

Promoting accountability for maternal health - Monitoring maternal health services and doing social autopsies of maternal deaths

A Training manual

Introduction

Maternal mortality continues to be a significant problem in India. Present programmes and policies are focused on technical interventions and indicators without addressing issues related to health systems and social determinants. Civil society groups have over the last few years been engaged in various efforts to bring accountability and governance in maternal health to the forefront.

In this context, CommonHealth has been engaged in working with civil society organizations working on the issue of maternal health with the following objectives.

- The development of a framework to look at maternal mortality in the Indian context which evolves from the various case studies that are collected and collated.
- The evolution of tools for the collection and analysis of these in the future and on a larger scale.
- Collection of evidence that goes beyond numbers and is respectful of the experience of women, families of women and communities.
- Developing a critique of the present policy focus on narrow technical interventions and focusing on the social determinants of health and the impact of other policies on health.
- Developing alternate approaches that are rigorous, systematic and at the same time grounded in the experienced reality of the women who died.

Towards this, CommonHealth has developed a tool to review maternal deaths from the perspective of health systems and social determinants. This tool can be used by civil society and community based organizations working on maternal health issues to conduct social autopsies of maternal deaths and analyze them from a technical, health systems, social determinants and rights perspective. In addition, CommonHealth has also developed a tool that could be used to monitor quality of maternal health care services in the community on an ongoing basis.

Over the last year, CommonHealth has done several training workshops with members of civil society and community based organizations on how to use these tools towards action to improve accountability for maternal health. Based on the feedback received during these workshops, CommonHealth decided to develop the contents of these workshops into a training manual so that this can be used more widely.

Who can use this manual and how

This manual is meant for use by members of civil society and community based organizations who want to work on issues of maternal health and promote accountability for maternal health and deaths. This section of the manual is meant as an organic continuum of the first part of this manual that provides a gender and rights understanding of maternal health and is oriented towards action.

Design

The module is designed as a three and half day session that will give a hands on training on use of these tools. Similar to the first part, this section also details the objectives, methodology and contents of each session. Reference material for each session, exercises, case studies, and power-point presentations are provided for each topic.

Expected outcomes

At the end of the course, participants will:

1. Understand basic technical issues related to maternal health/deaths
2. Familiarize with the tools used for monitoring quality of maternal health care and on social autopsy of maternal deaths
3. Develop skills to use the tools and analyse the information collected and plan action accordingly.

TOPIC	LEARNING OBJECTIVES	METHODOLOGY	TIME
Session 1: Understanding accountability and need for working on maternal health	Participants will be able to <ul style="list-style-type: none"> • Understand the concept of accountability • The need for monitoring of maternal health services and maternal death reviews 	<ul style="list-style-type: none"> • Presentation on accountability • Presentation on indicators of maternal health and deaths • Discussion 	1 ½ hours
Session 2: Technical aspects of maternal health	Participants will be able to <ul style="list-style-type: none"> • Enumerate the major direct and indirect causes of maternal deaths in India • Understand the clinical details and standard treatment for the major causes 	<ul style="list-style-type: none"> • Presentation on the technical details • Discussion • Small group work on stories of maternal complications • Board game 	4 ½ hours
Session 3: The monitoring of maternal health services and the MDR process	Participants will be able to <ul style="list-style-type: none"> • Understand the paradigm of safe delivery • List main components of IPHS standards • Detail the steps of monitoring maternal health services and the MDR process • Develop plans for setting up a reporting and review process in their place of work 	<ul style="list-style-type: none"> • Presentation on safe delivery paradigm and IPHS standards • Interactive presentation on monitoring and MDR process 	1 ½ hours
Session 4: Introduction to	Participants will be able to <ul style="list-style-type: none"> • Understand the various parts 	<ul style="list-style-type: none"> • Small group work 	1 ½ hours

monitoring and social autopsy tools	of the tools		
Session 5: Using the tools to monitor quality of maternal health services	Participants will be able to <ul style="list-style-type: none"> • Develop skills to monitor quality of maternal health services 	<ul style="list-style-type: none"> • Small group work • Role plays • Facility visit (optional) 	3 hours
Session 6: Using the tool to do social autopsy	Participants will be able to <ul style="list-style-type: none"> • Develop skills to use the tool in a sensitive and rights respecting manner 	<ul style="list-style-type: none"> • Role plays and discussion 	3 hours
Session 7: Analysis of the information from social autopsy	Participants will be able to <ul style="list-style-type: none"> • Analyse information collected through the social autopsy according to a framework 	<ul style="list-style-type: none"> • Small group work • Plenary discussion 	3 hours
Session 8: Compilation of information from several maternal deaths	Participants will be able to <ul style="list-style-type: none"> • Compile information collected from several deaths • Identify patterns • Plan action 	<ul style="list-style-type: none"> • Small group work • Plenary discussion 	3 hours
TOTAL TIME			21 hours (3 ½ days)

SESSION 1

Understanding accountability and the need for working on maternal health

Learning objectives

At the end of the session, participants will be able to

- Understand the concept of accountability
- Understand the need for monitoring of maternal health services and maternal death reviews

Methodology

- Power point presentations
- Discussion

Materials required

- Power point presentation

Time: 1 ½ hours

Activities

1. Start by asking the participants what they understand by the word “accountability”. Encourage participants to bring forth multiple ideas and relate the discussion to health.
2. Following this, use the power point presentations on accountability and maternal death reviews to explain the concept.
3. Discuss with participants on what do they think their role should be in ensuring accountability and the role of monitoring maternal health services and maternal death reviews in this.

Key issues for emphasis

- Clarify that our mandate for working on accountability is to broaden citizenship and deepen democracy, not just to increase efficiency.

Readings and references

1. Beyond the Numbers- Reviewing maternal deaths and complications to make pregnancy safer. WHO, 2004.
2. Death reviews: maternal, perinatal and child. PMNCH knowledge summary.
3. Maternal death review guidebook – NRHM
4. Dead Women Talking – Report of first meeting
5. No tally of the anguish – Human Rights Watch

SESSION 2

Technical aspects of maternal health

Learning objectives:

At the end of this session, participants will be able to

- Enumerate the major direct and indirect causes of maternal deaths in India
- Understand the clinical details and standard treatment for the major causes

Methodology

- Power point presentation
- Interactive discussion
- Small group work
- Board game

Materials required

- Power point presentation on technical aspects of maternal health care
- Hand out on “Stories of maternal complications” with instruction sheet
- For the board game
 - Copies of the board game pasted on a hard surface like cardboard
 - Cards for the board game – 4-6 sets
 - Dice and coloured coins

Time:

Total 4 ½ hours

- Presentation and discussion 2 ½ hours
- Small group work – 1 hour
- Board game – 1 hour

Activities

1. Explain at the start of the session why this session is necessary – the need to understand a few technical details of maternal complications if one has to understand and make sense of information emerging from verbal autopsies.
2. Presentation on technical aspects.

Note to facilitator: This session introduces several new topics, especially to participants without a medical/paramedical background. It is therefore necessary to ensure frequently during the session that participants are able to understand what is being presented and to encourage asking for clarifications wherever necessary. The facilitator may also need to give breaks in between for participants to feel fresh – use of some games as ice breakers in between may be useful.

3. After the presentation, break the participants into small groups of 6-8 and distribute copies of the handout “Stories of maternal complications”. Allocate to each group one or two of

the stories and follow the instructions on the instruction sheet.

Note to facilitator: Read the stories prior to the session and prepare your own answers to the questions as in the instruction sheet.

After the allotted time, ask each group to present its work and discuss in the large group.

4. Break participants into small groups of 4-6 and ask them to play the board game. The facilitator should be available to clarify any doubts that may arise during the game.

Key issues for emphasis

1. The major direct causes of maternal death and standard technical interventions for them. The facilitator must be able to simplify this for a non medical audience and also provide practically useful guides on how to ensure if standard interventions have been done – for eg. That Magnesium sulphate is usually administered in a large syringe, and that this may be used to ensure if it has been administered.
2. Indirect causes of maternal death are now becoming important as provision of EmOC addresses direct causes.

Readings and references

1. Fact-sheet – Frequently asked questions Essential drugs for maternal health
2. Fact-sheet – Frequently asked questions about safe abortion
3. Fact-sheet – Malaria in pregnancy in India
4. Paper on early postpartum maternal morbidity – Kirti Iyengar
5. Paper on late maternal complications – Kirti Iyengar
6. Paper on pregnancy related deaths in Rajasthan – Kirti Iyengar
7. Lancet Maternal Survival Series 2 – Strategies for reducing maternal mortality
8. Joint statement of WHO, ICM, FIGO on Skilled Birth Attendant

SESSION 3

The monitoring of maternal health services and the MDR process

Learning objectives

At the end of the session, participants will be able to

- Understand the paradigm of safe delivery and list its key domains
- List main components of IPHS standards
- Detail the steps of monitoring maternal health services and the MDR process
- Develop plans for setting up a reporting and review process in their place of work

Methodology

- Power point presentation on safe delivery paradigm and IPHS standards
- Interactive presentation on monitoring and MDR process

Materials required

- Power point presentation on safe delivery paradigm and IPHS standards
- Handouts of IPHS standards

Time: 3 hours

Activities

- Make the power point presentation on the safe delivery paradigm and the IPHS standards
- Ask the participants to break into small groups and look through the handouts detailing the IPHS standards.
- Make the power point presentation on steps of monitoring maternal health services and the MDR process. During the presentation, make time for discussions with the participants on the why and how of the processes.
- Ask the participants to organize themselves into small groups based on the organizations or states they come from and to make a plan for how to implement the monitoring and MDR process in their own work areas.

Readings and references

1. Maternal health policy in India – From institutional deliveries to safe deliveries. Position paper, CommonHealth and JSA
2. Handouts on IPHS standards

SESSION 4

Introduction to monitoring and social autopsy tools

Learning objectives

At the end of this session, participants will be able to

- Understand the various parts of the tools

Methodology

- Small group work

Materials required

- Handouts of the various tools

Time: 1 ½ hours

Activities

- Break the participants into small groups and distribute the various tools.
- Participants have to familiarize themselves with the different tools and their sub parts in the small groups.

References and readings

1. Dead Women Talking 2 report

SESSION 5

Using the tools to monitor quality of maternal health services

Learning objectives

At the end of the session, participants will be able to

- Develop skills to monitor quality of maternal health services

Methodology

- Small group work
- Role plays
- Facility visit (optional)

Materials required

- Nil

Time: 3 hours

Activities

- Divide the participants into 4 groups. Two groups each are paired up. Each pair is asked to plan a role play around using the tool for interviewing pregnant women on QoC in maternal health services – one group in the pair plans to play the role of the interviewers and the other group a pregnant woman and her family members.
- The role plays are then enacted. At the end of the role play, a debriefing session is held as follows.
 - The participants in the role play – both the group that played interviewers and the group that played the woman and her family are asked to share their experience of the role play – how did they feel, what did they find easy, what was challenging, would they do it the same way or change anything while doing it in real life.
 - Similarly, the other groups that were not part of the role play are asked to comment on what they saw – what did they like, what they would change, what did they learn.
 - The facilitator then sums up with his/her comments.
- The participants are then sent to different levels of facilities in small groups – to a sub centre, a PHC, a CHC and an ICDS centre. They are asked to fill the monitoring tool based on the IPHS standards.

Note to facilitator: For this activity, the facilitator has to ensure before the activity that participants understand exactly what needs to be done in the facility. Also, logistics arrangements of travel, prior information and permission from the facility etc needs to be ensured.

SESSION 6

Using the tool to do social autopsy

Learning objectives

At the end of the session, participants will be able to

- Develop skills to use the tool in a sensitive and rights respecting manner

Methodology

- Role plays and discussion

Materials required

- Copies of the social autopsy tool as handouts
- Handout on how to do social autopsy
- Two documentations of maternal deaths

Time: 3 hours

Activities

- Divide the participants into four groups. Two groups each are paired up for the role play.
- One group from each pair plays the role of investigators doing the role play – each of these groups is allotted 10 minutes to allocate responsibilities within their group and to plan on how they do the investigation. The other two groups in each pair plays the role of the respondents – based on the story of the maternal death that they have been allotted and that is supposed to have taken place in their family/village, they could divide themselves into family members, villagers, ASHA, ANM etc.
- The groups then are asked to enact the role plays – with one group doing the investigation and the other playing the role of the respondents. Ask other participants to observe carefully the role play.
- At the end of each role play, debrief as below.
 - The participants in the role play – both the group that played interviewers and the group that played the respondents are asked to share their experience of the role play – how did they feel, what did they find easy, what was challenging, would they do it the same way or change anything while doing it in real life.
 - Similarly, the other groups that were not part of the role play are asked to comment on what they saw – what did they like, what they would change, what did they learn.
 - The facilitator then sums up with his/her comments.
 - A short discussion on the whole exercise can serve to develop guidelines and brief do's and don't s for doing social autopsies.

Key points for emphasis

1. Doing a social autopsy with a family that has been recently bereaved of a young woman is a very sensitive process. The participants need to be made aware of this and the facilitator

must make efforts to reinforce this during the debriefing of the role play.

- 2.** The social autopsy interview can also be traumatizing for the interviewer her/himself. The facilitator must discuss how the team can make efforts to support each other emotionally during the process.

SESSION 7

Analysis of the information from social autopsy

Learning objectives

At the end of this session, participants will be able to

- Analyse information collected through the social autopsy according to a framework

Methodology

- Small group work
- Plenary discussion

Materials required

- Handouts of case documentations of maternal deaths
- Handouts of analysis formats
- Chart paper and sketch pens

Time: 3 hours

Activities

- In the large group, introduce the analysis framework and explain each of the components – 3SR – Social issues, health system issues, science (technical issues) and rights issues. Explain to the participants how to analyse each maternal death using the framework with one example done in the large group.
- Divide the participants into small groups and allot each group one of the case documentations of the maternal deaths. Ask them to discuss the case within the small group and analyze it based on the 3SR framework.
- Each group presents its analysis written on a chart paper in the large group.
- The facilitator has to be ready with his/her own analysis prior to the exercise and should fill in wherever necessary. The facilitator should also challenge the groups to keep recommendations to actually doable recommendations with very specific allocations of responsibility regarding who should do it.

Readings and references

1. Barwani fact finding report
2. Dead Women Talking final report

SESSION 8

Compilation of information from several maternal deaths

Learning objectives

At the end of the session, participants will be able to

- Compile information collected from several deaths
- Identify patterns
- Plan action

Methodology

- Small group work
- Plenary discussion

Materials required

- Handouts of format for compilation of maternal deaths
- Handouts of case documentations of different maternal deaths
- Chart papers with analysis of individual maternal deaths from the last session

Time: 3 hours

Activities

- Participants get back into the small groups they worked in in the last session. Within each group, they compile the data from the case documentations and the analysis from the previous session into the formats.
- This is then presented in the large group and discussed.

Key points for emphasis

This process of compilation highlights issues that come up recurrently in a particular area. The facilitator must spend some time helping participants make sense of this and planning action based on the evidence coming up.