Brief Report on Safe Motherhood Rally-cum-Public Hearing 25th November 2008, Boudh District, Orissa

Background –

In India, the National Rural Health Mission and the Reproductive and Child Health II Policy provide a strong policy framework that makes reducing MNC mortality a priority. The government has met commitments to allocate resources to improve maternal and child health, but although the policies are in place, it has been difficult to translate government commitments into improved access, services and care at the state, district and block levels, given India's decentralized responsibilities for policy implementation.

Greater political will and public accountability is needed to break this gridlock at the state, district and block levels. More community stakeholders need to understand—and advocate for—their rights to improved maternal and child health services. National and state-level political leaders need to exert greater pressure on their district-level colleagues to make government commitments a reality. Media and other opinion leaders should increase their role as public watchdogs to ensure that funds are being spent on effective interventions that improve maternal and child health.

MNCH Situation in Orissa -

The status of women in Orissa is very low, illustrated by skewed literacy rates, early marriage, and high incidences of anaemia and maternal mortality. As per the Sample Registration System 2004 (SRS), the maternal MMR in Orissa is 358, which is higher than the national average of 301. Studies show that 53% of women are not involved in decisions about their own health (NFHS 3). The Infant Mortality Rate (IMR) stands at 73 (SRS 2006) as against all-India average of 53 according to the NFHS-3, 2005-06. Neonatal mortality constitutes 61% of infant mortality in the state. Contributing factors include poor availability of professional attendance at birth, high percentage of low birth weight babies and lack of professional postnatal care. Lack of access to adequate nutrition and safe drinking water are other underlying factors.
WRA-Orissa is implementing a global campaign “Deliver Now for Women +Children: Advocacy for Maternal, Newborn and Child Health in India” in 12 districts including Boudh which centers around creation of community demand for quality maternal and child health, bringing about political will and making policy changes for better delivery of maternal and child health care. The people centered advocacy for safe motherhood is the center point of all activities wherein women, PRI members, Elected Representatives, service providers, health managers and other stakeholders including civil society organization members participate. After the first successful Public hearing-cum Rally, the second of was organized in the district of Boudh in Orissa. Boudh is a centrally located district in Orissa with three blocks namely, Boudh, Harabhanga and Kantamal.

The Rally started with more than 500 women, along with other stakeholders, marching for 3 Kms from the Rameshwar temple via the district head quarter hospital, the office of CDMO, office of District Magistrate and reached the Town Hall, Boudh. The women carried placards with messages on MNCH issues to draw attention to issues around service provision, for improving the quantity of care, irregularities in govt issued benefits towards women health, etc. The rally was flagged off by the Chief District Medical Officer (CMDO).

The Public hearing was chaired by Mr. Mohan Prasad Mishra, Collector and District Magistrate, Boudh district and was facilitated by Dr. Nabin Kumar Pati, National Co-
Chair, WRAI. After a brief discussion on existing entitlements, policy provisions and district status on MCH, questions were facilitated on safe motherhood issues. The resource persons Dr. Puspamanjari Mohanty, CDMO, Boudh; Mr. Niranjan Mallick, District Social Welfare Officer (I/C), Boudh and Mr. Saktidhar Sahoo, Co-Chair, WRA Orissa responded to the questions raised by the women.

The following questions were raised and responded to by the resource persons. It was found that there is a need for more concerted efforts to provide quality maternal health services so that maternal deaths will be reduced and childbirth will be safer.

1. The cash assistance under maternal benefit scheme – Janani Surakshya Yojana is not provided in time and many times it is delayed and/or not given to the beneficiary.
2. Women from an area shared that the ANM (Auxiliary nurse-midwife) posted in their area sub centre has not been working in the sub-centre for the last one and half years. The Anganwadi Worker is also not working effectively. The woman urged immediate action on the ANM and Collector instructed that the CDMO immediately look into the matter.
3. One woman raised a question on quality of health care services in the district headquarter hospital. The CDMO also agreed that due to lack of beds and specialists, the quality of care is greatly affected, resulting in many referrals to the district hospitals of the nearby districts of Sonepur or Balangir.
4. One woman also questioned that there was not an ASHA (Accredited Social Health Activist) posted in the Notified Area Council.
5. Another woman questioned the delay in the payment of JSY assistance and reported non-cooperation of ASHA. She informed that despite the ASHA being given Rs 300 for organizing transportation of the women to the facility, the ASHA did not use the money and asked the family members to pay for the transportation.
6. Other women from a nearby area raised the issue of non-functioning of Anganwadi centres.
7. The women also brought out the issue of the newly constructed Primary Health Centre being defunct due to lack of doctors.

8. A woman raised concern that the ANM does not reside at the sub centre, and attends to deliveries only during day time. They mentioned that they faced a lot of hardships if labour/delivery takes place at night.

The resource persons answered to the questions and assured the women that necessary steps for rectification will be taken. The collector instructed the CDMO to put up file of the ANM who has been absent for last one and half year from duty.

The *Public meeting* which followed the public hearing, sought commitment from the District Administration and CDMO, in light of the problems identified during the public hearing.

The *Collector* emphasized on people’s participation and commented on the role of the community in addressing maternal health issues. He assured that necessary steps will be taken for better implementation of MCH services. He said “... women were confined to the home but I am happy to see that women in such a large number have assembled here and are asking questions on the issue. Now women are more sensitized and aware of their rights. I am hopeful that we will do the best to address the issues brought up.”

The *CDMO* assured the women to bring to her notice any discrepancies they see or problems they face. The *Zilla Parisad member*, Sri Dibya Sankar Rout spoke on the role of PRI in monitoring and supervising the MCH services at village level. He asked the women to raise their voice and demand quality services. The *WRA India representative*, Miss Deepa Jha, spoke on the current advocacy initiatives of WRAI in the different states. She compared the All India data with that of State Orissa in respect to MMR and called upon for concerted efforts needed in Orissa. She also shared a brief outline of the Deliver Now Campaign.

The *Chairman, WRA-Orissa, Mr. Shaktidhar Sahoo* spoke on the WRA-Orissa movement and sought the cooperation of district and state health officials and policy makers to address the safe motherhood issues in the district. The whole process was coordinated by *Mr. Rajendra Meher, District Coordinator*, WRA Boudh district chapter, and the vote of thanks was given by *Mr. Khageswar Mahakud*, Asst. District Coordinator, Boudh Chapter.