



**THE WHITE
RIBBON
ALLIANCE**

HEALTHY MOTHERS
HEALTHY WORLD

Session~ Demanding Accountability for Quality Maternal and
Newborn Health Services: Lessons and Best Practices

Prioritizing citizens Demand to Improve Quality of Care in India

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Problem

- Considerable progress in India -but inconsistent across the country-India accounts for nearly 17 percent of global maternal deaths
- A dramatic increase in institutional births- high demand for care poses a challenge for the provision of quality of care
- Quality of care has an impact on **where and when** women seek care

Quality of care is critical to women's decisions to use formal health services; women are willing to travel further to reach a clinic that provides better quality care.



Barriers

Inadequate physical resources,
human resources,

Problems in supply and
procurement,

Lack of cleanliness and
hygiene

Private sector equates
quality of care with
increased
medicalization and
cost, misuse of
appropriate
technologies, and high
cost of services

Lack of patients'
interface between
management and
providers-there is a lack
formal channels for
obtaining feedback from
women & community
and taking action on
feedback



Partners



Merck for mothers
Committed to Saving Lives



Mobile Monitor for Quality of Maternal Care (MoM-QoC)

Transform women from passive recipients of services towards actively engaged advocates for the improvement of quality of services

MoM-QoC is based on a 2-way Push-Pull communication mechanism using basic mobile phones, using an interactive voice based platform , to improve QoC

Enables women to receive information on QoC and governmental entitlements on maternal health (Push) and also provide their feedback (pull) on quality of care

This initiative is premised on the understanding that service quality needs to move beyond technical quality to incorporate perspectives of service seekers and to empower women so as to raise the demand for high quality health services



How does the service work?

- 1** Maya calls *Swasthya Vaani* to register a missed call, and the program immediately calls her back.
- 2** Maya can choose to hear information about quality of care and government programs she's entitled to participate in. And she can rate the quality of her latest maternal health care experience.
- 3** Maya's feedback is published on the phone system for others to access and shared with decision-makers to improve care.



Action on feedback collected is imperative to sustain this platform and engage women



4 QoC Indicators selected for field test



**Timeliness- Waiting
time before
receiving services**



**Service Guarantee-
Provider, service
and supplies**



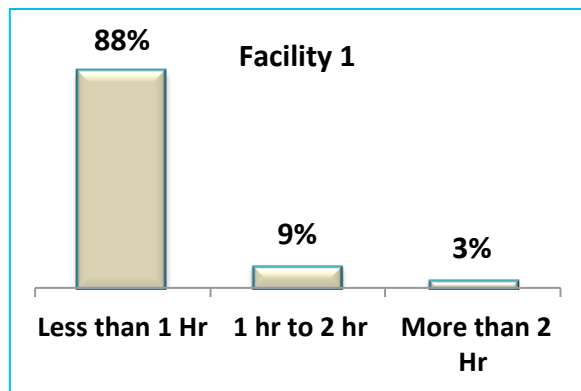
**Respectful care
(maintaining
comfort, privacy
and confidentiality)
and absence of
abuse**



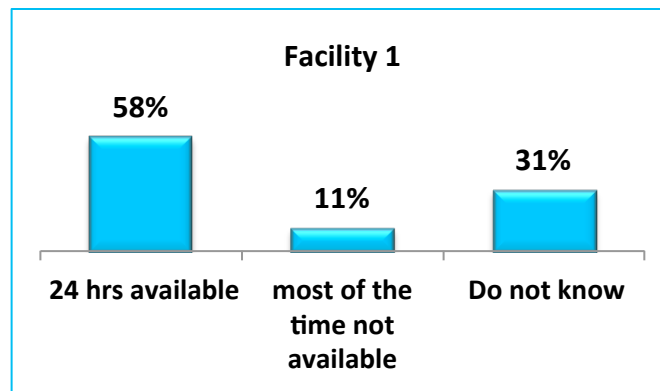
**Cleanliness of
facility including
toilets, hygiene &
housekeeping
services, sanitation**



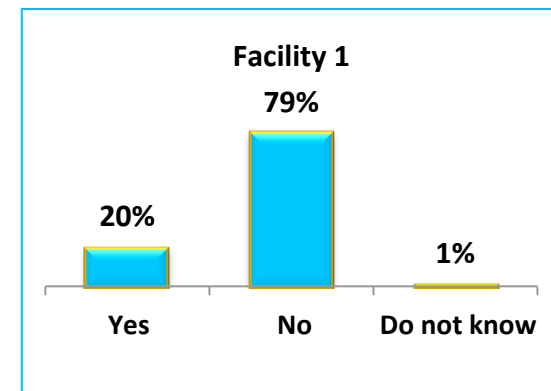
Feedback from women converted into a “ratings system” for facilities to help them drive improvements in the quality and shared with the community to empower them to decide where they chose to seek care



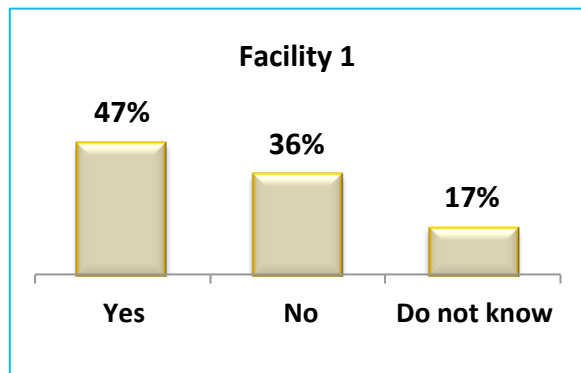
Waiting time to get the check-up started at the hospital



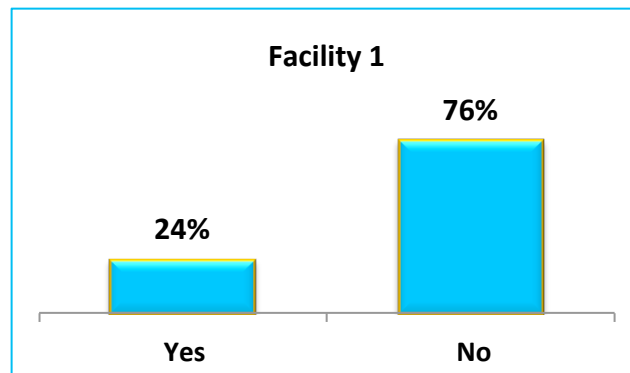
Availability of doctors and nurses



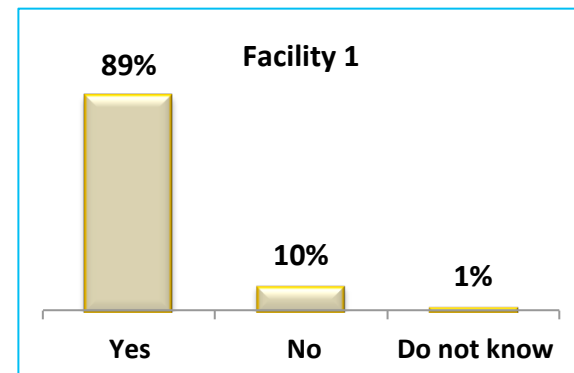
Discrimination by hospital staff



Display of information on health related govt. schemes



Physical or verbal misbehavior by hospital staff



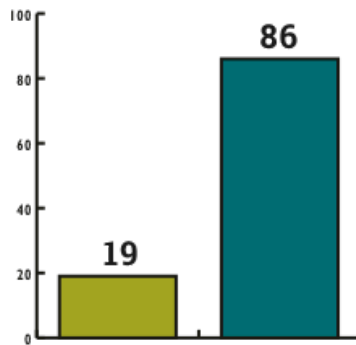
Cleanliness in toilets



Can such a tool be used to increase women's knowledge and awareness?

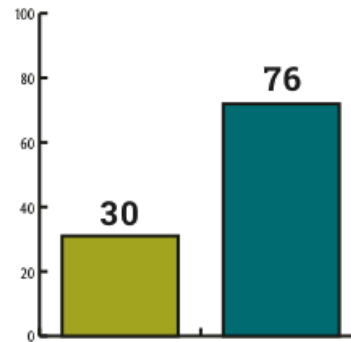
INCREASED AWARENESS

Awareness of free transportation to and from health facility for delivery



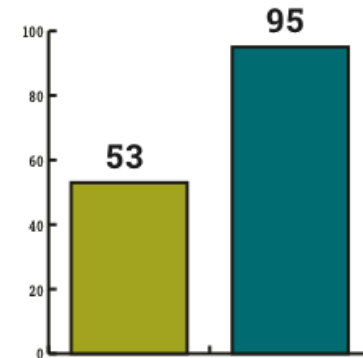
67%
INCREASE

Awareness of financial incentives for delivery at health facility



46%
INCREASE

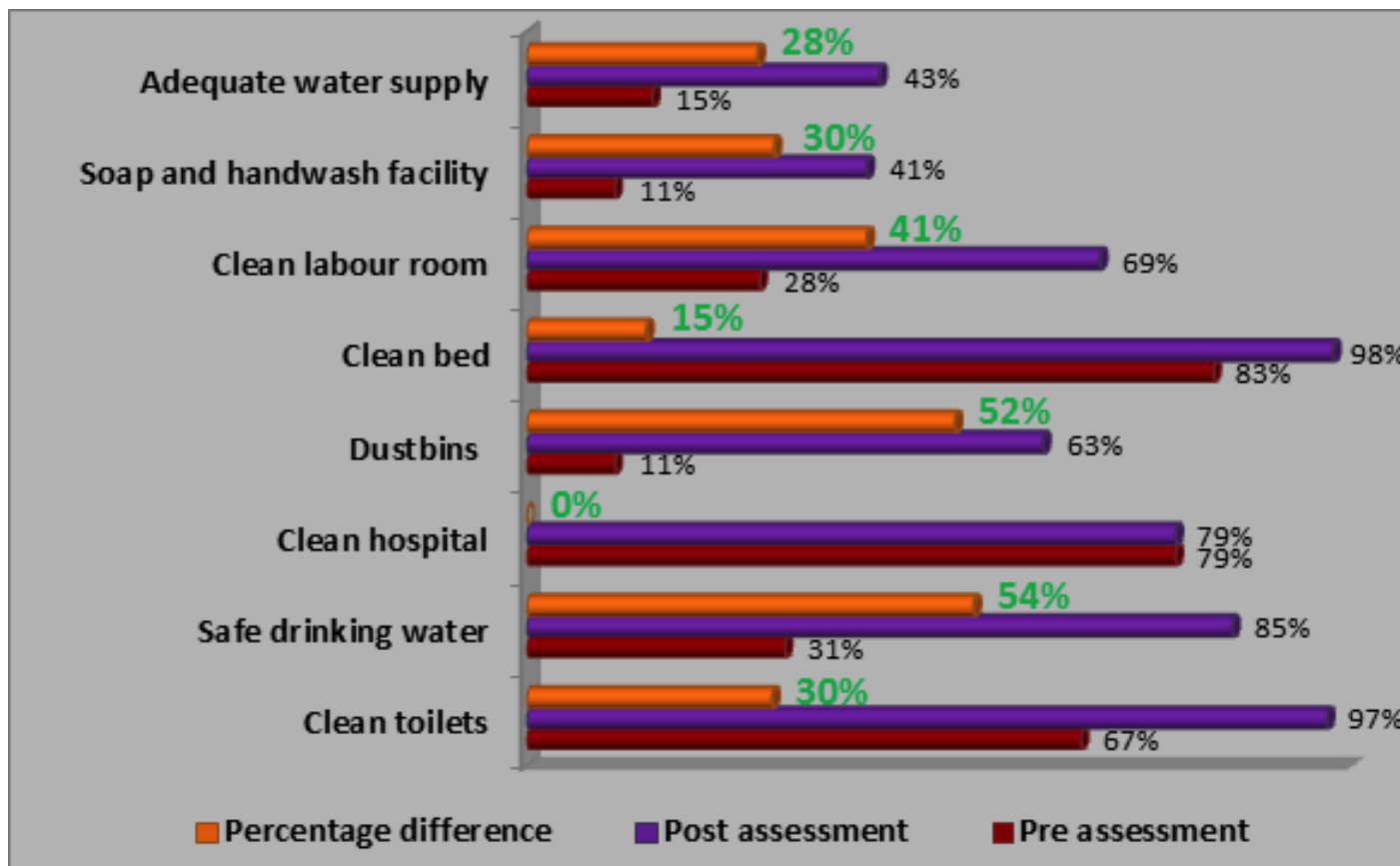
Awareness of free meals available for the mother and her family at the health facility



42%
INCREASE



Increase in awareness QoC indicators Baseline Vs Endline





Future Direction

**Refine and adapt
MoM-QC for wider
audiences**

A user-centered design to broaden the platform's appeal and uptake in rural and urban settings –potentially expanding into online and text formats as well

We believe this interactive push-pull model -

- Is a scalable means to educate mothers and also collect their feedback on QoC
- Makes outreach possible to underserved rural populations
- Can lead to a large body of direct feedback that could be used to address improvements in QoC over time within the public and private healthcare system
- The potential to empower women to speak out about the care they receive and help ensure that their voices are heard



[https://www.youtube.com/watch?
v=x10kq6xJBo8](https://www.youtube.com/watch?v=x10kq6xJBo8)