

CASE STUDY

Increasing institutional deliveries through improving community-facility linkages in Mewat, Haryana State, India

Summary

Empowering communities and frontline health workers to use quality improvement (QI) methods to achieve better antenatal and intrapartum care, the USAID ASSIST Project supported a community QI team in Mewat, Haryana. The team observed that fewer than 20 percent of pregnant women in Salaheri village had institutional deliveries due to rumours that male doctors delivered babies and staff did not treat patients well. The QI team addressed these issues during regular home visits by frontline workers, leading to some improvement. To further improve the relationship between pregnant women in the community and the facility, the team arranged an exposure visit to a Community Health Centre. The exposure visits were important in reducing the community's negative impressions of the quality of care in facilities and also helped health workers identify other gaps in their own performance.

Background

The USAID ASSIST Project started providing support in Mewat, Haryana by helping the community form a QI team at the sub-centre in May 2014. The team was composed of the auxiliary nurse midwife (ANM) from the health sub-centre, community health workers known as accredited social health activists (ASHAs), community social workers known as *anganwadi* workers (AWWs), and members from a women's group.

The team decided to try to increase the number of women choosing institutional delivery. The first change that they made was to prepare a list of pregnant women known to be in their third trimester. Based on this list, ASHAs then visited these women's homes to talk about the importance of institutional delivery (the second change). This led to an improvement from about ten percent women delivering in facilities to 40 percent. In October 2014, the ANM was transferred to another sub-centre, which led to poor counselling at the sub-centre and a reduction in of home visits by the ASHAs. The team was worried that this would lead to a decrease in institutional deliveries. The team also discussed that despite the home visits, there were still many rumours in the community that male doctors delivered babies and that staff did not treat patients well. To solve this problem, the team came up with a third change idea: Organize an exposure visit of pregnant women to a facility. Twenty-nine women came to the first exposure visit at the Community Health Centre in Nuh.

The exposure visits were important in reducing the community's negative impressions of the quality of care in facilities. They also served as a forum to identify other issues which were hindering women coming for institutional deliveries. For example, the community women complained that one reason for low institutional delivery was that ambulances often did not come on time. The team then collected data on ambulance use by the community women. The improvement team is now working with the three ambulance drivers in the area to provide timely pick-up of women who are about to deliver.

Exposure visits also helped health workers identify other gaps in their own performance. Previously, the ASHAs and the ANM provided ANC services without consideration of whether the women she served were benefitting or not. However, by the end of the exposure visit, health workers were interested in the type of delivery the 29 women had. Because of their interest, they set up systems to improve follow-up

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and tracking of women receiving ANC and have been proactive about reminding pregnant women of their next visit, following up their anaemia and other management issues. Based on this initial success, the exposure visit idea is being scaled up in Mewat and the neighbouring district, Palwal.

Akbari's Story

I married at the age of 18 years and gave birth to my first child after two and half years of marriage. Since marriage, conceiving and delivering children has been part and parcel of my life. I never discuss childbirth or problems related to it with anybody, not even with my husband.

But last year when an ASHA visited my home and learned that I missed my period, she advised me to go for a pregnancy test. After the pregnancy test, my sixth pregnancy was confirmed. She took me to the ANM *Bahenjee* (Sister) for registration. After a few months and some more tests, I found out that I was pregnant with twins. For the first time in my life, I was afraid of pregnancy. I was nervous and restless. I had pain and cramps in my legs since the first month of the pregnancy. Lack of blood in my body led to me feeling extremely weak, and the doctor prescribed injections four times to increase blood.



Photo: Rakesh Kumar

I was at high risk of anaemia due to pregnancy with twins at the age of 35 and five previous pregnancies. I was confused as I did not understand the pregnancy risk and both ANM and ASHA advised that delivering twins at home could be fatal.

Despite knowing there were complications with my pregnancy, I was sceptical about delivering in a hospital as I opted for home delivery for all previous five pregnancies. I also never had visited the hospital. I heard that male doctors delivered babies and that they behaved badly with pregnant women and sometimes they even slapped patients.

One fine day, Sunita, an ASHA, invited me to participate in a group meeting for pregnant women organized by an ANM to discuss why delivering baby at home is dangerous and the benefits of institutional delivery under the Janani Suraksha Yojna programme. We talked about our fear of hospital and male doctors. After listening to us, the ANM and ASHA asked us to go with them to the Community Health Centre (CHC) at Nuh to see the labour room and the services that the doctors and nurses provide to pregnant women.



Photo: Rakesh Kumar

This visit to hospital gave a great sense of relief to me. Along with a group of other pregnant women, I went to the CHC and interacted with Lady Medical Officer and Staff Nurse. The Lady Medical Officer conducted my fourth ANC check-up on the same day and strongly advised me to deliver at hospital because of the high risk of my pregnancy.

I realized hospital is a good place for child birth because of the doctor's expertise, medicine and equipment. While coming back from hospital, I was thinking, if I opt to deliver at home and died during labour, my death would jeopardize the lives my new-born twins and my other children. The thought of death compelled me to talk to my husband and mother-in law, and I convinced them that this time I will deliver at hospital.

In ten days following my exposure visit, I went to the CHC again for delivery. Sister Babli, a Staff Nurse at Nuh CHC took good care of me during the delivery. She never shouted at me.

When my babies were finally delivered without any difficulty and handed over to me for breast feeding, I felt that all three of us survived with my single decision to go to the hospital for delivery. After this experience, whenever I meet a pregnant woman, I strongly recommend that hospital delivery should be the first choice, not the last.

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