

# State Level Public Dialogue

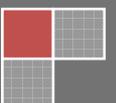
## Maternal Health and Health Rights in Madhya Pradesh

Organized by

**Maternal Health Rights Campaign**

**Venue- Gandhi Bhawan, Bhopal**

**Date- February 19, 2014**



# Content

1. Background to the process
  - a. Background
  - b. Community monitoring process
  - c. Initiation of the Maternal Health Rights Campaign
2. District Jansamvad Process
  - a. The process in the district, participants etc
  - b. Data from the community monitoring (few bullet points) – see the workshop report
  - c. Issues which were presented as demands
3. State Jansamvad
  - a. About the event and the preparatory process
  - b. Brief summarisation of the community monitoring data and the situation of the maternal health rights in MP
  - c. Case studies and Testimonies (a table can be presented)
  - d. Response from the panellists and the discussion
- 4 The way forward of Campaign

## **BACKGROUND AND CONTEXT**

Community monitoring of health services started in Madhya Pradesh during 2008-09. During the pilot phase of community monitoring under NRHM, which took place in nine states where organizations such as CHSJ, SATHI and SOCHARA had played greater role in facilitating the process of Community Monitoring. Later the interest and support by the state government declined, some civil society organizations continued the process in some pockets such as Badwani district. Due to the continued neglect of health services that have been experienced in Madhya Pradesh, The Civil society groups, especially with the leadership of some leading advocacy and policy have been discussing on the deteriorating situation of health services in Madhya Pradesh. They carried out monitoring of health services activities in their concern areas. Hence, though not funded by any donor agency nor by the state government, it was decided to take the process of community monitoring forward purely on a voluntary and collaborative basis. The immediate context was the issue of maternal health rights. The need to continue with community monitoring was felt in the state and the civil society coalition were energized with a workshop and the data collection on various village level services especially around maternal health rights were again taken up in 2013.

To strengthen these Community Based Monitoring (CBM) processes, the State Health Community Enquiry Data Sharing and Advocacy Planning Meeting were held during October 18-19, 2013 in Bhopal. It helped in sharing the report and plan to take the advocacy forward. The data on overall state of maternal health services reveals that about 66% respondents reportedly received JSY benefits. The state of JSSK and ANC services was found to be bad. It was reported that the services been provided under JSY and JSSK focused primarily on the monetary benefits. The qualitative component was lacking and the services like weight and height measurement, regular blood pressure recordings, blood, urine and abdominal examination were not been adequately provided. The women had to pay informal fees for services that otherwise should be available for free- ambulance services for transport, medicinal support during hospital stay and food. The provision of ANC services was also graded as poor in most of the districts. It was also reported that although the ANM was visiting the villages, but her services were limited to administering immunization only.

Based on the findings and data sharing the regional action plans and strategies were planned and strategies for preparation of action plans to be implemented at the block, district and state level were also deliberated.

Some of the important points that emerged in this planning discussion are as follows:

- There can be small dialogues at the block and district levels so that there is more clarity on what is being done. In various districts several issues have been identified. More information can be collected to further strengthen these findings.
- For effective support and monitoring it is important that the community is made aware about their rights and the condition they face due to lack of these. When this awareness is created then only they can effectively fight for claiming them.
- It is important to hold a dialogue with block and district level officials at the village level to identify issues. The officials should understand these issues and identify with them and take them forward to the state level. Advocacy is a challenging proposition and requires everybody's cooperation.
- People need to be aware of their rights and there are more than 150 committees that have been formed primarily to ensure that the services and rights reach everyone adequately. However, most of them are non-functional. We can take a step towards activating these committees at the Panchayat level.
- The community leaders of areas from where this data has been collected can be invited for a public dialogue along with representatives from Panchayati Raj Institutions (PRIs), the local people and can be asked to take accountability. In view of the upcoming elections they can be asked as to what they plan to do if they come into power. They can be asked to sign a *shapathpatra* or *ghoshnapatra*. Additionally, media can be effectively involved to highlight the specific issues.
- If public dialogues or meetings are not possible at present, the data collected so far can be strengthened by working with the community and collecting facts and statistics.

- If we all come up as an alliance rather than working as individual organisation, the campaign will be stronger. Like the janswasthyaabhiyan (JSA), there can be a platform for maternal and women's health, where demands at the policy level can be listed down and evidence to support deficiencies in service delivery can be put forth.
- It is important that the platform defines its aims and limitations, issues that it will work on, in which districts it will be implemented directly, the challenges that could be faced and the strategies to overcome them.

One of the outcomes that emerged from of all the action plans was that the movement should be given a name and hence it was called the Maternal Health Rights Campaign. Besides this different tasks, teams and committees were decided upon the details of which are outlined below:

- **Name of the movement-** Maternal Health Right Campaign (MHRC)
- **State coordination committee-** Devender Singh (Dharti), Ajay Shukla (Kalptaru), ArunTyagi (G.S.S.), Shushil Kumar (Hard), Savitari Singh (Ahsas), Prarthana (Sangini), Simariti (Shathiya), Manjiri (Pararth), Mahendra (CHSJ), Rakesh (Sathi)
- **Regional Coordinators-**Devender Singh (Chambal), ArunTyagi (Rewanchal), Prarthana (Bhopal)
- **Convening Team-** Prarthana (Sangini), Rakesh (SATHI), Mahendra (CHSJ)

It was decided to prepare a declaration note and affidavit to be shared with the candidates and to take forward the action plans.

## **Monitoring Process-2013**

After the action plan was drawn for MHRC, different monitoring processes were carried out in 2013, which included a range of components on how to proceed with the ongoing community mobilization, how strengthening of the civil society coalition should proceed, besides organizing state level consultations and carry on tasks of capacity building of the community based organizations. In addition, the monitoring process also focused on how the data should be gathered and aimed at the development and finalization of tools apart from preparing reports on it as well sharing it on the state level basis. Within the monitoring process the element of follow-up action was also charted which laid directions for sharing of data with the community as well officials in the health service system and for the interface of the community with the health service system in form of the public health dialogue.

### **Components of monitoring process**

1. Ongoing community mobilization
2. Civil Society coalition building
3. State level consultation
4. Development and finalization of tools
5. Capacity building of community based organizations
6. Data collection
7. Data compilation and report
8. State level data sharing with the civil society organizations
9. Follow up Action:
  - a. Data sharing and discussion with the community
  - b. District level submission of memoranda and share the information with the officials

c. State level Jansamvad (public dialogue)

The details of the monitoring process carried out in 2013 are described as follows:

- 1. Ongoing community mobilisation, meetings with the community:** Subsequent to the formally piloted community monitoring and planning of health services under NRHM during 2008-09, number of civil society organisations in Madhya Pradesh who are working with communities have continued working on accountability and health services. The continued engagement with the officials and health service providers have foregrounded many community issues especially issues of health services.
- 2. Civil Society coalition building:** The civil society coalition in Madhya Pradesh took place through number of collaborative processes in which organizations have been participating. These include among others Responsible Fathercare Campaign, Men's Action for Equity Jan Swasthya Abhiyan, Jagruth Dalit Adivasi Sanghatan (JADS) facilitated accountability processes in health, Centre for Health and Social Justice (CHSJ) facilitated processes in 13 districts of Madhya Pradesh and intensive processes of health accountability in the districts of Morena and Sidhi. As maternal health services are a common concern, the idea of community monitoring as a tool was promoted as a strategy to engage with the public health system.
- 3. State level consultation:**

SATHI in collaboration with CHSJ organized a state level consultation on March 20, 2013 in Bhopal and held a discussion with CSOs on health situation in Madhya Pradesh. The focus was on maternal health services which are being offered in different districts of Madhya Pradesh. The information was also shared which was collected with the help of *Jaankaari Prapatra* formats given in the meeting in February. 27 representatives from 16 districts participated in this consultation. Based on the discussions it was decided to undertake a community monitoring process to assess the situation of programmes and health services related to maternal health in 20 districts of Madhya Pradesh. During this discussion it was also decided to share the findings of this process with stakeholders and government officials through dialogue and collectively advocate for bringing about improvement in the quality of community health services.

Key issues for Community Monitoring that were to be focused:

- Janani Suraksha Yojana
- Janani Shishu Suraksha Karyakram
- Health services available under the village health and nutrition day
- Condition of rogikalyansamiti
- Service delivery in health institutions

In the consultation discussion was facilitated on various tools and formats to be developed for data collection. SATHI took up the responsibility for preparing formats for the community monitoring process. A plan of action was prepared for the monitoring process and the organisations were divided into three regions for the purpose of data collection. The need for capacity building of the organisations and need of volunteers was also emphasised. Some of the organizations CHSJ, SATHI, SOCHARA and Sangini Resource Centre agreed to take responsibility to coordinate the processes further.

#### **4. Development and finalization of tools**

The tools that were discussed at the workshop were further developed for collecting data during the community monitoring process. A description of the tools used is as follows:

- Guide to record the information of the group discussion with women from marginalised communities
- Interview guide for interviewing pregnant women
- Interview guide with lactating women whose delivery occurred in government institutions in last 3 months
- Check list for observations of village health and nutrition day
- Format for interview with patients at the CHC and PHC level
- Format for interview of the medical officer at the level of CHC and PHC

The questions being asked during interview and group discussion was also developed in a pictorial format, so that respondents could easily understand and can easily reply (refer Annexure 6 for list of tools used).

### **5. Capacity building of community based organizations:**

Two days training on community monitoring tools and process for maternal health rights was undertaken in three regions, viz. Rewanchal, Bhopal and Chambal. In each of these regions capacity building workshop was organized for the volunteers for data collection in different regions. The objectives of this workshop were:

- a. To develop participants' understanding on community monitoring (what and why)
- b. To develop understanding on how to work on the grass roots level (tools, process, information collection)
- c. To develop understanding in relation to health services (programmes, subcentre, CHC, PHC)
- d. To prepare action plans with organisations to take forward the community monitoring process (number of villages, PHC etc.)

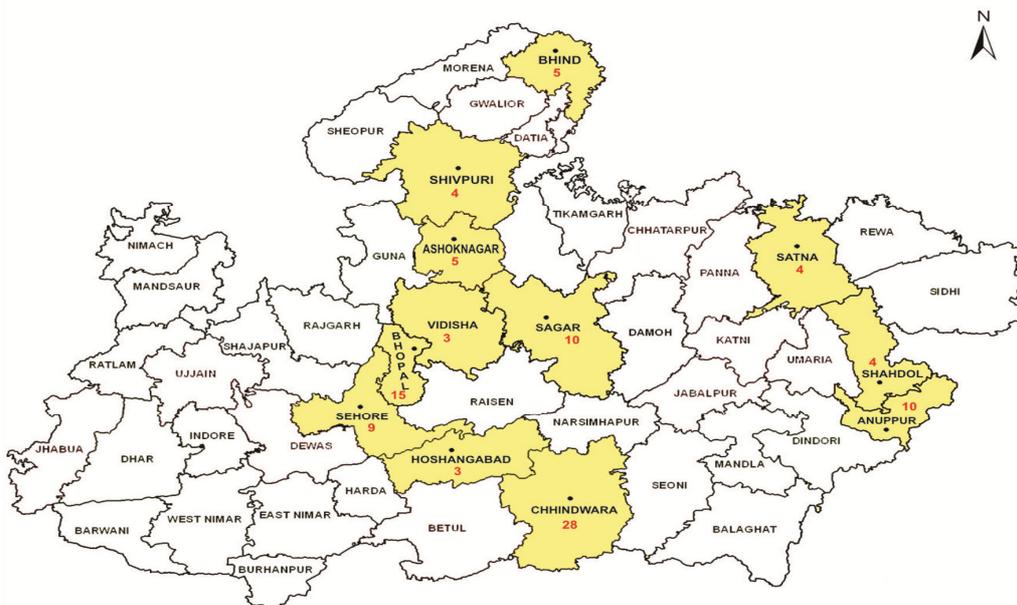
The organisations were familiarised with the methods of data collection, provided information on the various schemes of community health services (JSY, JSSK, VHND), issues of community monitoring pertaining to JSY, JSSK, VHND, provided an understanding on tools and formats for information collection and compilation of information and report card preparation. 19 organisations in 17 districts came forward to do the community monitoring processes and participated in the capacity building programme.

**6. Data Collection:** The community enquiry process was held from May 2013 to September 2013. Volunteers from various civil society organizations collected data from 102 villages. The districts and villages were selected purposively depending on the work areas of various organizations

**7. Data Compilation and reports:** The data collected was compiled by SATHI and district wise analysis of the data was prepared. The primary aim of discussing the findings emerging from

the data collected was to identify issues for advocacy and prepare an action plan to be undertaken in different districts. The figure below shows a distribution of the districts and the numbers indicate the villages covered in each of these districts for data.

Figure 1: districts of Madhya Pradesh from which data was collected for community monitoring process



The figure above outlines the 12 districts from which the data was collected for the community monitoring process which includes Bhind, Satna, Shivpuri, Ashokanagar, Vidisha, Sagar, Bhopal, Sehore, Hoshangabad, Chhindwara, Shadol and Anuppur.

The data collected from the different districts is enumerated below:

- Information sheet (jaankariprapatra), which focused on the health services available at the village level and get an understanding of the services that are being offered in these districts. This was filled in 112 villages through group discussions with the people.
- Observation checklist and format for nurse's interview to assess the type of services being provided under village health and nutrition day (VHND). These were filled by interviewing 92 respondents

- 224 women were interviewed for Jananishi Shishu Suraksha Karyakram (JSSK) and 212 women were interviewed for Janani Suraksha Yojna (JSY).

## **8. State level data sharing with the civil society organizations**

### Presentation of the Data & Report

From various districts of Madhya Pradesh data was collected for the following services:

- District wise analysis of Village level Maternal Health services
  - Group discussion (services by ANM, maternal health services and child immunization)
  - Interviews of women (JSY, JSSK, ANC)
- Health services provided in VHND
  - Observation
  - Interview of ANM
- Quality of health services in Health institutions, i.e., in primary health center (PHC) and community health center (CHC)
  - Exit Interview
- Functioning of Rogi Kalyan Samiti (RKS)
  - Observation and interview of MO

However, in the presentation only village level health services and health services provided under VHND were discussed as the data pertaining to quality of health services in health institutions and functioning of RKS did not reveal any significant findings.

## **9. Follow up Action:**

- a. Data sharing and discussion with the community
- b. District level submission of memoranda and share the information with the officials

c. State level jansamvad

## SECTION -II

### **Maternal Health Rights Campaign: District and State Jansamvads**

With a view to strengthen the community interface with the public health service system, as well initiate a space for community voice over the demand of community for better health services, series of public health hearings (Jansamvads) were held at the district and state levels under the MHRC domain after gathering the data and the community perspective on the maternal health services through the community monitoring process. This section details out the processes, organizations involved, strength of people and officials present at the public hearings, memorandums submitted to the health authorities for better health services and findings of the district and the state level Jansamvads carried out in Sehore, Chindwara, Anuppur and Satna districts respectively besides the state level dialogue carried out in Bhopal.

#### **Introduction**

Maternal health refers to the health of women during pregnancy, child birth and the post partum period (41days after delivery). While motherhood is often a positive and fulfilling experience for every woman, for too many women it is associated with suffering, ill-health and even death. Maternal health also encompasses the health care dimensions of a country and state as well as per the Annual Health Survey 2011-12, the Maternal Mortality Ratio of Madhya Pradesh is 277. This shows the grim reality of maternal health status of the State. Seeking this, a Maternal Health Rights Campaign is being carried out in 17 districts of Madhya Pradesh in which many grassroots organizations and CBOs are participating. In this campaign a survey was conducted to assess the ground realities of health and nutrition services like village health and nutrition day (VHND), availability of equipments and services at village level-immunization, antenatal & post-natal care (ANC & PNC), Janani Shishu Suraksha Karyakram, Janani Suraksha Yojana and Rogi Kalyan Samiti (RKS). Then the findings of this survey from village level were compiled and analysed. The analysis clearly pictures the status of above mentioned services at field level. The analysed reports of the survey were shared with the community. It was decided that on the basis of the report and demand of the community for better health services from all the districts of Madhya Pradesh “jansamvad” (public dialogue) should be organised at Block/District and

State level so as to discuss the issues came out of the survey and its analysis as well as to put the demands through memorandum to make the services better.

## **DISTRICT JANSAMVADS**

### **1. District Jansamvad: Sehore**

**Process:** This Maternal Health Rights Campaign was carried out in Ichawar block of Sehore district. Sathiya Welfare Society carried out this campaign and under this, survey was conducted for 9 VHNDs, 18 beneficiaries of Janani surkasha yojna, 18 beneficiaries of janani shishu suraksha karyakram, 2 OPD patients and Rogi Kalyan Samiti. The findings came out were shared with community members and then a Public Dialogue was organized

**Venue:** Community Health Centre of Ichawar

**Date:** Public Dialogue was organized on 7<sup>th</sup> February 2014

**Participants:** Hon'orable MLA Shri Shailendra Patel, Block Medical Officer Dr. Sharma, Medical Officer, BCM Mr. Narendra Malviya, Supervisors (Health & WCD department) and other health department authorities, representatives from other CBOs & NGOs, Media persons, team member of Sathiya Welfare Society, Mr. Mahendra from CHSJ, Mr. Ajay from SATHI and community members were present in this Public Dialogue. In this public dialogue about 90 peoples were present out of which 47 were women.

### **Findings and Issues that emerged in Public Dialogue**

- Unavailability of medicines at Sub-centre, PHC and CHC
- Unavailability of iron supplements to adolescent girls
- ANC's are not done properly at village levels
- Discrimination in health is one of the major problem which hinders proper delivery of health services and among all women are the most excluded and discriminated ones. This discrimination sometimes becomes life threatening especially when women are going through the motherhood.

## **Official Response and Directives**

- Hon'orable MLA Shri Patel will raise the findings of survey in District Planning Commission's Meeting and assured that he will give his full support to make the health services better.
- The community members and Honorable MLA Shri. Patel gave the memorandum to the BMO D r. Sharma

Dr. Sharma said that he and his team are putting their best efforts to provide best health services of Ichawar. He will give his full cooperation and will try to resolve the issues if it is in his hands or will raise the issues with district and state authorities.

## **2. District Jansamvad: Chhindwada**

**Process:** This Maternal Health Rights Campaign was carried out in Tamiya block of Chhindwada district. 'Paramarth Samiti' was carried out this campaign and under this process survey was conducted for 29 VHNDs, 53 beneficiaries of Janani Surksha Yojna, 51 beneficiaries of janani shishu suraksha karyakram, The findings came out were shared with community members and then a Public Dialogue was organized at district level.

**Venue:** ParamarthSamiti' office hall

**Date:** January 30<sup>th</sup>, 2014

**Participants:**, Block Medical Officer, from Health & WCD department Shree Gandewal and other Medical Officers, Supervisors of health department authorities, representatives from other CBOs & NGOs, Media persons, team members of Parmarth Samiti, women groups from 8 village were present in this public dialogue.

## **Findings and Issues emerge in Public Dialogue**

- After institutional delivery, there is non-availability of government transport facility from hospital to home for deliver women and child.

- No information and awareness about health schemes and programmes provided from government health staff .
- Non-availability of Iron tablet to adolescent
- Require an appointment of ASHA worker and ANM to concern villages.

### **Official Response and Directives**

- Collective demand for better health services was given to district collector of Chhindwada.
- Medical officer promised he will take action on some issues and he want some time to work on long term issues.
- Action was taken on issue of appointment of ASHA worker and ANM in district Jansamvad.
- Block Medical Officer promised that he will personally look into the matter of denial of transport facility from hospital to home.

### **3. District Jansamvad : Anuppur**

**Process:** This Maternal Health Rights Campaign was carried out in Anuppur district. Holistic Action Research and Development (HARD) and other civil society organizations carried out this campaign. Research survey was conducted in 10 villages with beneficiaries of Janani surkasha yojana and beneficiaries of janani shishu suraksha karyakram, OPD patients and Rogi Kalyan Samiti members. The findings came out were shared with community members and then presented in this Public Dialogue.

Anuppur is one tribal district in Madhya Pradesh. Presently the situation of Malnutrition, Mortality rate of mother and child is very high and there is a high percentage of anemia among women. Today sixty percent of population do not have direct access of government health services in this district.

**Venue:**

**Date:** January 23, 2014

**Participants:** Hon'orable MLA Shri Ramlal Raotel, Medical Officer, Supervisors (Health & WCD department) and other health department authorities, representatives from other CBOs & NGOs, Media persons, Sushil Sharma and team members of HARD organization, Mr. Rakesh from Sathi and community members were present in this Public Dialogue.

### **Findings and Issues emerge in Public Dialogue**

- Major Data and finding presented from ten village of Komta and Anuppur development blocks
- There is no ANC and PNC check-up at the village level.
- Mis & Mal implementation of JSY and JSSK programme in these villages
  - No Transport (ambulance) facility to pregnant and delivered women form government hospital
  - Charging money for conducting child delivery in government hospital by hospital staff
  - There is no food facility available in hospital
- There is no well functioning of government health Call centres and referral centres
- Collective demands
  - dissemination of scheme information charts at all government health centre at all level
  - In all PHCs Female medical officer should be appointed for women check-up
  - Representation of civil society, NGO's Community member in grievance redressal cell

### **Official Response and Directives**

- Formal memorandum was given to government medical officer and Honorable MLA RamlalRaotel promised that he take the follow up of peoples health demands and he will work towardsfor fulfilling of those demands

### **4. District Jansamvad : Satana**

Improve the status of maternal and child health in India, as one of the goal decided in 2005 under National Rural Health Mission (NRHM). We have completed successful eight years of NRHM. However, mission has not reached to accomplish these goals in the context of maternal and child

health. The health services for maternal and child health in Madhya Pradesh did not change their basic nature. Maternal Health Rights Campaign emerged as response to this situation.

This Campaign carried out in Satana district. Ahasas and other civil society organizations such as Santosh Devi ManavVikas Sanstha, Gram SudharSamiti carried out this campaign in Satana District. Community based monitoring survey was conducted in Rampur, Naduond, Uchehara, Mazgavablock selected villages with beneficiaries of Janani surkasha yojana and beneficiaries of janani shishu suraksha karyakram, OPD patients and Rogi Kalyan Samiti members. The findings came out were shared with community members and then presented in this Public Dialogue.

**Venue:** Hotel Siddhant, Semriya circle, Satana, Madaya Pradesh

**Date:** February 11, 2014

**Participants:** Hon'orable MLA Shri Shankarlal Tivari, Reprehensive of CMHO ShriSatendra Singh, Medical Officer and other health department authorities, representatives from other CBOs & NGOs, Media persons, team members of Ahasas organization, and community members were present in this Public Dialogue. In this public dialogue about 103 peoples were present out of which 48 were women and 55 were men.

### **Findings and Issues emerge in Public Dialogue**

- Non - Functioning of Aganwadi and Sub centre at village level.
- Charging money for government transport facility (Janani express)
- Non residents staff at village and sub-centre level
- Government should take this community based monitoring process forward on issue of maternal health and other essential health services.
- Every government hospital should be well equip for maternal and child health care
- Appoint medical doctor on vacant post in government hospital
- Sub-Centre should provide list of pregnant and lactating mother of each village
- Special care should be given to high risk pregnant women. VHNSC

## **Official Response and Directives**

- Accepted memorandum for better health services by representative CMHO Shri Satendra Singh

## **State Level Jansamvad (Public Dialogue): Bhopal**

The findings through the community monitoring process and the district level public hearings on the situation of maternal and child health services as well the different gaps identified by the community in accessibility and availability of maternal health and related health services, charted out a way for a dialogue at a larger scale with the higher authorities in the state and as a result a state level public hearing was held in Bhopal.

**Place:** Bhopal, Gandhi Bhavan

**Date:** 19 February, 2014

**Time:** 10.00 – 16.00 hrs

**Process:** A state level public dialogue on Maternal Health and Health Rights in Madhya Pradesh held at Gandhi Bhawan, Bhopal on February 19, 2014 by the *Maternal Health Rights Campaign*, which is a coalition of civil society organizations working at the community level in different part of Madhya Pradesh and working across 18 districts.

Due to severe deficiencies in the public health delivery system and the reported inaccessibility of health services to communities in rural areas, people are deprived of the essential services. Women in need of maternal health services are still dependent on private institutions for these essential health services. The strengthening of the health services system is the need of the hour, as the essential health services have been reduced to a Village Health and Nutrition Day (VHND), which is one day per month in any given village.

In an effort to strengthen people's access to health services, civil society organisations in 13 districts of Madhya Pradesh, undertook a community monitoring process on maternal health services. This data was collected from 112 villages through interviews conducted with 212 women on JananiSurakshaYojana (JSY) and 224 women for Janani Shishu Suraksha Karyakram (JSSK), and interview with 92 respondents on the status of services being provided under Village Health and Nutrition Day (VHND). This data was compiled and analysed and report cards were formed. The monitoring process was facilitated through a two-day orientation on the maternal health situation to the field workers of 12 organisations from 13 districts.

Sharing of the district-wise report cards and its analysis was organised for all the organisations and their field workers on October 18-19, 2013. A two day 'Madhya Pradesh State Health Community Enquiry Data Sharing and Advocacy Planning Meeting' was conducted on October 18-19, 2013 at All India Catholic University Federation (AICUF) Ashram, Bhopal by Centre for Health and Social Justice (CHSJ) and SATHI (Support for Advocacy and Training in Health Initiatives) with the support from Society for Community Health Awareness Research and Action (SOCHARA). The meeting was aimed at data sharing and developing plans to ensure public accountability on maternal health rights.

Discussions were facilitated on district-wise report cards and regional action plans were drafted for Bhopal, Chambal and Rewanchal regions for advocacy on issues identified. A state coordination committee was also formed to take forward the "Maternal Health Right Campaign (MHRC)". The key aim of this campaign is community monitoring and advocacy for maternal health rights to strengthen the public health system. In the campaign 20 CSOs from 18 districts (Sidhi, Satna, Rewa, Shahdol, Anuppur, Morena, Tikamgarh, Bhind, Ashoknagar, Bhopal, Sagar, Vidisha, Raisen, Chhindwara, Betul, Hoshangabad, Guna, Sheopur) of Madhya Pradesh are associated.

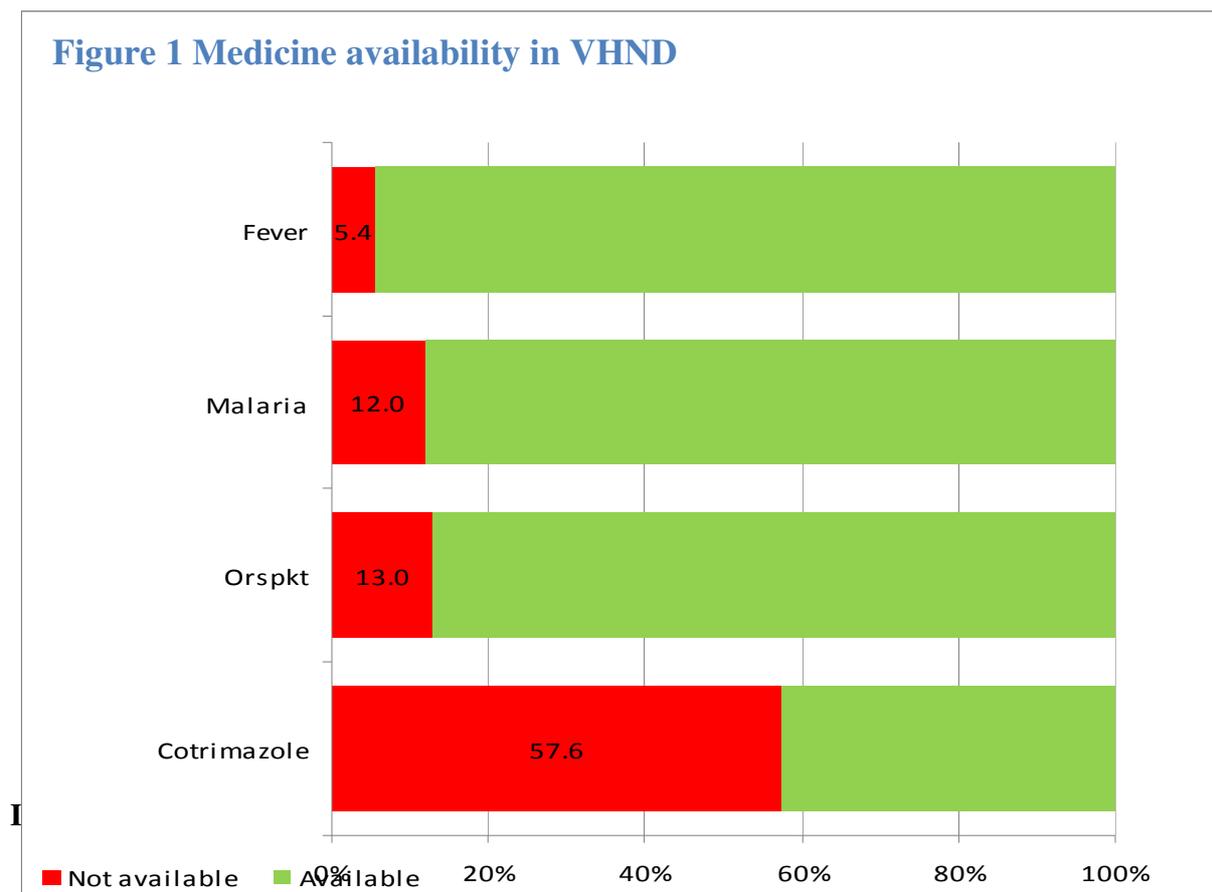
As part of the process, the community monitoring information is being shared with the communities in respective districts. In nine districts [Ichhawar (Sehore), Tamia (Chhindwara), Dhabora (Rewa), Gairatganj (Raisen), Aadhner (Betul), Anuppur, Shahdol, Satna and Sidhi] district health dialogues were already being held and the issues identified through the community monitoring process are being shared with health authorities for improving the quality of services. The authorities in the health department were told about the deficiencies identified during the community monitoring process and improvement in their delivery was demanded.

With the aim of presenting and discussing the findings from the monitoring process, and issues emerging out of the district level public dialogues with the state level senior health officials, a state level public health dialogue is being organised at Gandhi Bhawan, Bhopal on February 19, 2014. The larger goal of the campaign is to improve the access of community to maternal health services by improving the public health services. It is hoped that a space for community's voice will be created through this process and CSOs can further work on this accountability process to realise health rights for the most vulnerable communities in the remotest parts of the state.

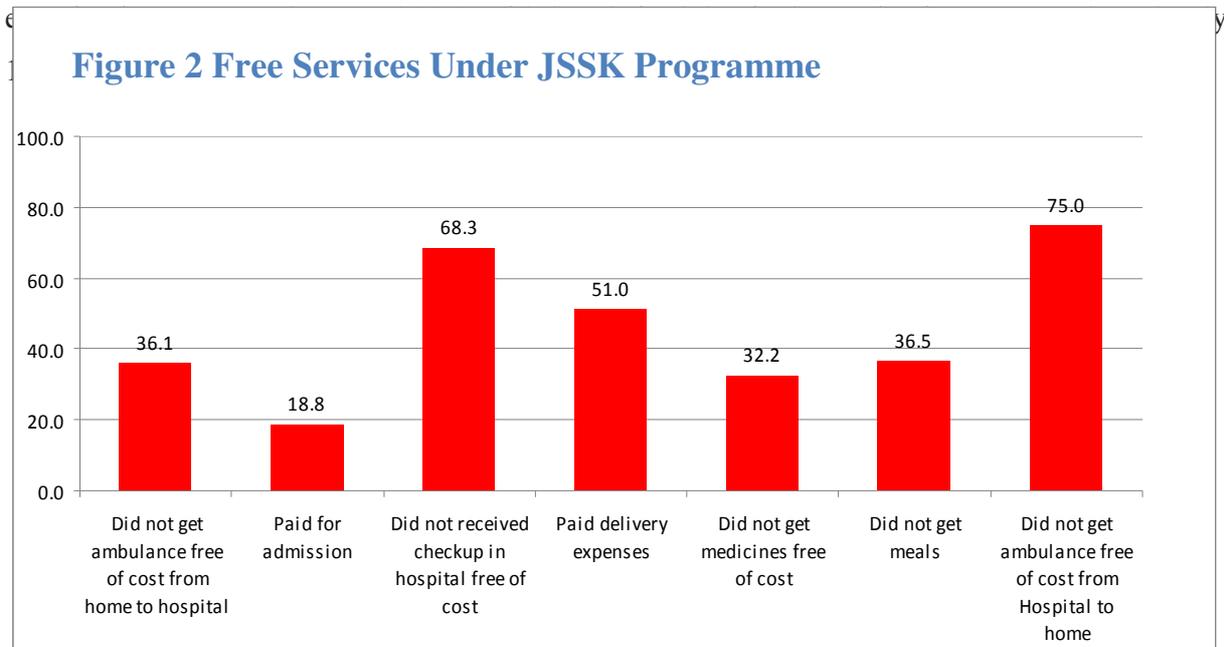
### SECTION -III

#### **Summary of Community Monitoring Data and Situation of the Maternal Health Rights in Madhya Pradesh**

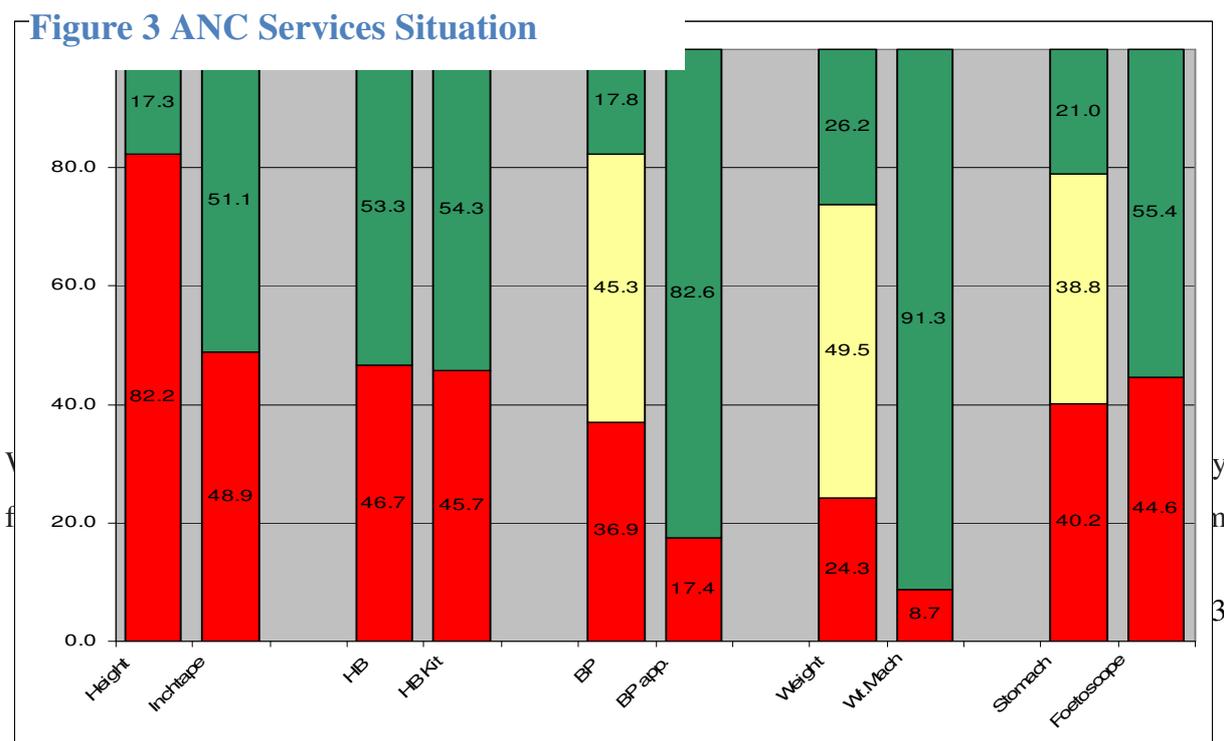
Observations done in 92 villages on the status of services being provided under Village Health and Nutrition Day (VHND) and interviews with 112 pregnant women on antenatal care (ANC) services revealed that 46% of places does not have blood testing kits and 82% centres do not conduct height measurements. There is unavailability of essential injections such as TT for pregnant women (82%), BCG (39%), and supplements of iron (12%), calcium (25%), zinc (65%), albendazole (40%) and ORS (13%).



Interviews conducted with 215 pregnant women, 36% women reported that blood pressure measurements were not being taken, 24% women were not weighed even once and only 50% reported weight measurements are conducted on 1-2 occasions. For 40% women abdominal



Interviews conducted with 208 women who are eligible under the JananiSurakshaYojana, 14% women did not receive any cheque and 19% of those women who received the cheque reported that they paid money to get the cheque.



hospitals to their homes. Similarly, 19% women had to pay for hospital admissions, 69% reported not receiving free check-up in hospital, 51% had to give money as donation to hospital staff at the time of delivery, 32% did not receive medicines and 37% reported not receiving food during hospital stay.

## **SECTION IV**

### **CASE STUDIES AND ORAL TESTIMONIES <sup>1</sup>**

Through the community monitoring process and the MHRC initiative, written testimonials as well oral narratives of the community were collated which reflect upon issues like how marginalized sections of the society are facing difficulties in realization of maternal health rights and how women of marginalized groups and their families face discrimination in accessing basic maternal health care and JSY benefits. The written narratives as case studies have been collected from nine districts of the state. There are 42 written case-studies which reflect thematically upon issues of maternal deaths (4 case studies), infant and child deaths (6), gaps in implementation of JSY and out of expenditure including corruption (8) and discrimination faced by marginalized women in accessing health services (10) and services at Anganwadis (15) respectively.

The objective of this collation, both written testimonials as well oral narratives was to capture the people's perspective and their needs on maternal and child health care services and this perspective would enable a constructive dialogue of the community with the health service system. The case studies discern an array of viewpoints and experiences of the community in interaction with different units of health like ANM's, ASHA's, sub-centers, PHC's and about the gaps in health infrastructure, disparities in health care provisioning at the health care centres, inaccessibility and inequities in ante-post natal care and absence of skilled expertise during delivery, besides problems of inaccessibility in JSY, social exclusion in JSY benefits.

---

<sup>1</sup> The detailed narratives of written case stories have been appended in Annexure –I

## CASE STORIES REPORT

Table1: District and number of written Case Studies

<b>Sr. No:</b>	<b>District</b>	<b>Case studies</b>
1	Baetul	02
2	Raysen	12
3	Chindwada	09
4	Mureina	05
5	Sidhi	01
6	Anuppur	08
7	Shahdol	02
8	Satna	01
9	Bhind	02

The above table lists out the number of districts from which case studies have been obtained and the number of case studies from each district. The largest number of case studies, 12 has been obtained from Raysen district, followed by 9 from Chindwada, 8 from Anuppur district. Five case studies are from Mureina district, and two each from Shahdol, Bhind and Baetul district, whereas one each from Satna and Sidhi districts.

**Table2: Type of Case Studies:**

	<ul style="list-style-type: none"><li>• Maternal Death</li><li>• Child Death</li><li>• Discrimination while accessing health services</li><li>• Lack of basic Infrastructures</li><li>• Informal payment during accessing free services</li><li>• Non-responsible behavior</li></ul> <p>Instructions for Case information and Testimonies collection</p> <ul style="list-style-type: none"><li>• Name and Identity of testimonies or victim should not revile</li><li>• Testimonies and case information will be used to get justice</li></ul> <p>The main purpose of this process is that, there will positive dialogue between health service system and community</p>
--	--

The above table attempts to provide an indexical view of the type of case studies which the narratives from the field are giving an insight into and the purpose of their collection. The case studies focus on variety of issues including maternal and child health, the social exclusion and discrimination faced while accessing the services, the situation of the health infrastructure besides cases of informal payments in free services and the non responsible behaviour of health service providers.

**Table 3: Case studies on Maternal Deaths**

Sr No	Age	District, Block PHC village	Circumstances and experiences	Consequence
Case 1	22	Betul, Multai, Pardhshigha	No timely care in PHC Verbal abuse by ANM Physical abuse by nurse	Died to due to negligence in PHC
Case-2	21	Chindwada, Tamiya, Dhulniya (vil)	Medical Officer was not present in CHC, delivery conducted by Nurse and Dai. , No timely care in CHC, No PNC services provided	Both Mother and Child died in CHC due to negligence in CHC <sup>2</sup>
Case 3	24	Bhind, Bhind Mahavir Nagar,	Admitted in Bhind district hospital for delivery Doctor demanded Rs.1000 before conducting delivery. After delivery her health condition	Died to due to negligence

<sup>2</sup> Both mother and child died in the case

			started deteriorating and referred to Gwalior. On the way patient died.	
Case-4	NA	Satna Shohaval, Adivashi (village)	admitted for family planning operation, Medical officer gave two anesthetic injections, patient went into unconsciousness, no proper operation conducted	Patient died due to the negligence of the Medical officer

The case stories outlined in the above table suggest four cases of maternal deaths in districts of Betul, Chindwada, Bhind and Satna which occurred due to lack of timely interventions and lack of proper medical care. In one case from Chindwada both the mother and child died post delivery. The maternal deaths highlight that the mothers who died due to lack of proper intervening health services were largely in the age of early 20's.

**Table 4: Case studies of Infant -Child Deaths**

Sr No	Age	District, Block PHC village	Circumstances and experiences	Consequence
Case 1	NA	Chindwada, Mohkheda Badgona,	Didn't get bed in hospital and mother was admitted on ground in hospital No timely care in hospital.	Child Died due to negligence in government health institution and inadequate medical care
Case 2	NA	Chindwada Mohkhed, Leelapur,	Child couldn't survive and after three days of her delivery the child was dead. She was not aware about the health services offered in the village and was not taking nutrition the Anganwadi	Child Died due to not having proper information of health services and services about food and nutrition from Anganwadi
Case 3	20	Bhind Ater, Bhahvashi,	called for Janani Express Service however didn't get any response from call centre Reached PHC by private vehicle where medical	Child Died due to negligence in government health institution

			<p>officer refused to admit and referred without ambulance services</p> <p>Later patient had taken treatment in private hospital</p>	
Case-4	22	Sidhi Tarmani (village)	<p>At the time of admission PHC was closed, No staff available for whole night, suffered for labor pain, next morning ANM conducted delivery, ANM and birth attendant took money (Rs 150) from patient to conduct delivery and gave discharge after birth.</p> <p>No PNC services provided</p>	<p>Child born dead due to not getting timely care, mother's health became severe due to negligence by the staff in PHC, has to access care from CHC and corruption of ANM and birth attendant.</p>
Case-5	NA	Anuppur, Sohara (Village)	<p>Delay in Janani express service, Neither ASHA</p>	<p>Delivery happened at home due to</p>

			nor Anganwadi worker accompanies the patient for delivery No proper treatment and suggestion at PHC, Have to access private vehicle	negligence by Medical officer at PHC, Child death after three days of delivery
--	--	--	---	---

The table above outlines six child deaths due to inaccessibility of health services and lack of timely maternal health care. One case of infant death has been taken from Table 3 where both the mother and child died, post delivery. The child death case studies in the above table are 3 from Chindwara, 2 from Bhind and one each from Sidhi and Anuppur.

**Table 5: Gaps in implementation of JSY, out of pocket expenditure and corruption**

Sr No	Age	District, Block PHC village	Circumstances and experiences	Consequence
Case- 1	NA	Anuppur, Aambad, Paltola (village)	Did not get transport facility (Janani Express service), Hired private vehicle (Rs.800), Nurse demanded charge fee (Rs.1600) for conducting delivery	Huge out of pocket of expenditure and corruption
Case-2	NA	Anuppur, Mau Village	No ANC/PNC services being provided in village, charge money for medicines and injections	out of pocket of expenditure and corruption
Case-3	NA	Anuppur, latgava (village)	no any ANC services being provided, ambulance driver charged fee for transportation, ANM charged fee for conducting delivery	out of pocket of expenditure and corruption
Case-4	NA	Anuppur, Murai (Village)	Not getting Janani Express service on time, Non availability of Blood in Dist. Hosp.	Suffered intense bleeding after delivery, No proper implementation of JSY services
Case-5	NA	Anuppur, Aambad, Bholapur	Abortion not conducted properly, Non availability of	Suffered for Intense bleeding, Out of expenditure

		(Village)	medicines, had to buy medicines from private store (Rs. 8000)	on medicines
Case-6	NA	Anuppur, Beragoan (Village)	couldn't get Janani express service due to heavy rain, PHC ANM demanded 500 rupees, Required Blood-Referred to Dist. Hosp.	No proper implementation of JSY services, Corruption by ANM condition of the mother started worsening due to intense bleeding
Case-7	NA	Shadhol, Bughar, Mohkhan (village)	Because of remote location faced difficulties in accessing Janani Express Services, No timely transport services available	Patient faced difficulties in accessing transport facility in critical condition
Case-8	NA	Shadhol, Revadi (village)	At the time of birth baby weight was less and was very weak so referred to Dist. Hosp. After three days of treatment baby passed away, After discharge no transport facility provided to the mother , Had to access state transportation for which they didn't have money	After delivery no proper PNC and transport facility was provided to the patient

The case stories in the table above, eight from different villages of Anuppur district and two from Shahdol district spell out details of difficult experiences in accessing the ante- and post natal care as well as JSY benefits. With evidences of corruption prevalent across the case studies, the stories highlight that the JSY beneficiaries largely had to make, out of pocket expenditure for availing transport services and medicines which could have been free under the JSY scheme for the marginalized groups. Besides this the health service providers have been demanding money for conducting deliveries.

**Table 6: Discrimination and negligence experienced by Dalit Women in health services**

Sr No	Age	District, block PHC	Circumstances and experiences	Consequence
Case 1	22	Baetul Amala, Pira,	No timely ANC and PNC Care to schedule caste community in village No registration by ANM or any health worker in village	Not eligible to get benefit of government health scheme such
Case 2	NA	Raysen Sonpur,	Faced lots of difficulties while accessing Janani Express service. She doesn't have bank account and she didn't receive any information about JSY scheme from the health workers.No information on opening bank account.	Delay in accessing health services The JSY could not be encashed
Case 3	NA	Raysen Ritapur,	The Village health committee sidelined the issues of health and sanitation of lower caste localities ASHA worker is from Dalit	Exclusion in health care access

			community but she doesn't have any power and voice in village health committee.	
Case 4	25	Raysen Aobedhullaganj, Riva,	discrimination on the basis caste took place in her life while accessing ANC/PNC health services by ANM and Anganwadi worker to face many difficulties in accessing JSY benefit Informal Charges for transportation	Exclusion in health care access at village and in public health institution Informal payment create burden on patient and family
Case 5	NA	Raysen Aobedhullaganj, Sohalapur,	No ANM appointed for Sohalapur Sub-centre Anganwadi is running in sub-centre Dalit Community women no informed about immunization in village	Not appropriate use of infrastructure
			Did not get JSY financial benefit after her delivery. health personnel's demanded five hundred rupees to issue the JSY bank Check. Charged informal payment charge didn't get Janani Express service form hospital to home after her institutional delivery. s for child delivery	Denial of JSY benefits Economic Corruption practices should be stop
Case 6	NA	Madhavpur,	Government trained Dai are	Marginalisation of

		Amarwada, Chindwada	not getting any financial benefit or incentives	workforce
Case 7	NA	Chindwada, Mohkhed, Solapur (village),	No any services provided to SC, ST and Muslims on VHND programme	Exclusion in accessing health services
Case 8	NA	Chindwada, Mohkhed, Jameera (village),	Village people practice untouchability towards ASHA worker as she belong to SC Community	People do not take services from her
Case 9	21	Murena, Samirabad, Rasulpur (village)	PHC staff practice untouchability towards class four worker as she belong to SC Community	Exclusion in participation
Case 10	NA	Murena, Aambad Sevasham (village)	VHND programme is being organized openly, No privacy maintained, No proper immunization conducted	Women do not go for health check up due to privacy issue

The 10 case studies in the above table, 4 from Raysen, 3 from Chindwara, 2 from Murena and 1 from Betul district reflect upon the social exclusion of women of marginalized groups including the Dalit, tribal and Muslim groups face in accessing the health services. The case studies largely reflect that the marginalized groups face denial of health services.

**Table 7: Discrimination, negligence and denial in Anganwadis**

Sr No	Age	District, block, village	Circumstances and experiences	Consequence
Case 1	NA	Raysen Gaeratganj Mira,	No any service provider such ASHA worker or Anganwadi worker for there village. No Anganwadi in village Other village Anganwadi worker discriminates to the Dalit children	Access of early education and nutritional food denial to schedule caste children
Case 2	28	Raysen, Aobedhullaganj, Poar	Anganwadi worker used Caste based remark when she asked about anganwadi services in her village	No Action
Case- 3	40	Raysen, Aobedhullaganj, Poar	Midday meal is served on paper to the child	After complaint to district CEO ] though serving now in plate but discriminatory behaviour of Anganwadi worker continues
Case- 4	27	Raysen Gaeratganj Kathapur,	Aaganwadi worker of Kathapur village do not give proper service and purposefully keeps away from accessing services to Dalit women and children.	Exclusion of dalit community from health services at village level

Case 5	27	Raysen Gaeratganj Ravalpur,	Anganwadi worker refused to give food because child did not come along with her mother.	Denial of health service entitlements
Case 6	NA	Raysen , Hempur,	the condition of Dalit and Muslim areas Anganwadis are appalling.	Complained to village panchayat but no action
Case 7		Raysen, Gaeratganj, Pampur	There is no Anaganwadi Centre in village Village Health and Nutrition Day (VHND) Programme has to be organized in open place There is no privacy in health check up due to which women and adolescent girl do not come for health check-up.	Lack of infrastructure Not men-tented right to privacy during women health check-up
Case 8	NA	Raysen Gaeratganj, Jinapur,	Anaganwadi worker and ASHA worker do not provide information about any health programme to the community people ASHA worker doesn't stay in village.	Affect health service delivery
Case 9	32	Chindwada Amarwada, Jokha,	Anaganwadi worker made Caste based comment to Dalit women while bring food along with her child in Anganwadi After that she stopped to go into the Anaganwadi Centre and she doesn't send her	Untouchability practice denial access of government service

			children to the Anganwadi.	
Case 10	NA	Jokha, Amarwada, – Chindwada	ASHA, Anaganwadi worker and panchayat members do not provide proper information to schedule tribe community	Not getting benefit of services
Case 11	NA	Sadana, Mohkhed, Chindwada	In village so many children are suffering from malnutrition. There is a need to identify the category of malnutrition and urgently required health treatment.	Not having proper information
Case 12	NA	Murena Aambad Sohankapura (village)	Mid day meal is prepared by self help group of women who belongs to lower caste community, Upper caste children do not eat food in anganwadi and in School	Discrimination and practicing untouchability affecting the services
Case-13	NA	Murena, Denapur (village)	discriminatory behavior in anganwadi centre towards Dalit community, No proper health services and health checkups provided to Dalit Community	Dalits are Excluded from accessing care in village and due to which they have to access care from long distance hospitals
Case-14	NA	Murena, Meva, (village)	discriminatory behavior in anganwadi centre towards Dalit community, No proper services	Dalits are Excluded from accessing care in village and due to which they have

			provided to Dalit Community	to access care from long distance hospitals
Case-15	NA	Anuppur, latgava (Village)	village anganwadi is not functional, No food and health services' being provided for children, ANM also charge money to conduct delivery	Unavailability of basic services in village, corruption by ANM staff

The above table briefly highlights 15 case stories, 8 from Raysen, 3 each from Murena and Chindwara and 1 from Anuppur districts. It outlines the reduced access of the marginalized sections to health care and the harassment faced by these sections in availing the health services. It outlines experiences of how discriminatory practices limit sections of society from accessing the health care.

## **ORAL NARRATIVES OF CASE STUDIES**

Apart from the written testimonies, nearly six oral narratives were also collected to further corroborate the community perspective and needs on the challenges faced in accessing maternal health care and related health services.

### **The overall issues put forwarded by analyzing different oral testimonies case stories:**

All these case stories evidently show that, people are willing- - to access public health services. It is the public health care system which failed to fulfill the basic health service needs and demands of the people. The failure has resulted to an extent that people are dying and it has been evident in Madhya Pradesh where maternal death, child death is being reported by different case stories, even though government introduced Janani Surksha Yojna to tackle this problem. Under this new scheme government has introduced financial incentives to mother for promoting institutional deliveries, ambulance services for mother and child and call centre to facilitate these services. However, these initiatives are less people friendly as marginalized sections of the people and people who stay in geographically remote locations face lots of difficulties while accessing and utilizing these services. Large sections of the society mostly who belongs to the lower social strata of society depends on these services. These case stories highlighted important issues of social discrimination in accessing public health services. Some major important issues are:-

- The public health infrastructure condition is very poor at all levels
- Rughna Kalayan Samiti (RKS) has important role to play for patient welfare but it functions only on paper not in practice.
- JSY beneficiaries not getting proper benefit under this scheme and had to spend more money on collecting documents for creating Bank account. There is also evidence that people had to pay informal charges to government staff
- Government ambulance drivers demanding money as a charge fee for using transportation facility to mother and child.
- People's primary preference is to contact with Sub Centre but it is not functioning well and as always it's been closed and in most basic facilities are not available.

- Medical Officers are not available at village level. They are not conducting visits to village.

Anganwadi centers are not functioning well as these centres's does not even have basic equipments to measure height and weight.

- In many villages VHND programmes not organized properly. In many cases it is being reported that there is no regular ANC -PNC check-ups being conducted by ANM.
- There have been many vacant posts in primary health centre and sub-centre.
- There is no privacy being maintained while conducting female check-ups.
- Primary health centre OPD timing should be changed it not people friendly.
- People are not getting proper advice and suggestions from medical staff at the time of institutional delivery or ANC- PNC check-ups due to which people have to face several difficulties while accessing and utilizing government transport facility (Janani Express). People do not get proper response from government 108 call centre
- Many villages are situated in remote areas who needs special attention and care.
- Many villages ASHA worker is not appointed as well as no any home visits is being conducted by ANM
- In many villages there has been reported caste based discrimination while accessing and utilizing health services due to which people have suffered a lot and hence many times stopped accessing these services.

## SECTION V

### **Responses from panelists and suggestions**

The panelists from different civil society organizations (CSO's) as well government functionaries discussed the issue of maternal health care and the different gaps in its accessibility and availability at the Jansamvads. This section surmises the responses, suggestions and views put forth by the CSO and Government representatives on the current situation and status of maternal health care in MP and different suggestions to reduce the gaps.

#### **1. Response and suggestions from CSO representative: Y K Sandya, NAMHHR, (National Alliance for Maternal Health and Human Rights )**

Y K Sandya, member of NAMHHR, which is a national network working for maternal rights, while addressing the panel stressed on the maternal health demands and needs of the people. She pointed out that one of the positive outcomes of National Rural Health Mission (NRHM) in Madhya Pradesh has been that the overall medicine availability has improved. However, while putting across her concern for maternal health situation in the state she pointed out some issues on maternal health like, hardly any ANC/PNC checkups are carried out at village level as well as at the PHC level. She added that, there has not been any significant change in the maternal death and care situation even after Badwani district fact finding report in 2010. Though efforts are being made to provide basic health care services to patients of lower income and lower caste group but unfortunately they are discriminated by health service system, she lamented. She highlighted that there are no free health services available as there has been an increase in the hidden informal payment system. While expressing her concerns, she stressed that the quality of iron tablet should improve. JSY beneficiaries do not get scheme reimbursement; they should get benefits on time without harassment. The levels of convergence with other health programme should be channelized properly and RKS is also not functioning well. RKS committees should be strengthened towards pro-community, pro- poor approach. Reflecting upon the inaccessibility problem in remote areas she suggested that Palkhi services can be started in such areas as these areas do not have ambulance accessibility. This will help to improve the 108 service.

## **2. Response and suggestions by government functionary: M Geeta –Director of NRHM, MP**

While responding in the Jansamvad as a panelist, Director of National Rural Health Mission in MP, M Geeta outlined that Madhya Pradesh was pioneer state which initiated the RKS experiment; however not much documentation of the RKS experiment is available. “Though NRHM has increased availability of resources; however we do have problems in utilization pattern of resources,” she said. We need more community based counseling. The director NRHM added “We have developed quality check mechanism for medicine as well have developed software mechanism to trace individual maternal cases and their progress.” She said that letters had been already sent to various banks to open JSY beneficiaries bank account on zero balance.

## **3. Response of Consultant of MP Health TAST group: Dr Aboli Gore**

Consultant of Madhya Pradesh Health TAST Group, Dr. Aboli Gore stressed on the need of people’s involvement in the health service delivery. She said, “Without people’s involvement health service delivery will be not succeeding, it always has to be associated with the people.” She highlighted that it was important to strengthen public health services delivery. “Community based monitoring of maternal health is a watchdog process and it has been instrumental in identifying the gaps and problems in services delivery,” she said. Though NRHM has provided space to the community to put forward their demands, however this initiative is in a developing stage, she added. Dr Gore stressed that MP TAST group realized and fully acknowledged people’s maternal health demands, which had been put forward by CSO representative Sandhya of NHMRC and the campaign organizations. “It has been a challenging task for us also, as we too face many difficulties in managing the health services system. We need support of the civil society support to overcome through these challenges,” she said.

At the end of session community representatives gave memorandum to mission director of National Rural Health Mission Madhya Pradesh and vote of thanks was given by Dr. H. B. Sen

## SECTION VI

### Campaign Forward

The participants discussed about the process so far and deliberated upon the future strategy and enumerated some points on how the campaign should be taken forward. The highlights of the discussion are as follows:

- The significance of collective campaigning was stressed upon to take the campaign forward.
- The significance of organizing women in a collective and creating awareness among them about their rights on health and monitoring of their rights was stressed upon as a way to take the campaign forward. The need of organizing women, especially the women from lower social strata of the society because they are the most marginalized and disadvantage sections of the society was also highlighted upon.
- The technical capacity building role of civil Society organizations and Non- Government Organizations was also stressed upon to take the campaign forward. Besides this the engagement of PRI members lath issues was suggested.
- Involvement of media to build lager pressure on health system was highlighted upon.
- The significance of case follow-up plan after Jansamvads was also suggested besides conducting district wise follow up meetings.
- Realizing the limited outreach of the current CBM of maternal health care processes, engagement and involvement of other civil society organizations and Non- Government Organizations from other districts of the state was significantly stressed upon.
- The significance of organizing district level meetings by all organizations to discuss village level plans was suggested.
- To facilitate sharing of experiences and learning from each other, arrangements of inter organization workshop were suggested.

## ANNEXURE-I

The Annexure-I spells out the written narratives of the case stories that emerged from the field surveys in the community monitoring process.

### Case -1

**Mother Name-** Sunanda Bokhade, **Age-** 22, **Date of Death** – 31/05/2013, **Name of Husband** – Deventra Bokhade, **Village** – Pardhshigha, **Block** – Multai , **District** – Baetul, **Case story taken by:** Ramlal on 7/8/2013.

**Description:** The death of Sunanda occurred on 31/5/2013 in Multai CHC during her delivery at 7:30 PM. This was the first delivery of Sunanda. With the help of ASHA worker she could access Jannai Express facility from her native place from Biroli to Multai CHC hospital. She was admitted at 3:00 PM and at the time of evening (6:00 PM) she started labor pain. Nurse and Medical officer said that she will have a normal delivery. However, when sunanda started intense labor pain ANM used abusive language to her and she was also beaten up by nurse. During intense labor pain half baby was out however she couldn't deliver the baby and at that time the nurse pushed out the baby due to which Sunanda suffered a lot and started huge bleeding. They tried to stop the bleeding however they couldn't stop the bleeding. At 7:30 PM she passed away. Medical officer reported due to lack of blood in her body she passed away. But, Sunanda's family member claim that her death occurred due to the negligence of nurse and medical officer. The family member said that if the doctor would have suggested us on time then we could have saved her.

### Case -2

**Mother Name-** Pujabai, **Age-** 22, **Village** – Pira, **Block** – Amala, **District** – Baetul

#### **Description:**

Pujabai belong to schedule caste community, during her pregnancy she had two times immunization however she was not aware that her name has been registered as pregnant mother or not. There was not a single test happened during her pregnancy. She is not having ration card

and when asked about Gram Panchayat then she said that I don't know anything about Gram Panchayat because from our family no body goes to the Gram Panchayat.

### **Case – 3**

**Name-** Kamlabai, **Village** – Mira, **Block** – gairatganj, **District** – Raysen

**Description:** Kamaltai is a Dalit community representative who explained the major problems of the Dalit community. She said that there are no any services provided in their village as there is no Anganwadi or there is no any service provider such ASHA worker or Anganwadi worker. If people want to access any services such as Anganwadi or ASHA worker they have to walk till 3 K.M away. Moreover even if children go to the Anganwadi, the Anganwadi worker discriminates to the Dalit children. They do not give food packets into the hands of Dalit children. They throw away the food or roti as if it is given to the animal. They do not even speak properly to the Dalit children. Kamlabai tried to bring into notice the problems however service provider scolded her up. At the time her (Kamaltai) own delivery the Janani Express didn't come and she has to go by bus.

### **Case – 4**

**Name-** Lekhabai, **Village** – Sonpur, **District** – Raysen

**Description:** President of midday meal scheme of Sonpur village explained the incident of Lekhabai. Lekhabai was pregnant and at the time of delivery called for Janani Express service to admit her for institutional delivery in government hospital. Due to some reasons ASHA worker couldn't accompany her and hence president of midday meal had to accompany the Lekhabai. They faced lots of difficulties while accessing Janani Express service. After institutional delivery Lekhabai got 1400/- rupees cheque under JSY scheme. However, she couldn't avail this financial benefit because she doesn't have bank account and she didn't receive any information about JSY scheme from the health workers.

### **Case – 5**

**Name-** Neemabai, **Village** – Ritapur, **District** – Raysen

**Description:** The Village Health Committee of Ritapur village is constituted by upper caste representatives. There is no any representation from Dalit community. In a meeting Ramabai and Shamabai who are from Dalit Community tried to report the problems of the Dalit community regarding health and sanitation issues. However, the committee sidelined the issues of health and sanitation of lower caste localities. ASHA worker is from Dalit community but she doesn't have any power and voice in village health committee.

#### **Case No- 6**

**Name-** Sonabai, **Age** – 25, **Village** – Riva, **Block** – Aobedhullaganj, **District** – Rayzen

**Description:** - Sonabai is from scheduled caste community and she explained the kind of discrimination on the basis caste took place in her life while accessing health services. She is having four children. She reported that, her report card was not been prepared by ANM. She visited PHC two-three times for pregnancy check up but nobody checked up. There was no any ANC and PNC check-up took place with her. Only two time immunization happened with her last delivery. She didn't get food during her pregnancy by village Anganwadi Centre. Her children don't go to Anganwadi. She explained one incident that her child was ill and she took her child and visited PHC. However, nobody didn't even touched or checked her child, only gave two medicines. Child didn't recover with these medicines so had to visit private doctor who charged Rs.100 for check up. She reported that her delivery happened at home with the help of Dai. After delivery she went into unconsciousness. Her husband took her PHC on bicycle to get JSY benefit. He got Rs.1250 cheque however he had to pay Rs.400 to the PHC and they took it in the name of transport expenses. The other women from the village also reported that they had to face many difficulties in accessing JSY benefit from the health services. There is lot of corruption is going on.

### **Case No- 7**

**Name-** Medhabai, **Age:-** 28, **Village –** Poar, **Block –** Aobedhullaganj, **District –** Raysen

**Description:** - Anganwadi worker used Caste based remark to Medhabai when she asked about anganwadi services in her village

### **Case No- 8**

**Name-** Radhabai, **Age:-** 40, **Village –** Poar, **Block –** Aobedhullaganj, **District –** Raysen

**Description:** - Radhabai is from schedule caste community and her children are taking education in government primary school, where Mid Day Meal scheme is running. Radhabai's children always compliant to her about the behavior of the school teacher and they were serving the food on paper. She complained about this to the district CEO. The school teacher started giving food on plate however their behavior didn't change.

### **Case No- 9**

**Name-** Hetabai, **Age:-** 27, **Village –** Kathapur, **Block –** Gaeratganj, **District –** Raysen

**Description:-** Hetabai reported that Anganwadi worker of Kathapur village do not give proper service and purposefully keeps away from accessing services to Dalit women and children. Her behavior is discriminatory towards Dalits.

### **Case No- 10**

**Name-** Laximibai, **Age:-** 27, **Village –** Ravalpur, **Block –** Gaeratganj, **District –** Raysen

**Description:-** Community meeting took place in the Ravalpur Village where Laximibai reported her incidence. She went with her grandson in Anganwadi to get food. But Anganwadi worker

refused to give food because child didn't come along with her mother. Anganwadi worker do not behave similarly with other people in village.

#### **Case No- 11**

**Name-** Keshabai, **Village** – Hempur, **Block** – Gaeratganj, **District** – Raysen

**Description:-** This village has total four Anaganwadis. There are two Anganwadi's where most of the Dalit and Muslim children come. However the condition of these Anganwadis are appalling. Number of times village women have given application to village Panchayat to develop the Anganwadi. However, there is no any efforts took place in changing the state of Anganwadi.

#### **Case No- 12**

**Name-** Minaabai, **Village** – Pampur, **Block** – Gaeratganj, **District** – Raysen

**Description:-** In Pampur village most of the population belongs to schedule Caste and schedule tribe. There is no Anaganwadi Centre in village due to which the Village Health and Nutrition Day (VHND) Programme has to be organized in open place. There is no privacy in health check up due to which women and adolescent girl do not come for health check-up.

#### **Case No - 13**

**Name-** Rekhaabai, **Village** – Jinapur, **Block** – Gaeratganj, **District** – Raysen

**Description:-** The Dalit community members reported that Anaganwadi worker and ASHA worker do not provide information about any health programme to the community people. ASHA worker doesn't stay in village. Only whenever there is delivery case then only she comes and takes the case on record otherwise no information is being provided by her.

**Case No- 14**

**Name-** Kusumlata, **Village** – Sohalapur, **Block** – Aobedhullaganj, **District** – Raysen

**Description:-**There is one sub-centre in Sohalapur Village however there is no ANM. Anganwadi is running in sub-centre. Dalit Community women informed that whenever there is immunization is taking place they do not inform on time moreover even if Dalit women goes they give immunization at the end. Kusumlata told her incident that, she didn't get JSY financial benefit after her delivery. Rather she was being demanded from health personnel's for five hundred rupees to issue the JSY bank Check. She gave 700/- to Dai and Nurse during child delivery. Also she didn't get Janani Express service form hospital to home after her institutional delivery.

\*\*\*\*\*

**Case No- 15**

**Name-** Mamata, **Village** – Badgona, **Block** – Mohkheda, **District** – Chindwada, **Informant:** - Hemraj

**Description:-** Mamata belongs to BPL family. Her husband is working as agricultural worker in village. The incidence is that, Mamata was pregnant and after completion of nine months she started delivery pains at night and hence family members called for Janani Express service. The ASHA worker reached in hospital on the next day. She was admitted in Chindwada District Hospital at night 1:30 am. However she didn't get proper bed in hospital. She was admitted on ground in hospital. Later on doctor did medical examination and gave her injection to increase the labor pain. Doctor told her family members that there is nothing to worry and in the morning she will have normal delivery. Mamata suffered for labor pain for whole night however she couldn't deliver in the morning. The family members told to the doctor then the doctor again checked her and again gave her injection to increase the labor pain. Till 3 pm she had labor pain but couldn't deliver then again family members told to the doctor and then doctor checked it and after that she delivered at 4:30 pm and the baby was born dead. The weight of the baby was three and half kg. Doctor explained that baby has passed stools in the uterus so couldn't survived. The doctor blamed to the woman that it was her fault that at the time of delivery she didn't try much

to push the baby that's why she lost her baby. After delivery Mamata required blood unfortunately, her blood group didn't match with other donors soon after that she was dead.

#### **Case No- 16**

**Name-** Suman, **Age-** 32, **Village** – Jokha, **Block** – Amarwada, **District** – Chindwada

**Description:-** Suman belongs to a schedule caste community. She told her incident that once she went inside into the anganwadi to bring food along with her child. At that time Anganwadi worker made Caste based commentd to suman. After that she stopped to go into the Anaganwadi Centre and she doesn't send her children to the Anganwadi. She also faced lots difficulties to fill drinking water form community well. Upper caste people practice untouchability while serving water from community well.

#### **Case No- 17**

**Name-** Prabhawati, **Village** – Jokha, **Block** – Amarwada, **District** – Chindwada

**Description:-** Prabhavati belongs to the schedule tribe community. She told that, ASHA, Anganwadi worker and panchayat members do not provide proper information to her. Because of poverty she needs to take food from the PDS shop however she doesn't have rashan card and without rashan card the PDS shop keeper do not give food. She gave five hundred rupees to PDS shop keeper to make rashan card as he aksed for that and said it is a fee to make rashan card.

#### **Case No- 18**

**Name-** Jankibai, **Village** – Madhavpur, **Block** – Amarwada, **District** – Chindwada

**Description:-** Janakibai is traditional midwife and belongs to schedule caste community. She explained that we Dai helped to many women to deliver baby. The born children when they grow used to respect us even though they belong to the upper caste families. Government started new

training for Dai and it was good that I also took that training and I learn many new things through that training. However returning to village government appointed new ASHA worker under NRHM in village and she belongs to upper caste family. The government gave us duty to work in the PHC. However there are many problems as many times we do not get money and the AHSA worker doesn't even help at the time of delivery and government is giving money to her.

#### **Case No- 19**

**Name-** Bhagvatibai, **Village** – Leelapur, **Block** – Mohkhed, **District** – Chindwada

**Description:-** Bhagvatibai is poor and belongs to Schedule caste community. Her child couldn't survive and after three days of her delivery the child was dead. She was not aware about the health services offered in the village. She was not taking food from the Anganwadi as she was not aware about it and nobody provided any information about the health service and the Anganwadi services to her.

#### **Case No- 20**

**Name-** Sohana, **Village** – Sadana, **Block** – Mohkhed, **District** – Chindwada

**Description:-** In my village so many children are suffering from mal-nutrition. There is a need to identify the category of malnutrition and urgently required health treatment.

#### **Case No- 21**

**Name-** Kalabai, **Village** – Solapur, **Block** – Mohkhed, **District** – Chindwada

**Description:-** In our village people from schedule caste, Schedule tribe, Muslim are not getting health services on VHND day and these services are reaching only to the influential people.

### **Case No- 22**

**Name-** Rupabai, **Village** – Jameera, **Block** – Mohkhed, **District** – Chindwada

**Description:-** Rupabai appointed as ASHA worker for Jameera village and she belongs to a schedule caste community. She told, despite the fact that she is working for people in the village they practice untouchability with her as not co-operating with her, people doesn't enter into her house and even many times do not take services from her.

### **Case No- 23**

**Name-** Kavita, **Age-** 21, **Village** – Dhulniya, **Block** – Tamiya, **District** – Chindwada,  
**Informant:** - Saroj

**Description:-**Kavita belonged to ST Community and the Village Dhulniya is mostly dominated by ST people. Kavita started her labor pain and was admitted in Tamiya CHC for institutional delivery. The Tamiya CHC is 8 km away from the Dhulniya village. She admitted at 10 am in the morning. At the time of admission there was no medical officer to attend her. There was only one nurse and Dai present. They attended her. At 2 pm Kavita started intense labor pain at that time nurse gave her injection and later on at 6.30 pm she could deliver a baby. Delivery was conducted by nurse and Dai. There was no medical officer. The baby was alive and nurse kept the baby under light. Then nurse attended other case in CHC. However in few time Kavita was dead and this was being noticed by her family member as she was not responding at all. After that nurse checked her and declared that she is passed away. The nurse went and checked the baby as well and then it was realized that the baby is also passed away. Then nurse called up to medical officer. Immediately doctor came and declared both of them are passed away. Kavita's family member claimed that it was medical officer's negligence due to which both of them passes away.

Kavita's family member tried to register police compliant against the doctor. They faced lots of problem to register compliant. However the police people didn't register complaint. Kavita's family members took the body and went from the CHC. Next day the 25 village people came to

the police station to register a complaint. Because there was a pressure from the village people, police registered a complaint. Four days later police came to postmortem kavita's body

Anaganwadi worker reported that kavita did her all ANC check up and she completed iron tablet course and after the completion of her nine months her weight was 46.5 KG. This was her first delivery. All village people claimed that it was only because of the negligence medical officer both of them passed away.

\*\*\*\*\*

#### **Case No- 24**

**Name-** Minavati, **Age-** 21, **Village** – Rasulpur, **Block** – Samirabad, **District** – Murena, **Informant:** - Saroj

**Description:-**Meenavati work as class four worker in Rasulpur PHC. She reported that PHC staff and others practice untouchability with her as they do not drink water from her because she belongs to schedule caste community.

#### **Case No- 25**

**Name-** Rajpal, **Village** – Sohankapura, **Block** – Aambad, **District** – Murena, **Informant:** - Saroj

**Description:-** In Sohankapura village there is a Primary School and Anganwadi centre. Midday meal scheme is running in Primary School. At both places means in Anganwadi centre and in primary school food is prepared by self help group of women who belongs to jatav and chamar caste community. Upper caste children do not eat food in anganwadi and in school because the food is prepared by lower caste women.

**Case No- 26**

**Name-** Rajgopak, **Village** – Sevasham, **Block** – Aambad, **District** – Murena

**Description:** - VHND programme is being organized on open ground so there is no privacy being maintained during health check-up due to which women doesn't do their health check up. Even the immunization is not being conducted properly.

**Case No- 27**

**Name-** Prem Prakash Valmiki, **Village** – Denapur, **District** – Murena

**Description:-** In Denapur village there is discriminatory behavior in anganwadi centre towards Dalit community. These people belong to the 'Valmiki' caste. In this village health services and health checkup is not being provided for Dalit women due to which these women have to access health services from Abrah Hospital.

**Case No- 28**

**Name-** Ramkumar, **Village** – Meva, **District** – Murena,

**Description:-** There is discriminatory behavior in anganwadi centre towards Dalit community. In this village health services and health checkup is not being provided for Dalit women due to which these women have to access health services from Abrah Hospital

\*\*\*\*\*

**Case No- 29**

**Name** – Jayntibai, **Age** – 22, **Village** – Tarmani, **District** – Sidhi

**Description:** - Jayntibai started labor pain in mid night at 1:00 am. Jayntibai and her relatives took her to Jagirabad PHC with ASHA worker by accessing Janjani Express facility. When they reached at PHC at that time it was locked. There was not a single health service staffs available

in PHC. One old person who works as watchman opened the door of PHC. Whole night no one turned up to check health the health condition of Jayantibai.

At morning 7:00 am ANM attended her and gave one injection. Afterword jayantibai delivered a child who born dead. For conducting delivery ANM and traditional birth attendant took 100/- rupee and 50/- rupees respectively. Later on they gave discharge without providing any vehicle to drop the mother from PHC to home.

At home Jayantibai's health condition became severer. She became weak due to intense bleeding. looking at her condition family members wanted to admit her in hospital hence they called up 108 for ambulance service but they didn't get ambulance as soon as possible. They got it in evening at 4:00 PM. Later on they admitted her in CHC Mazoali. She was admitted for two days and got the whole treatment. Gradually her health condition became well. After discharge she came home by private vehicle.

\*\*\*\*\*

#### **Case No- 30**

**Name-** Leena Beaga, **Village** – Paltola, **Block** – Aambad, **District** – Anuppur

**Description:-**Leenabai did not get Janani Express for her child delivery. She hired private vehicle to reach CHC kotma which cost her 800/- rupees. After conducting delivery nurse asked rupees 1600/- as charge for conducting delivery. Nurse made a condition she will give discharge only after paying charge to her. Leena's husband sold rice in market to give a charge fee to nurse and got discharge form government hospital.

#### **Case No- 31**

**Name-** Ramkali, **Village** – Mau, **District** – Anuppur

**Description:-**Ramkali reported that in her village there is no ANC/PNC services being provided and they charge money for medicines and injections.

**Case No- 32**

**Name-** Keshriya, **Village** – latgava, **District** – Anuppur

**Description:-** Keshriya bai reported that in her village anganwadi is not functional. There is no food and health services' being provided for children. ANM also charge money to conduct delivery.

**Case No- 33**

**Name-** Miramati, **Village** – latgava, **District** – Anuppur

**Description:-** Miramati reported that in her daughter in law case there was no ANC check-up conducted such as no any height-weight check-up, urine testing, blood testing, immunization was conducted during her pregnancy period. ANM also charged Rs. 400/- for conducting delivery and ambulance driver charged Rs. 200/- for transportation.

**Case No- 34**

**Name** – Chunnibai, **Village** – Murai, **District** – Anuppur

**Description:-** Chunnibai reported that in her daughter in law case they called for Janani Express service to admit her for institutional delivery however it didn't turned up, so they called on 108 to get ambulance service to reach PHC. After admitting at PHC she delivered a baby but she suffered because of intense bleeding. She required blood so doctor referred us to the Anuppur District Hospital however there was also no blood available.

### **Case No- 35**

**Name-** Seeta, **Village** – Bholapur, **Block** – Aambad, **District** – Anuppur

**Description:-** Seeta had an abortion during six month of pregnancy. She was suffering for intense after her abortion. Day by day Seeta became weak and her health condition started worsening. Later she was admitted in Anuppur district hospital for treatment. Over there she got proper treatment as the doctor cleaned her uterus and they said that she would have been died if she was not being admitted today. However there were no medicines available for Seeta's treatment as there was a shortage of medicines in the hospital. They had to buy medicines from private medical store which cost them Rs.8000.

### **Case No- 36**

**Name-** Champabai, **Village** – Beragoan, **District** – Anuppur

**Description:-** Champabai started labor pain at mid night 12:00 am. It was a monsoon season she couldn't get Janani express service due to heavy rain and the Kevai River was overflowing on the bridge which a main way to CHC. Hence, she was admitted in Primary health centre Bijuri. She delivered a baby girl. In PHC ANM demanded 500 rupees for conducting delivery. The condition of Champabai started worsening due to intense bleeding and she required blood. She was being referred to Anuppur District Hospital. After admitting in CHC doctor gave her blood and after that her health condition became good.

### **Case No- 37**

**Name-** Kalavati, **Village** – Sohara, **District** – Anuppur

**Description:-** VHND village meeting was conducted on 01/10/13, in this meeting Kalavati explained her incidence which took place during her delivery. Kalavati was pregnant and she started sudden labour pain on 11.09.2013 at 9 am. Her husband called for Janani express service which reached after one hour. They reached at Primary Health Centre by Janani Express. However neither ASHA nor Anganwadi worker came along with her. At PHC medical officer examined kalavati's pregnancy status after examination doctor and nurse told kalavati that her

delivery will take more 8 -10 days. So they gave discharge to her. They reached at home by private vehicle. When they reached home she again started labor pain and suffered for whole night. Next day at morning 8:00 am she delivered a baby girl at home. The baby looked so weak and after delivery she didn't cry. After passing three days the baby girl passed away.

\*\*\*\*\*

### **Case No- 38**

**Name-** Kavita Singh, **Village** – Mohkhan, **Block** – Bughar, **District** – Shadhol

**Description:-**Kavita started her labour pain at mid night 12.00 am. The village location is remote area due to which she had difficulties in accessing Janani express service. Moreover the ASHA worker doesn't stay in her village. She stays 45 KM way from her village. So one village member called all the near by locations 108 ambulance service after which Kotma 108 ambulance service reached to the village, after which she admitted in Anuppur District Hospital. It was critical period for kavita and she had lots of difficulties for accessing transport.

### **Case No- 39**

**Name-** Sumankali, **Village** – Revadi, **District** – Shadhol

**Description:** - In a village meeting Sumankali explained her incidence which happened during her delivery. When she started her labor pain anganwadi worker called for Janani express service and admitted in Primary Health Centre Keshvahi. She delivered a baby girl who was very weak and at the time of birth her weight was less. Looking at the baby's condition doctor referred them to Shadhol District Hospital. After admitting in district hospital continues three days treatment was going on child. However there was no any development in the health condition of the child and on third day she (baby girl) passed away. There was no any vehicle provided for them from hospital to home. Her husband didn't have money so they walked from hospital to the bus stand. They came via state transportation bus with that baby girl who was dead. However they didn't have money to pay for bus ticket so Sumankali gave her '*Payal*' to bus conductor.

\*\*\*\*\*

**Case No- 40**

**Name-** Pooja, **Village** – Adivashi, **Block** – Shohaval, **District** – Satna

**Description:-** Pooja was admitted for her family planning operation. Medical officer gave her an anesthetic injection to conduct operation. However, she couldn't go into unconsciousness so the doctor again gave her anesthetic injection. After that she went into unconsciousness mind and the doctor conducted operation. However after operation Pooja couldn't come into conscious mind. She was being referred to district hospital and over there she found dead. Medical officer pressurized pooja's husband and the doctor gave him money so that it won't become an issue.

\*\*\*\*\*

**Case No- 41**

**Name-** Buridevi, **Age** – 20, **Village** – Bhahvashi, **Block** – Ater, **District** – Bhind

**Description:-** Buridevi started her labour pain on 15/06/12. Her husband called for Janani Express Service however he didn't get any response. Later he had to hire private vehicle and he hired tractor for transportation from home to PHC khup. They reached PHC where medical officer refused to admit her and told that he has to admit her in district hospital. Her husband asked to the doctor for referral paper and for ambulance service. However doctor gave referral paper but didn't provide ambulance service. So her husband went to Bhind district hospital by using the same tractor. After admitting in Bhind district hospital doctor examined her and referred to Gwalior. They told to her husband that her health condition is very serious and have to admit at Gwalior as soon as possible. So they went to Gwalior and admitted her in Maheshawari Nursing Home. Over there at night she could deliver a baby girl who died after three hours. The health condition of the mother was so poor due to intense bleeding and she also passed away in the same Nursing home.

**Case No- 42**

**Name-** Renu devi, **Age** – 24, **Village** – Mahavir Nagar, **Block** – Bhind, **District** – Bhind

**Description:-** Renu devi when started her labour pain her husband admitted her in Bhind district hospital for delivery. After admitting her in hospital her husband asked to the doctor is there anything to worry, or is there everything ok then the doctor responded that there is nothing to worry about it and she will have normal delivery. The doctor demanded 1000 rupees before conducting delivery. At evening 5.00 pm Renudevi gave birth to a child. After delivery her health condition started deteriorating and hence doctor had discussion amongst themselves and then they referred her to Gwalior. On the way Renudevi died.

## ANNEXURE - II

### List of Organizations

## ANNEXURE - III

### Glossary

NRHM- NATIONAL RURAL HEALTH MISSION

CHSJ, - CENTRE FOR HEALTH AND SOCIAL JUSTICE

SATHI

SOCHARA

CBM-COMMUNITY BASED MONITORING

JSY- JANANI SURAKSHA YOJNA

JSSK- JANANI SHISHU SURAKSHA YOJNA

ANC &PNC- ANTE NATAL CARE & POST NATAL CARE

ANM- AUXILLIARY NURSE MIDWIFE

JSA-

MHRC

G.S.S

JADS

CHC

PHC

VHND

MO

RKS

CBO

WCD

BCM

NGO

BMO