

Dead Women Talking

Community led social autopsies of maternal deaths in India

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On behalf of
Dead Women Talking
initiative



Dead Women Talking

A civil society report on maternal deaths in India

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Background

- India short of achieving MDG 5 – latest figures MMR 178 versus goal of 109
- However, MMR does not tell us who the women dying are or the causes and contributors to deaths
- MDR mandated by the national government since 2010 – to be conducted at district level
- Gaps and challenges
 - Less than a quarter of deaths reported to the MDSR system, of these only 2/3rds reviewed
 - Exclusively nested within the health system – no scope for independent participation
 - No information in the public domain
 - Focus only on bio-medical causes

Dead Women Talking

- A collaborative civil society initiative – 23 CSOs across India – community based, rights perspective
- Understanding from earlier work
 - Maternal deaths affect women from marginalized communities disproportionately
 - Social determinants and health system issues key contributors
 - Accountability of health systems important issue
- 124 maternal deaths documented over a period of two years (between January 2012 to December 2013)
- Purposive and non randomized sample
- 31 districts across ten states

Methodology

- Reporting of maternal deaths by community representatives
- Use of a social autopsy tool to document details of death – focus on health system issues, social determinants, rights perspective
- Documentation by team of CSO/CBO members along with community representatives

Analysis

- SSSR framework – deaths analyzed across four domains
 - Technical (Science) factors
 - Health system factors
 - Social factors
 - Human rights
- Gaps identified across each domain and actions recommended
- Missed opportunities analysis

What did the social autopsies tell us?

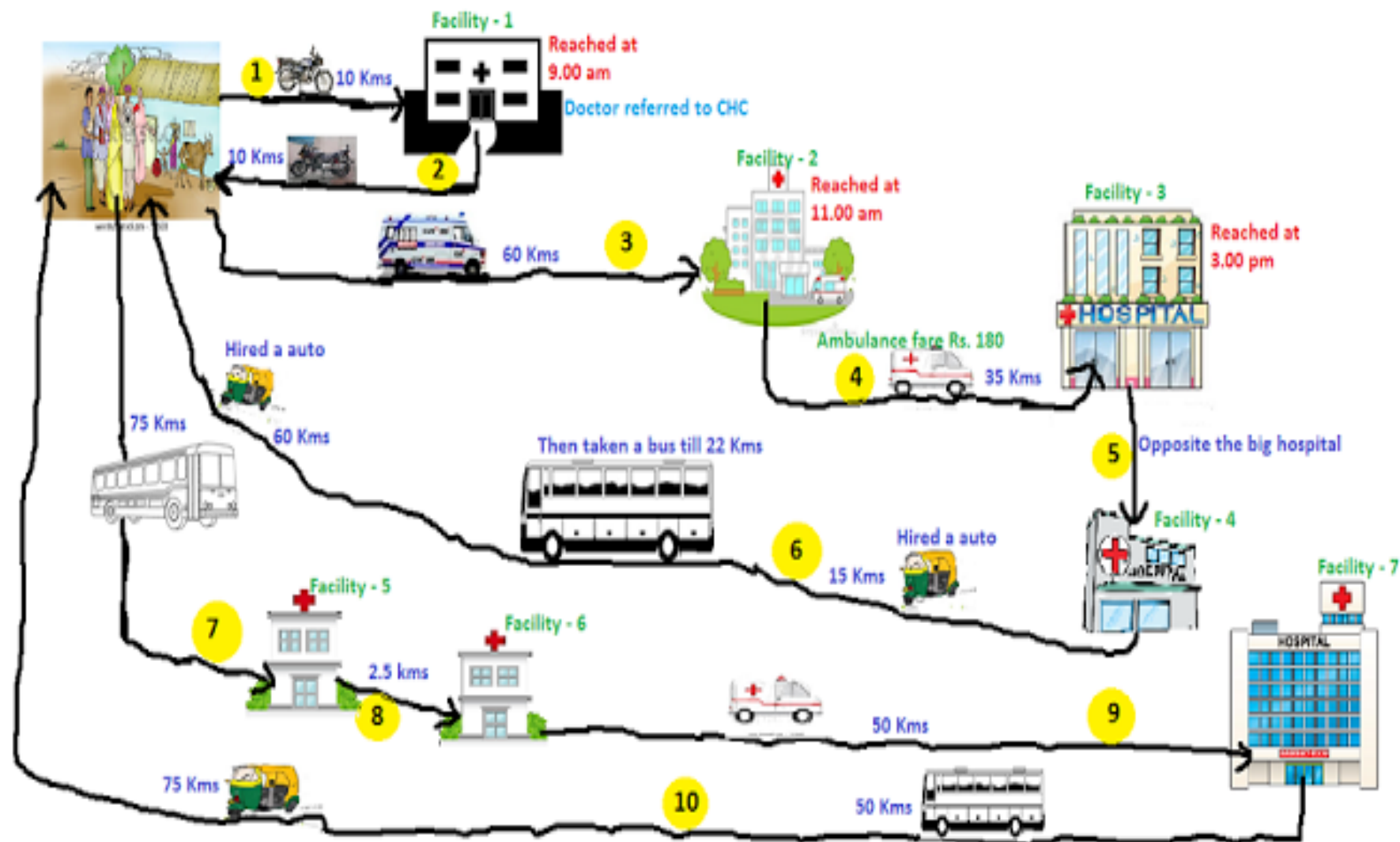
Who are the women who died

- Issue of vulnerabilities and exclusion
 - Caste
 - Age
 - Religion
 - Geography
 - Poverty
- Programme related exclusion – two child norm, exclusion based on age and parity
- Multiple vulnerabilities adding together
- Impact of nutrition, gender

Pathways to death

- Traced the complex pathways that led to the death unlike the linear model of the 3 delays framework
- Looked at health system issues from the perspective of the woman's lived experience
- Inter-sectoral issues – migration, livelihoods, roads, transport

Urmila's journey



Human rights perspective

- Helped move beyond bio-medical issues to contributors and determinants
- Maternal health and health care seen as fundamental human right
- Framed the issue from the angle of accountability and enforceability

Action

- Feeding back to health system
 - At different levels – district, state, national
 - Through formal and informal spaces
 - Through public hearings
 - Challenges – lack of transparency, resistance, blame apportioning attitude, MDR not seen as a learning process

Action

- Feeding back to community
 - Use of informal spaces – women's groups, community based organizations
 - Use of local government – Gram Sabha
 - Facilitated community action
- Feeding back to other actors influencing policy
 - Other ministries
 - National and State Commissions for Women
 - Human Rights Commission
 - UN Agencies
 - International human rights processes – CEDAW, CSW, UPR



What can we learn from the Dead Women Talking experience?

- Democratization of the MDR process
 - At all levels including analysis and action
 - Community representatives as equal partners rather than passive recipients
- Focus on social determinants
- Human rights perspective
 - Social autopsy tool
 - SSSR framewprk of analysis
- Increased accountability
 - Health system
 - Community

- MDR process presently vested in the health system – largely bio-medical, adversely impacts transparency, accountability
- Needs to be widened in terms of
 - Content and its analysis – has implications for type of interventions needed
 - Actors – will widen ownership and increase credibility
 - Processes – will make MDSR more transparent, accountable, effective

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