

Glimpses of institutional maternity care - some food for thought

A voluntary civil society study 2008- 2009

Background

Despite international commitment to the MDGs and other policy commitments nationally, maternal mortality currently poses an enormous challenge for India which has the highest global concentration of maternal deaths. Concurrently India is also providing world-class curative and promotive health services to users from developed countries, which provides a ray of hope that the problem of maternal mortality can also be addressed effectively.

In a laudable effort to tackle maternal mortality, the government of India has promoted childbirths in hospital through cash transfers (JSY) as an incentive for mothers. While maternal health is directly affected by women's access to quality services around childbirth, yet effective response and quality services are also needed during abortions, emergencies and complications. Thus policy approaches need to consider promoting the 'continuum of care': ensuring women's options to have a safe delivery at any location of choice, and ensure comprehensive services for complications or emergencies at any stage.

A national strategy planning meeting among civil society groups was held on August 9, 2007 in New Delhi, in which the participants of an interest-group discussion on Maternal Health expressed their concern at the current strategies for reducing maternal mortality in India. Given that roughly 26-30 million childbirths take place in India each year¹ and that around 79 thousand women² are losing their lives each year, the civil society participants expressed concern whether simply monitoring the disbursement of JSY money could be an indicator for improved maternal health.

Our intervention

It was decided to voluntarily carry out a study (including both a quantitative survey and detailed qualitative documentation of around 80-100 cases) of maternal health service provision for poor women who made an effort to deliver in an institution for their most recent delivery in 2008. The key research question (in EAG and Non EAG states) was -

What do the experiences of seeking and receiving maternal health care, of women who reached an institution during labour, tell us about institutional delivery?

The study was carried out in select blocks of six states, investigating women's experiences with health services in their last pregnancy and the quality of care obtained in the institution they attempted to reach during labour. As these blocks

¹ Based on the SRS 2006 prediction that there would be 26 million births in 2006 in India

² Based on the SRS calculation of MMR of 301 in 2001-03

happened to have fairly low-income populations, the affordability of institutional services was also investigated. The findings do give us some food for thought about what could be appropriate strategies for improving maternal health in poorer populations, and point to areas needing further research.

A large group of people have been involved in starting up the study and in conducting the field work. The organizations who are currently organizing the sharing of the study report includes -

- ASHA (West Bengal)
- Belaku Trust (Karnataka)
- Centre for Health and Social Justice (New Delhi), working with two NGOs in Bihar
- EKJUT (Jharkhand)
- SAHAYOG (Lucknow), working with two NGOs in UP and one in Uttarakhand
- Researcher advisors including
 - Imrana Qadeer,
 - Priya Nanda (ICRW),
 - Abhijit Das (CHSJ)
 - Leila Caleb Varkey
 - Patricia Jeffery (University of Edinburgh) and
 - Asha George (UNICEF, NY)

This report will be relevant for the NRHM in that it brings in community-level experiences for a flagship programme, from a completely independent and voluntary perspective.

The group seeks to share the findings and observations with national policy makers, donors and technical agencies, to facilitate discussion on -

- i. a strengthened focus on quality of services, continuum of care and effective response to emergencies
- ii. an evidence-based review of the current maternal health policy

The group hopes to initiate discussion on how a rights based framework may enhance the responsiveness and accountability of services.

It is hoped that some of the dimensions of maternal health that are highlighted by the study will be incorporated into future research and monitoring of maternal health programmes in India.

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Presentations from a voluntary civil society study 2008- 2009
 22 April 2009, India International Centre, New Delhi

Agenda of the meeting

Time	Session	Panelists
9.00	Registration	
9.30	Welcome and introductions	From the organizers
Session One - Chair: Dr. Syeda Hameed, Member Health, Planning Commission, Govt of India		
9.45	Context- Overview of the study process	Speaker - Jayeeta
10.00 - 10.45	Panel One - Presentations from three states: Uttar Pradesh, Jharkhand and West Bengal	Speakers - Dr. Sebanti Ghosh, Jashodhara Dasgupta and Deepnath Mahto
10.45- 11.15	Tea/coffee	
11.15 - 12.00	Panel two - Presentations from three states: Karnataka, Uttarakhand and Bihar	Speakers - Asha Kilaru, Jayeeta Chowdhury and Sangeeta Mourya
Session Two- Chair: Dr. H. Sudarshan, Karuna Trust, Karnataka		
12.00 - 1.45	Concerns emerging at national level	Speakers
	Response to the findings	Panelists - <ul style="list-style-type: none"> • Representatives of DFID and NORAD • Representatives of UNFPA, UNICEF and WHO • Representative of Gol MoHFW
1.45 -3	Lunch	
3 - 4.30	Civil Society responses and recommendations for future action	Chair - Dr. Abhijit Das