostol tablet to reduce bleeding after delivery.

Parents of Preeti from Datiya district who lost their daughter and her unborn child as they were unable to pay the hospital bills

Members of the community from various districts of Madhya Pradesh

Release of the 4th Maternal Health Rights Campaign Newsletter by Dr. Shalini, Dr. Archana Mishra, Ms. Upasana, Mr. Arun Tyagi, Ms. Prarthana Mishra and Mr. Rajesh Bhadoriya (left to right)

Media Coverage

Media coverage of the public dialogue can be found below:

14 जिलों के सर्वे में सामने आई हकीकत, कैसे मिलेगा महिलाओं को इलाज?

न ब्लड बैंक, न सर्जरी की सुविधा

केस-1

चार बार रेफर हुई वंदना, मौत

केस-2

सर्जरी के लिए मांगा पैसा, मौत

http://www.rubarunews.com/2016/05/blog-post_57.html