

Ensuring accountability for maternal health

Comments on the UN-SR-RH report and related issues

Dr. Abhay Shukla
SATHI-CEHAT / JSA



Banyabai's experience of 'institutional delivery'

- On 11 November 2008, Banyabai from village Sukhpuri was brought in labour to Menimata PHC in Barwani district at 9 pm. This was her first delivery. No doctor present
- Next day at 7 am, compounder expected money, when this was not given, she was pushed out of the PHC and told she would not be delivered there.
- Relatives requested PHC staff to at least call an ambulance to transfer her to Barwani hospital but even this was refused
- Banyabai in advanced labour crawled on her hands and feet to the road near the PHC and lay down there next to the road.
- Her mother in law Suwalibai in desperation managed to locate a dai known to her, Jambai in the nearby bazaar
- Jambai delivered Banyabai on the road in front of the PHC at 12 noon with no assistance from PHC staff
- Crowd gathered, JADS Sangathan activist phoned CHC Silawad which sent a vehicle and she was finally taken to CHC
- Sangathan members raised this issue with PHC staff, after this a number of criminal cases have been slapped against the activists

Lack of accountability can be as damaging as lack of a labour room or lack of referral transport!

Accountability recommendations in UN-SR-RH report

- Counting maternal deaths
- Maternal death reviews- 'plus'
- Emergency obstetric care indicators- 'plus'
- Private sector regulation
- Critical role of an independent body

**Monitoring by the most effective
'independent body'**

Community based monitoring

- Accountability cannot be ensured only by administrative measures, though they are of course necessary
- Community members are in the best situation to assess and identify problems in the functioning of health services, including maternal health care
- If empowered and organised community members are provided space and platform to regularly hold the health system accountable, then services can definitely improve

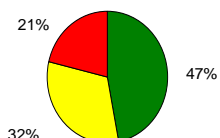


Key components of CBM

- Community awareness and capacity building of VHCs
- Periodic community based collection of information and filling of report cards
- Visits of committee members to health facilities with observation, dialogue
- Evidence based dialogue in monitoring committees at various levels
- Jan sunwais at PHC, Block, District levels
- Media coverage
- Periodic State level dialogues

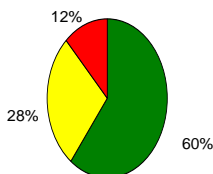


**Improvement in antenatal care services
in CBM areas in Maharashtra**

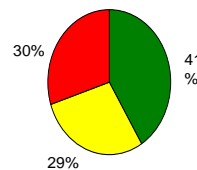


**Antenatal care round -2
(Mar-Apr 2009)
Maharashtra five districts**

**Antenatal care round-3
(Nov-Dec 2009)
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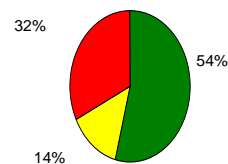


**Improvement in postnatal care services in
CBM areas in Maharashtra**



**Postnatal care round-2
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**Postnatal care round-3
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CBM related to delivery services at Rural hospital in Pune district

- Linked with CBM process, a small study was conducted about 7 women who had approached Rural Hospital, Saswad in 2009 for deliveries but were shunted away and not delivered there
- It was found that despite having Gynaecologist, all of them had been referred to a private hospital or asked to go to Sassoon hospital, Pune; were told there were 'complications'
- Yet all of them delivered normally elsewhere and no complications reported at other hospitals
- Many had to spend in the range of Rs. 4000 - 5000 on expenses

Jan sunwai and follow up by Block monitoring committee

- Jan sunwai organised by MASUM in Dec. 2009 centering on non-provision of delivery care in Rural hospital
- Led to official enquiry into functioning of hospital
- CBM Block monitoring committee including Panchayat Samiti members have been following up and demanding corrective action



Need for stronger institutional support, generalisation of CBM

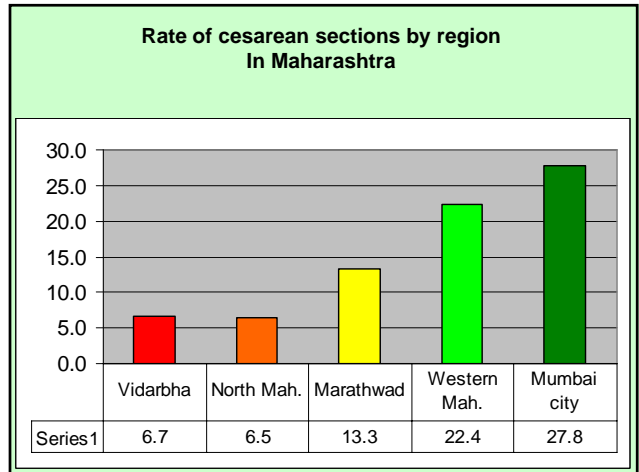
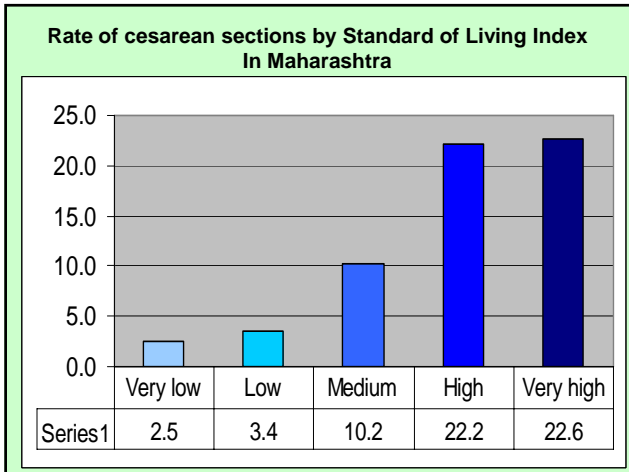
- CBM should be mandatory component of NRHM and all other Health programmes across all states
- As an integral component of NRHM, CBM should be included in all PIP and performance reviews
- Assured budgetary commitment as % of total budget at various levels
- Progressive generalisation of CBM based on civil society facilitation

Private sector – unaccountable, often unaffordable and irrational delivery care

- About half of institutional deliveries take place in private sector
- With growing PPPs for delivery care this is likely to further increase
- However no mechanisms for accountability, rationality, control of costs
- Profiteering drives irrationality, rights violations

Average cost of delivery (Rs.)

	Govt. hospital	Private hospital
Rural	1165	4137
Urban	994	5480



Patients rights – a starting point for ensuring accountability of private medical sector

Patients Rights Forum, Pune

- Widespread and growing experience of denial of patients rights by private hospitals
- Often basic information not given, costs not explained in advance followed by overcharging; second opinion discouraged, diagnosis and records may not be given
- Hence prominent persons as well as mass organisations came together and launched a 'Patients Rights Forum'
- **Patients Rights Convention** on 19 July 09 attended by about 150 citizens of Pune; similar process initiated in Mumbai




Patients' rights await nod

CHARTER POSTED on govt website in 2006 but can't be implemented as minister is yet to sign it

First convention of Patients' Rights Forum held

Patients' Right Committee holds 1st meet

Joint Patients rights charter adopted by citizen and doctors reps

- Patients rights forum, JSA-Maharashtra, IMA Pune and FOGSI national president discussed and worked out jointly a 'Charter of Patient's rights and responsibilities'
- Released to media and public on 9 Feb. 2009 by IMA and Patients rights forum
- This is in Marathi and English, has been converted into a brochure and poster for display in private hospitals
- Similar process underway in Mumbai, with State level IMA

Jointly adopted Patients rights charter

1. Right to Emergency Medical Care
2. Right to information
3. Right to informed consent
4. Right to confidentiality
5. Right to second opinion
6. Right to respect human dignity and privacy of the patient
7. Non-discrimination on the basis of HIV status
8. Right to choose alternative treatment if options are available
9. Right to make suggestions/complaints and to seek redressal
10. Compliance with ICMR guidelines for clinical trials on patients
11. Free beds in Trust Hospital for poor patients

Pending legal protection to Patients rights

- In Maharashtra, Bombay Nursing Home Registration Act, 1949 modified in Dec. 2005 but minimal improvements
- Draft rules prepared through broad consultative process involving health rights groups private doctor representatives, academics and Govt.
- Rules finalised and put on Health Dept. website in July 2006 *but yet to be operationalised*
- National Clinical Establishments (Registration and Regulation) Act passed, mentions minimum standards but this must explicitly include observance of Patients rights



Urgent need for accountability mechanisms regarding PPPs for maternal health care

- To improve access to delivery care to reduce Maternal mortality, PPPs being resorted to in many states – Chiranjeevi and its 'clones'
- Evidence of shunting of patients from public to private sector, unnecessary cesareans (MP); treating the arrangement just as 'subsidy' without assured free care (Maharashtra); 'extra charges' being demanded (Gujarat)
- All PPP services should be subject to same accountability conditions as public services – RTI, CBM, legislative measures, rationality audit and maternal death audits

Some more suggestions regarding accountability mechanisms

- 'Set of rights of expecting mothers' and responsible centre to be communicated during ANC to all women attending ANC
- Need for wide mass publicity to 'Guaranteed maternal health services'
- Referral audit based on ratio of delivered vs. referred cases for each level health facility
- Maternal death audit should have component of participatory, community audit with inputs from involved person and community; adapting joint enquiry method
- Redressal mechanism required for cases of denial of maternal health services
- Enacting **National health act** with comprehensive, free access to services without targeting, ensuring **Right to health** in public and private sectors
- Moving towards participatory regulation of entire health sector in framework of publicly managed and funded universal access system

Maternal mortality reduction placed in a health system context

'maternal mortality reduction is not just a way of saving women's lives and restoring India's reputation. It is also a vehicle for establishing an effective health system from which all women, children and men will benefit.

In other words, maternal mortality reduction is a way of establishing a critically important social institution: an effective, integrated, responsive health system of good quality and accessible to all.'

- Paul Hunt, UN SR Right to Health, report on Mission to India