

Centre for Health and Social Justice: menEngage Brief (5)

Maternal Health Rights Campaign – Madhya Pradesh



Training and orientation for field enquiry

Maternal Health Rights Campaign (MHRC) is a coalition of 25 civil society organizations working in 18 districts of Madhya Pradesh for advocating for maternal health rights. Availability of and access to health services of quality have remained elusive in the state of Madhya Pradesh (India) and the situation is confounded by factors such as a weak political will to accept the reality though community participation in health governance and resistance to any community based evidence for implementation of gaps. The sources of government data such as Annual Health Survey (AHS) 2011-12 outlined the maternal mortality ratio(MMR) in MP as 277, District Level Household Survey (DLHS) -3, National Family Health Survey (NFHS) -3 and AHS showed the poor health status of the state especially in reference to maternal and child health. Gross negligence and lack of access to maternal health care resulting in serious violations of maternal health rights led to discussions amongst civil society and community based groups advocating for maternal health rights led to the coalition formation in 2013, viz. Maternal Health Rights Campaign.

Goal: Advocating for maternal health rights and maternal health dignity in the state of Madhya Pradesh.

The objectives

1. To improve health services through independent community based monitoring approach
2. To increase civil society interface with the healthcare system at different levels for improving maternal health services for evidence based dialogue
3. To strengthen civil society network for improving maternal health services by improving democratic and participatory health governance



Strategies adopted for alliance building

Strategies:

- Building a strong alliance of civil society organizations and a collective leadership to raise and address issues and advocate for maternal health rights in the state
 - Mobilizing and empowering community on health rights in general and maternal health rights in specific with the involvement of men, community leaders, organized groups in the villages and health providers at the local level
 - Capacity building of CSOs and community level workers on maternal health rights and human right to health
 - Evidence based advocacy with health providers through the process of research, documentation and using the tool of community based enquiry
 - Engaging the policy makers and health providers at various levels in the process of feedback through dialogue
- Alliance with the national and internal level networks on maternal health rights



Field enquiry

Processes and results

Name of Health services	JSY benefits	JSSK- transport & Facility based services	ANC services	ANM Village visits	VHND
Anuppur	Yellow	Red	Red	Yellow	Red
Ashoknagar	Green	Red	Red	Green	Green
Bhind	Green	Red	Red	Yellow	Green
Bhopal	Green	Red	Red	Green	Green
Chhindwara	Red	Red	Red	Green	Yellow
Hoshangabad	Green	Red	Yellow	Green	Green
Sagar	Green	Red	Red	Yellow	Yellow
Satna	Red	Red	Green	Green	Green
Sehore	Green	Red	Red	Yellow	Green
Shahdol	Green	Red	Red	Red	Red
Sheopuri	Yellow	Red	Red	Red	Yellow
Vidisha	Yellow	Red	Red	Green	Green

Districtwise report card of health services



Jan samvad in Madhya Pradesh

- Alliance building meetings at the state level and regional level take place regularly
- Systematic CBM process with the participation of the community on maternal health rights in 110 villages of 13 districts
- Issues of denial of services, negligence and maternal deaths are tracked and responded to by raising them in the public forums and media
- Informed and empowered state level civil society alliance leveraging dialogue with the health bureaucracy at various levels – public health dialogues took place in 6 districts and one state level public health dialogue with the health bureaucrats. State level as well as local level officials appreciated the evidence based feedback offered to them through public health dialogues. The local level resistance gradually gave way for a collaborative attitude
- Evidence generation through surveys, collation of report cards, oral testimonies supported by a strong documentation of cases of denial of care, visuals and video documentation of stories offered strong and clinching evidence for communities to dialogue with health providers
- Media is engaged critically in visibilising the issues of the communities.
- Health Action Groups among Dalit Communities in 200 villages of Chhindwara, Raisen and Betul districts have become part of the campaign and have raised issues of discrimination and denial among Dalit women.
- The tribal (adivasi) communities in Anupur, Sidhi districts have effectively articulated issues of gross negligence of tribal areas and the hardships that women go through during routing maternal service delivery and emergencies. The documented evidence in Sidhi district shows 60 percent home deliveries consistently during 2013-14. Campaign for safe and dignified delivery, instead of only institutional deliveries with indignity, is emerging as a policy advocacy issue in MP.

Learnings and future directions

- Maternal Health Rights Campaign has created a strong civil society platform to engage with the health providers from the community to the state level and policy makers
- Evidence based advocacy through community based monitoring has helped in strengthen MHRC and to bring out issues which were ignored so far
- Various leaderships have started articulating the issues of denial and violations of maternal rights issues in different regions and districts.
- Maternal Health Rights Campaign has filled the void in the state for a civil society platform to raise critical and rights violations issue
- Alliance with the Dalit Health rights groups in the state and adivasi communities locally (in MP) and with national networks such as National Alliance for Maternal Health and Human Rights (NAMHHR), Jan Swasthya Abhiyan (JSA) has strengthened the community voice through the alliance.
- The financial resource constraint has been a limitation. However, this has lead to various organizations to pitch in with their resources and hence a greater ownership of the process
- Innovative ideas of using social media and mainstream media in networking and strengthening MHRC have taken shape in MHRC which will be critical in the future for strengthening alliance, evidence generation and for further advocacy.

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