

Promoting Social Accountability for 'Safe Delivery' through Report Card

Experiences from two blocks of Dahod district, Gujarat, India

Renu Khanna, Sunanda Ganju, Mahima Taparia, Pallavi Saha (SAHAJ) and Neeta Hardikar (ANANDI)

Introduction

This paper is about a collaborative project initiated in 2012 in four Primary Health Centres (PHCs) of two backward and inaccessible blocks in Dahod and Panchmahals districts, covering 25 villages each. One objective of the project was: to enable communities to monitor quality of maternal healthcare through the use of 'safe delivery' indicators. The population covered was around 90,000 people.

Context

Gujarat is one of the better performing states in India with more than 75% institutional deliveries and a Maternal Mortality Ratio of 112. It did not achieve the Millennium Development Goal by 2015. One of the reasons includes the many remote/geographically difficult and poorly served areas of the state. (SRS Reports 2011-13).

Dahod and Panchmahal are particularly marginalized in terms of remoteness, low literacy and high proportions of tribal populations. In 2012 when we started our project hardly any sub-centres in Dahod and Panchmahal had labour rooms in use (13.6%, 9%), no Female Health Worker resided in sub-centres in Panchmahal district and only 16.7% of PHCs in Dahod district were functioning on a 24 hour basis (IIPS, 2010).

Methodology

Women's perceptions of 'safe delivery' were captured through group discussions and participatory exercises. A monitoring tool combining both women's concepts and the technical standards of ante natal and post natal care laid out by the Government of India, was developed. Inputs of members of the local women's organization (Sangathan), were also considered. The 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 were compiled from the data gathered through the monitoring tools. Findings were shared with respondents and the Sangathan women to corroborate the information. The report cards were the basis for dialogues with the health system representatives and local elected representatives and other leaders.



Report Card Sharing



Awareness Raising Tool: Services Provided on Village Health and Nutrition Day



Report Card

REPORT CARD	2012-13	2011-12
A. I. ANC	100%	100%
1. Registration (Antenatal 1st visit)	100%	100%
2. Weight (Antenatal 3rd visit)	100%	100%
3. Blood pressure (Antenatal 3rd visit)	100%	100%
4. Anaemia (Antenatal 3rd visit)	100%	100%
5. Urinary infection (Antenatal 3rd visit)	100%	100%
6. Tetanus toxoid (2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th)	100%	100%
7. 2 doses of 2nd and 3rd trimester tetanus toxoid (2 doses)	100%	100%
8. Contraception (2nd trimester)	100%	100%
9. Contraception (3rd trimester)	100%	100%
10. Contraception (4th trimester)	100%	100%
11. Contraception (5th trimester)	100%	100%
12. Contraception (6th trimester)	100%	100%
13. Contraception (7th trimester)	100%	100%
14. Contraception (8th trimester)	100%	100%
15. Contraception (9th trimester)	100%	100%
16. Contraception (10th trimester)	100%	100%
17. Contraception (11th trimester)	100%	100%
18. Contraception (12th trimester)	100%	100%
19. Contraception (13th trimester)	100%	100%
20. Contraception (14th trimester)	100%	100%
21. Contraception (15th trimester)	100%	100%
22. Contraception (16th trimester)	100%	100%
23. Contraception (17th trimester)	100%	100%
24. Contraception (18th trimester)	100%	100%
25. Contraception (19th trimester)	100%	100%
26. Contraception (20th trimester)	100%	100%
27. Contraception (21st trimester)	100%	100%
28. Contraception (22nd trimester)	100%	100%
29. Contraception (23rd trimester)	100%	100%
30. Contraception (24th trimester)	100%	100%
31. Contraception (25th trimester)	100%	100%
32. Contraception (26th trimester)	100%	100%
33. Contraception (27th trimester)	100%	100%
34. Contraception (28th trimester)	100%	100%
35. Contraception (29th trimester)	100%	100%
36. Contraception (30th trimester)	100%	100%
37. Contraception (31st trimester)	100%	100%
38. Contraception (32nd trimester)	100%	100%
39. Contraception (33rd trimester)	100%	100%
40. Contraception (34th trimester)	100%	100%
41. Contraception (35th trimester)	100%	100%
42. Contraception (36th trimester)	100%	100%
43. Contraception (37th trimester)	100%	100%
44. Contraception (38th trimester)	100%	100%
45. Contraception (39th trimester)	100%	100%
46. Contraception (40th trimester)	100%	100%
47. Contraception (41st trimester)	100%	100%
48. Contraception (42nd trimester)	100%	100%
49. Contraception (43rd trimester)	100%	100%
50. Contraception (44th trimester)	100%	100%
51. Contraception (45th trimester)	100%	100%
52. Contraception (46th trimester)	100%	100%
53. Contraception (47th trimester)	100%	100%
54. Contraception (48th trimester)	100%	100%
55. Contraception (49th trimester)	100%	100%
56. Contraception (50th trimester)	100%	100%
57. Contraception (51st trimester)	100%	100%
58. Contraception (52nd trimester)	100%	100%
59. Contraception (53rd trimester)	100%	100%
60. Contraception (54th trimester)	100%	100%
61. Contraception (55th trimester)	100%	100%
62. Contraception (56th trimester)	100%	100%
63. Contraception (57th trimester)	100%	100%
64. Contraception (58th trimester)	100%	100%
65. Contraception (59th trimester)	100%	100%
66. Contraception (60th trimester)	100%	100%
67. Contraception (61st trimester)	100%	100%
68. Contraception (62nd trimester)	100%	100%
69. Contraception (63rd trimester)	100%	100%
70. Contraception (64th trimester)	100%	100%
71. Contraception (65th trimester)	100%	100%
72. Contraception (66th trimester)	100%	100%
73. Contraception (67th trimester)	100%	100%
74. Contraception (68th trimester)	100%	100%
75. Contraception (69th trimester)	100%	100%
76. Contraception (70th trimester)	100%	100%
77. Contraception (71st trimester)	100%	100%
78. Contraception (72nd trimester)	100%	100%
79. Contraception (73rd trimester)	100%	100%
80. Contraception (74th trimester)	100%	100%
81. Contraception (75th trimester)	100%	100%
82. Contraception (76th trimester)	100%	100%
83. Contraception (77th trimester)	100%	100%
84. Contraception (78th trimester)	100%	100%
85. Contraception (79th trimester)	100%	100%
86. Contraception (80th trimester)	100%	100%
87. Contraception (81st trimester)	100%	100%
88. Contraception (82nd trimester)	100%	100%
89. Contraception (83rd trimester)	100%	100%
90. Contraception (84th trimester)	100%	100%
91. Contraception (85th trimester)	100%	100%
92. Contraception (86th trimester)	100%	100%
93. Contraception (87th trimester)	100%	100%
94. Contraception (88th trimester)	100%	100%
95. Contraception (89th trimester)	100%	100%
96. Contraception (90th trimester)	100%	100%
97. Contraception (91st trimester)	100%	100%
98. Contraception (92nd trimester)	100%	100%
99. Contraception (93rd trimester)	100%	100%
100. Contraception (94th trimester)	100%	100%
101. Contraception (95th trimester)	100%	100%
102. Contraception (96th trimester)	100%	100%
103. Contraception (97th trimester)	100%	100%
104. Contraception (98th trimester)	100%	100%
105. Contraception (99th trimester)	100%	100%
106. Contraception (100th trimester)	100%	100%

Awareness Poster



on Birth Preparedness

Results

Four report cards were produced. They resulted in visible changes: Improved responsiveness of the health system, improvement in the quality of maternal healthcare, increased community recognition for maternal health and increased awareness of maternal health entitlements among women and community leaders in all districts.

Figure 1 - Frequency of receipt of information on benefits in community monitoring data, Dahod and Panchmahal districts, Dec 2012-Oct 2015, N=1145

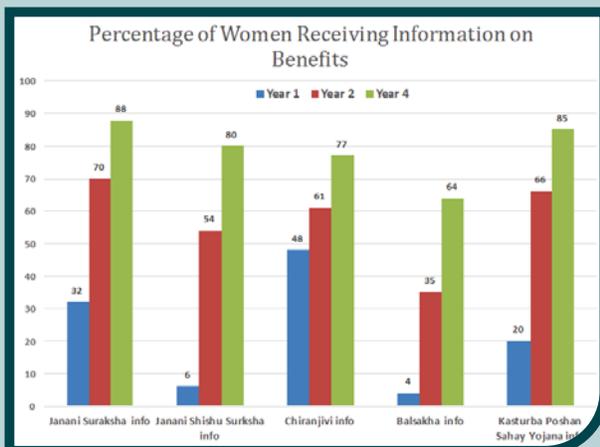


Figure 2 - Receipt of services by pregnant women in community monitoring data, Dahod and Panchmahal districts, Dec 2012-Oct 2015, N=1145

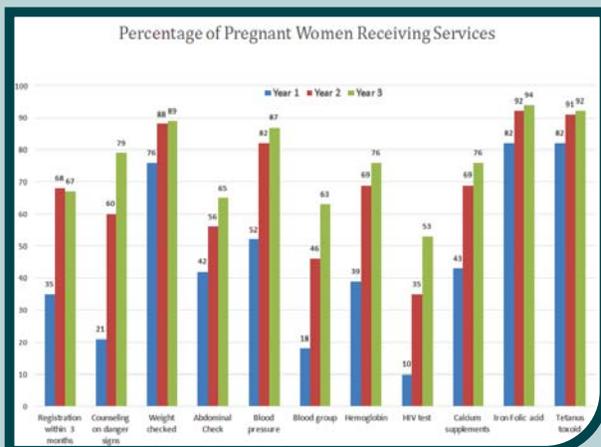


Figure 3/4 - Extent and location of facility deliveries for the least vs. most vulnerable (SC/ST) from year 1 to year 3 adjusted for socio-demographic variables in community monitoring data, Dahod and Panchmahal districts, Dec 2012-Oct 2015, N=1145

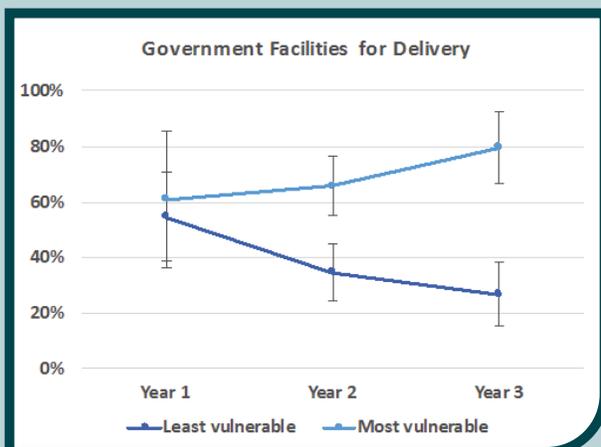
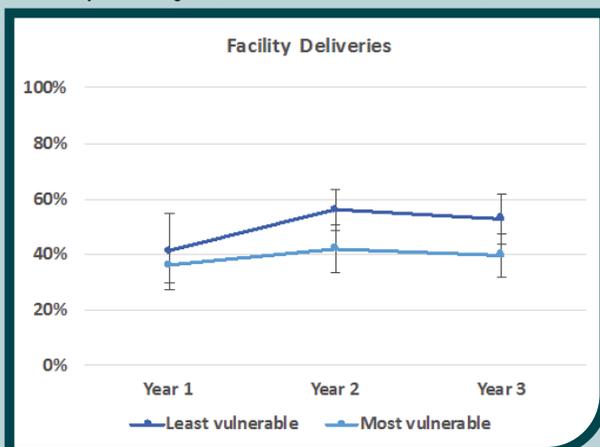
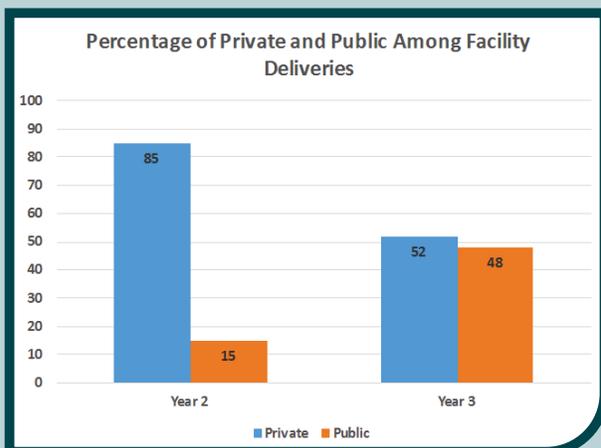
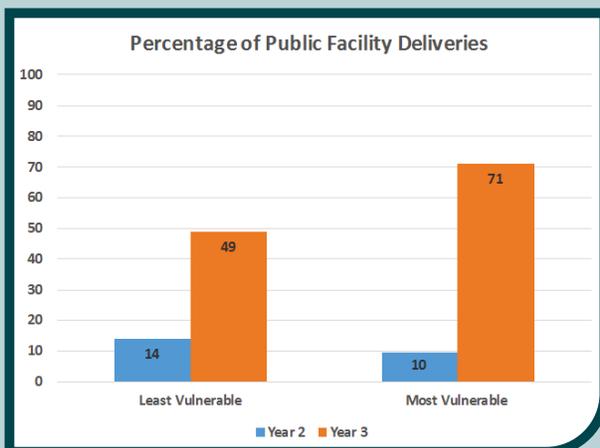


Figure 5/6 - Location of facility deliveries for the least vs. most vulnerable (SC/ST) from year 2 to year 3 in community monitoring data, Anand districts, Jan 2014-Oct 2015, N=1250



Credits: This brief is based on an end evaluation report. George Asha, B. Subha Sri, Ved Rajani. Strengthening People-Centered Services through Improved Accountability: The Enabling Community Action for Maternal Health Project in Gujarat. (2016)

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