Promoting Accountability for Maternal Health through Report Card

Experiences from two blocks of Dahod district, Gujarat, India

Experiences from two blocks of Dahod district, Gujarat, India delineate how Social Accountability mechanisms on quality of maternal health such as maternal health monitoring tools and Village Health and Nutrition Day monitoring check lists can increase the awareness of community women on maternal health and health entitlements.

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Introduction

SAHAJ and ANANDI have initiated a collaborative project ‘Enabling Community Action for increasing Accountability for Maternal Health’ since 2012 in four Primary Health Centres of two backward and inaccessible blocks of Devgarh Baria, in Dahod district and Gogambha block in Panchmahals district respectively, covering 25 villages each. The project has two objectives: To enable communities to monitor accessibility and quality of maternal healthcare through use of ‘safe delivery’ indicators; and to equip communities with skills of identifying and reporting maternal deaths. And based on these interventions hold dialogues with healthcare providers and district health officers to make the health system more responsive and accountable.

This article lays out in detail the results of the community monitoring process on the quality of maternal health in one of the two project districts.

The Context

Dahod is one of the most backward districts in the developed state of Gujarat. It is dominated by tribal population. Majority of people have small land holdings and migrate to urban areas in search of employment and work either as farm labourers or at construction sites. The tribal population is huge as 72.3 percent relative to state average of 31.5 percent\(^1\). According to

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\(^1\) Census 2011
District Level Household Survey (DLHS) - 3, only 42.7 per cent of pregnant women in Dahod were registered in the first trimester of pregnancy compared to the state average of 52.3 per cent and only 46.5 per cent had at least three antenatal checkups relative to the state average of 54.8 per cent.²

The Accountability Process

Situational Analysis

The situational analysis was conducted by the ANANDI team in both the blocks. The analysis revealed that Village Health and Nutrition Day (VHND) called Mamta Divas in Gujarat, was either not being held and wherever held was irregular. Majority of women were not aware that certain checkups were required to be done; blood pressure, abdominal checkups and haemoglobin tests were not conducted regularly. Information on maternal health entitlements was not provided uniformly to all. Benefits under the Janani Suraksha Yojana (JSY)³ or Kasturbha Poshan Sahai⁴ schemes could not accrue to women as they did not have bank accounts and cheques could not get deposited. The Primary Health Centres (PHCs) and sub centres were ill-equipped and short staffed.

Women’s Perceptions of ‘Safe Delivery’

Women’s perceptions of ‘safe delivery’ were captured through group discussions and participatory exercises. Women valued a clean and fully equipped hospital having skilled staff which treated them with respect. Women wanted the village Dai to accompany them to the hospital during delivery.

Development of a Monitoring Tool for Maternal Healthcare

‘A Maternal Healthcare’ monitoring tool based on the concept of ‘Safe Deliveries’ combining both the technical and women’s perspective and quality of ante-post natal care based on the NRHM standards was developed by the teams of SAHAJ and ANANDI. The tool was finalised

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³ Janani Suraksha Yojna (JSY) is a conditional cash transfer for institutional deliveries under the National Rural Health Mission in India

⁴ Nutrition scheme for pregnant BPL women in the state of Gujarat, in India
based on the inputs given by Dais and members of the local women’s organisation, who were involved in filling it. The monitoring tool was filled twice for each pregnant woman by trained local volunteers, once in the eighth month of pregnancy and then within 20 days post delivery. Quality checks were done on 10 per cent of the filled forms.

**Report Cards on Quality of Maternal Health Services**

A Report Card was compiled based on the data gathered from discussions with 117 women. The findings were shared with the respondents and the Sangathan women during community meetings to corroborate the information. Based on the analysis of the feedback that emerged from community meetings, a report card was prepared and colour codes were used to communicate the status of performance indicators - red indicated poor, yellow represented average and green indicated good. Three report cards have been produced so far: December 2012-May 2013, June 2013-December 2013 and January 2014-June 2014.

**Dialogue with Health Officials, Sangathan Women and Panchayat Members**

The report cards were used as a base for dialogues with different stakeholders such as the Sangathan members, the health system representatives, local elected representatives and other leaders. The dialogues led to formation of collective plans with specified responsibilities.

**Visible Changes**

**Improved Responsiveness of the Health System**

Series of changes spiralled after the report card findings were shared with the health authorities. After seeing the Block report card, Block Health Officers and the PHC Medical Officers sought a separate report card for each PHC, to assess the situation of PHCs in their respective blocks. Enthused by the report card, one Medical Officer said that he wanted to
change the ‘reds to yellows’. On the basis of the field observations and the report card, ANANDI team highlighted that Mamta Divas was not covering all concerned women for ante-post natal care. A request was made to the Medical Officer, in a meeting, to hold weekly antenatal (ANC) clinics in the PHC, following which the Block Health Officer began to monitor the Mamta Divas himself.

**Weekly ANC Clinics at PHCs**

Within a month of the first meeting, weekly ANC clinics started at the PHCs and the ANANDI team organised checkups for pregnant and lactating women including those who were high risk. It was the first time for many pregnant women that all their checkups were done and they were also provided iron folic acid tablets in the clinic. Such weekly clinics at PHCs are now being held regularly since August 2013.

**Improvement in Mamta Divas (Village Health and Nutrition Day)**

Following the first report card sharing meet, there has been improvement in regularity and quality of services and turnout on the Mamta Divas. Sangathan members are involved in mobilising women to attend the Mamta Divas and avail the services. Community leaders along with the team of ANANDI are now involved in the systematic monitoring of the Mamta Divas and it is done through a special monitoring tool. Issues such as irregular conduct of Mamta Divas, lack of instruments and irregularity in supply of nutritional supplements by Anganwadi have been identified. Women who are unable to attend Mamta Divas call health workers on their mobile phones for administering TT and immunisation to their children.

**Improvement in Quality of Maternal Healthcare**

A comparison of the data in Report Card 1 and Report Card 3 shows improvements in many indicators:

- Registration within three months of pregnancy increased from 31.4 per cent to 54.3 per cent in Dhabva and 17 per cent to 41.8 per cent in Sevaniya.
- Within ANC checkups, weight measurements increased from 2.1 per cent to 18.6 per cent in Sevaniya and 2.8 to 6.5 per cent in Dhabva
• Tetanus Toxoid coverage in Sevaniya increased from 70.2 per cent to 79.0 per cent.
• Distribution of Iron Folic Acid tablets’ increased from 6.3 per cent to 13.9 per cent in Sevaniya
• Awareness on High Risk Symptoms increased from 22.8 per cent women to 32.6 per cent in Dhabva and in Sevaniya it has doubled from 14.8 per cent to nearly 29 per cent.
• Awareness on schemes/entitlements increased from 5.7 per cent to 15.2 per cent in Dhabva and 4.2 per cent to 37.2 per cent in Sevaniya.
• Institutional deliveries increased from 45 per cent to 66.6 per cent in Sevaniya and from 57.1 per cent to 84.6 per cent in Dhabva.
• Home deliveries conducted by trained dais increased from 23.8 per cent in Dhabva to 60.6 per cent and from 7.6 per cent to 20 per cent in Sevaniya.
• Promptness of treatment within 30 minutes of arrival at a facility increased in Sevaniya from 33.3 per cent to 90 per cent and from 50 per cent to 72.7 per cent in Dhabva.
• Service guarantees that of free transportation (to and fro) increased from 33.3 per cent in Sevaniya to 40 per cent and expenses incurred in government hospital have reduced from 55.5 per cent to 25 per cent in Sevaniya.
• In Dhabva, not a single pregnant woman spent on child delivery compared to 62.5 per cent of the women who had to incur expenses in Report Card 1.
Significant changes observed between Report Card 1 (December 2012-May 2013) and Report Card 3 (January- June 2014)

Increase in Early Registration

Table 1

<table>
<thead>
<tr>
<th></th>
<th>Dhabva RC1</th>
<th>Dhabva RC 3</th>
<th>Sevaniya RC1</th>
<th>Sevaniya RC 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Registration (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration within 3 months</td>
<td>31.4</td>
<td>54.3</td>
<td>17</td>
<td>41.8</td>
</tr>
</tbody>
</table>

Table 2

Weight - Increase in number of checkups

<table>
<thead>
<tr>
<th></th>
<th>Sevaniya RC 1</th>
<th>Sevaniya RC 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight not taken</td>
<td>48.9</td>
<td>36.3</td>
</tr>
<tr>
<td>Once</td>
<td>28.2</td>
<td>30</td>
</tr>
<tr>
<td>twice</td>
<td>25.5</td>
<td>18.1</td>
</tr>
<tr>
<td>3 or more</td>
<td>2.1</td>
<td>15.1</td>
</tr>
</tbody>
</table>

Increase in information regarding High Risk Symptoms and Entitlements

One of the most significant changes that have been observed is the rise in awareness about high risk symptoms. As per Report Card 1, only 14.8 per cent women in Sevaniya had information about high risk symptoms/danger signs during pregnancy which increased to nearly 28 per cent in Report Card 3. Similarly, in Dhabva, it rose from 22.8 per cent to 32.6 per cent.
Information about entitlements/schemes of JSY, JSSK and Kasturbha Poshan Sahay was as low as 4.2 per cent in Sevaniya which increased to 37.2 per cent, and in Dhabva it increased from 5.7 per cent to 15.2 per cent.

Table 3

<table>
<thead>
<tr>
<th></th>
<th>Sevaniya RC 3</th>
<th>Sevaniya RC 1</th>
<th>Dhabva RC3</th>
<th>Dhabva RC 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about Schemes</td>
<td>4.2</td>
<td>15.2</td>
<td>5.7</td>
<td>37.2</td>
</tr>
<tr>
<td>Information about High Risk symptoms</td>
<td>14.8</td>
<td>22.8</td>
<td>27.9</td>
<td>32.6</td>
</tr>
</tbody>
</table>

Quality of Care during Delivery

Institutional deliveries increased from 45 per cent to 66.6 per cent in Sevaniya, and in Dhabva the rise was from 57.1 per cent to 84.6 per cent (Table 4). Promptness of treatment within 30 minutes of arrival at a facility increased in Sevaniya from 33.3 per cent to 90 per cent and from 50 per cent to 72.7 per cent in Dhabva (Table 5).
### Conclusion

Social accountability mechanisms like maternal health monitoring tools and VHND monitoring check lists have increased the awareness of community women and their families on the importance of antenatal checkups and their entitlements. The Report Card has given an opportunity for a dialogue with the health system representatives and the community stakeholders, and resultantly led to a more responsive health system. There has been a visible improvement in both availability and quality of services during VHND. The staff at PHCs has become active and women with complications are referred to appropriate health facilities by the health system staff.

### About SAHAJ

SAHAJ (Society for Health Alternatives) has been working on health and education of marginalised communities with a rights and gender perspective for the past 30 years in slums of Vadodara, Gujarat, India. In the past three years, it has started working in the rural districts of Gujarat like Dahod, Panchmahals, Surendranagar and Anand with partner organisations.

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For this article data was gathered from two PHC areas of Dhabva and Sevaniya in Devgarh Baria and Dahod districts respectively based on the collaborative partnership between SAHAJ and ANANDI.