

# OXFAM IN ACTION

## Improving Maternal Health in Six States of India

Midterm Review - October 2014



ऑक्सफैम इंडिया  
**OXFAM**  
India

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### INTRODUCTION

Oxfam India (OIN) initiated project on 'Improving Maternal Health', towards fulfilling its commitment to provide 'right to life with dignity for all' with the support from Global Poverty Action Fund (GPAF) of the Department for International Development (DFID) for the period of three years (2012-15). Through this project, OIN attempts to bring long term changes in community perception regarding women's reproductive health and enhance women's access to essential maternal health services in six states of India.

The project aims to contribute to improving access to complete package of maternal healthcare through social determinant approach. It intends to work at multiple levels on women's access to intra household nutrition, healthcare awareness, demand generation for health services, empowerment of women and delayed marriage; building community capacity for planning and demanding accountability of health services with specific emphasis on women's health services.

### KEY RESULT AREAS OF THE PROJECT

#### OUTCOME

**IMPROVED WOMEN'S HEALTH STATUS IN THE SIX POOR STATES OF INDIA**

**OUTCOME INDICATOR 1  
WOMEN WITH INCIDENCES OF SERIOUS HEALTH PROBLEMS RELATED TO CHILD BIRTH**

**OUTCOME INDICATOR 2  
WOMEN CONCEIVING AT LEAST ONE YEAR AFTER THE LEGAL AGE OF MARRIAGE**

**OUTPUT INDICATOR 2.1  
WOMEN BENEFITED UNDER THE JANANI SURKASHA YOJNA (JSY) SCHEME**

**OUTPUT INDICATOR 2.4  
WOMEN HAVING ACCESS TO CONTRACEPTIVE AND SAFE ABORTION SERVICES**

**OUTPUT INDICATOR 2.5  
NUMBER OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL**

**OUTCOME INDICATOR 3  
WOMEN CONSUMING IRON RICH/ IRON FORTIFIED FOOD**

**OUTPUT INDICATOR 3.1  
WOMEN ABLE TO ARTICULATE DIFFERENT DISADVANTAGES OF EARLY MARRIAGES**

**OUTPUT INDICATOR 3.2  
WOMEN AWARE ABOUT THE AVAILABILITY OF CONTRACEPTIVE AND ABORTION SERVICES AT VARIOUS LEVELS OF PUBLIC HEALTH SYSTEM**

**OUTPUT INDICATOR 3.3  
NUMBER OF ELIGIBLE COUPLES IN THE INTERVENTION AREA HAVING KNOWLEDGE OF TEMPORARY METHODS**

## OBJECTIVE, METHODOLOGY AND COVERAGE

The objective of the mid-term review was to monitor progress on key indicators and provide strategic inputs to the project to the extent possible. Some of the specific objectives of the review were to assess progress made by the project in implementing knowledge, behaviour and practices at the household level, with focus on current level of knowledge and practices regarding maternal health, unsafe abortions, legal age of marriage, and unmet need for contraception. Additionally, the implementation of and access to incentive based schemes such as Janani Surksha Yojana (JSY) were studied.

The process followed for mid-term review involved desk review of progress reports of NGO partners till September 2013, in-depth interview of staff of selected NGO partners (Bihar Voluntary Health Association, Janarth and Centre for Youth and Social Development), government functionaries (ASHA, AWW, ANM and MO I/C PHC/ CHC) and Focus Group Discussions (FGDs) with women who have children up to 3 years of age, unmarried adolescent girls aged 15-18 years and currently married men to know their knowledge, access & utilization of maternal health & family planning services (only knowledge from unmarried adolescent girls). The information was collected using specially designed check-lists/ FGD guide.

## KEY FINDINGS

### AWARENESS OF ANTENATAL CARE (ANC) SERVICES

- ▶ Nearly 48% women received complete antenatal care which includes Iron Folic Acid (IFA) tablets, weight monitoring, Tetanus Toxoid (TT) vaccinations and at least three ANC check-ups. The FGDs with married women show that even though the knowledge about antenatal care was good, its utilization was low.
- ▶ Most of the pregnancies (78%) are still taking place before the age of 19 showing that in many areas girls are married before the age of 18.
- ▶ Majority of women (81%) received IFA tablets during pregnancy indicating an increase of 14.6% over the baseline.

### CHILD BIRTH AND DELIVERY CARE

- ▶ More than two-thirds of the deliveries were institutional (66%) whereas the remaining 34% were home deliveries. Most of the home deliveries were carried out by unskilled health personnel. Around half (49%) of the women did not receive any home visit for post natal check-up.

Sr. No.	Output Indicator	Progress till Sept. 2013	Baseline Value	Remarks
<b>1</b>	<b>Women with health problems related to child birth</b>	<b>14.30%</b>	<b>29.50%</b>	<b>51% decrease from baseline</b>
1.1	Pregnant Women who received complete ANC	48.50%		
1.2	Women who conceived one year after legal marriage age	78.40%	77.20%	
1.3	Women who consumed iron fortified food	81.00%	81%	
<b>2</b>	<b>Women who benefitted under JSY</b>	<b>59.40%</b>	<b>49.70%</b>	<b>19.5% increase from baseline</b>
2.1	No. of Home Deliveries	33.60%		
2.2	No. of Institution Deliveries	66.40%		
2.3	Women who received Post- Natal check-up	50.60%		
2.4	Women who received care for complications	79.30%		
2.5	No. of births attended by Skilled Personnel	66.40%	44.60%	<b>49% increase from baseline</b>
<b>3</b>	<b>Couples using temporary method of contraception.</b>	<b>14.60%</b>		
3.1	Women aware of early marriage disadvantages	8.50%		
3.2	Women Aware of contraceptives	10.80%		
3.3	Women Aware of abortion services	9%		

- ▶ Most of the women (89%) who had institutional delivery received the benefits under JSY. Overall more than half (59%) of the women who delivered received the benefits of JSY indicating an increase of 19.5% over the baseline.
- ▶ About 14% women were identified with complications related to child birth which is nearly 51% less than the baseline figure.

## **FAMILY PLANNING METHODS**

- ▶ Awareness regarding temporary family planning methods like Oral Contraceptive Pills, Copper T, and Condoms and the place of their availability was high but only some of them knew of sterilization as the permanent method.
- ▶ Even though more than one third of the eligible couples (35%) were aware of the methods of family planning, only 14.6% were using temporary methods of contraception.

## **ABORTION CARE SERVICES**

Awareness regarding provision of abortion services at the village level is very low. Most of the women have not heard of it and in many cases they themselves took the pills for abortion. The fear or police (due to female foeticide) stops the women from approaching government hospitals and they rather prefer private hospitals.

## **BEHAVIOUR CHANGE ACTIVITIES**

Different methods like meetings, organization of activities such as street plays, Significant day celebration, wall writings etc were used to generate awareness about early marriage and its disadvantages, nutrition during pregnancy, ANC, Village Health and Nutrition Day (VHND), family planning and abortion services. More than 85% women in the age group of 15-49 attended these meetings and overall about 50% were made aware of methods of contraception and abortion services available at government health facilities.

## **CONCLUSION AND RECOMMENDATIONS**

There is a need for complete enumeration in each HH of total population and record all eligible couples by use of any method-permanent or temporary methods of family planning. It will help in identify the target couples who are not using permanent methods for maternal and child health services and family planning services. Better coordination is needed between NGO partners and government agencies to improve percentage of women receiving complete ANC services including home visits. Bottlenecks for institutional deliveries need to be resolved to minimize unassisted deliveries to reduce the maternal mortality and complications due to child birth.

The findings reiterate the need for better inter-personal communication to bring into practice the use of long term spacing methods such as Copper T and remove misconceptions in the minds of men and women about family planning methods.



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*The first draft of this learning note was prepared by a team of Kaarak Enterprises Development Services Private Limited.*

**Edited by:** Aniruddha Brahmachari and Samik Ghosh

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*E-mail: [mela@oxfamindia.org](mailto:mela@oxfamindia.org)*

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ऑक्सफैम इंडिया

**OXFAM**

India

Oxfam India, 4th and 5th Floor, Shriram Bharatiya Kala Kendra,  
1, Copernicus Marg, New Delhi 110001  
Tel: +91 (0) 11 4653 8000 [www.oxfamindia.org](http://www.oxfamindia.org)

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