Prioritizing citizens Demand to Improve Quality of Care in India

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### Problem

- Considerable progress in India - but inconsistent across the country. India accounts for nearly 17 percent of global maternal deaths.
- A dramatic increase in institutional births - high demand for care poses a challenge for the provision of quality care.
- Quality of care has an impact on **where and when** women seek care.

Quality of care is critical to women's decisions to use formal health services; women are willing to travel further to reach a clinic that provides better quality care.
Barriers

Inadequate physical resources, human resources, Problems in supply and procurement, Lack of cleanliness and hygiene

Private sector equates quality of care with increased medicalization and cost, misuse of appropriate technologies, and high cost of services

Lack of patients’ interface between management and providers—there is a lack formal channels for obtaining feedback from women & community and taking action on feedback
Transform women from passive recipients of services towards actively engaged advocates for the improvement of quality of services.

MoM-QoC is based on a 2-way Push-Pull communication mechanism using basic mobile phones, using an interactive voice based platform, to improve QoC.

Enables women to receive information on QoC and governmental entitlements on maternal health (Push) and also provide their feedback (pull) on quality of care.

This initiative is premised on the understanding that service quality needs to move beyond technical quality to incorporate perspectives of service seekers and to empower women so as to raise the demand for high quality health services.
How does the service work?

1. Maya calls Swasthya Vaani to register a missed call, and the program immediately calls her back.

2. Maya can choose to hear information about quality of care and government programs she’s entitled to participate in. And she can rate the quality of her latest maternal health care experience.

3. Maya’s feedback is published on the phone system for others to access and shared with decision-makers to improve care.

Action on feedback collected is imperative to sustain this platform and engage women.
4 QoC Indicators selected for field test

- **Timeliness**: Waiting time before receiving services
- **Service Guarantee**: Provider, service and supplies
- **Respectful care**: (maintaining comfort, privacy and confidentiality) and absence of abuse
- **Cleanliness**: of facility including toilets, hygiene & housekeeping services, sanitation
Feedback from women converted into a “ratings system” for facilities to help them drive improvements in the quality and shared with the community to empower them to decide where they chose to seek care.
Can such a tool be used to increase women’s knowledge and awareness?

**INCREASED AWARENESS**

- Awareness of free transportation to and from health facility for delivery: **67% increase**
- Awareness of financial incentives for delivery at health facility: **46% increase**
- Awareness of free meals available for the mother and her family at the health facility: **42% increase**
Increase in awareness QoC indicators
Baseline Vs Endline

- Adequate water supply
  - Pre assessment: 15%
  - Post assessment: 43%
- Soap and handwash facility
  - Pre assessment: 11%
  - Post assessment: 30%
- Clean labour room
  - Pre assessment: 28%
  - Post assessment: 41%
- Clean bed
  - Pre assessment: 15%
  - Post assessment: 41%
- Dustbins
  - Pre assessment: 11%
  - Post assessment: 52%
- Clean hospital
  - Pre assessment: 0%
  - Post assessment: 79%
- Safe drinking water
  - Pre assessment: 31%
  - Post assessment: 54%
- Clean toilets
  - Pre assessment: 30%
  - Post assessment: 67%

Legend:
- Orange: Percentage difference
- Purple: Post assessment
- Red: Pre assessment
Future Direction

Refine and adapt MoM-QC for wider audiences

A user-centered design to broaden the platform’s appeal and uptake in rural and urban settings – potentially expanding into online and text formats as well.

We believe this interactive push-pull model -
- Is a scalable means to educate mothers and also collect their feedback on QoC
- Makes outreach possible to underserved rural populations
- Can lead to a large body of direct feedback that could be used to address improvements in QoC over time within the public and private healthcare system
- The potential to empower women to speak out about the care they receive and help ensure that their voices are heard
https://www.youtube.com/watch?v=x10kq6xJBo8