



Hamara Swasthya, Hamari Awaz

An initiative of the White Ribbon Alliance for Safe Motherhood India to improve Quality of Care in Reproductive and Maternal Health Care

GUIDANCE NOTE FOR WRA MEMBERS AND NGOS

ABOUT THE CAMPAIGN: India remains one of the most high risk places in the world to give birth. India has over 44,000 maternal deaths every year, contributing to almost 15% of global maternal deaths¹. Almost all these deaths can be prevented. One of the most important conversations about reducing maternal deaths lies in inclusion of voices from around the country.

Hamara Swasthya, Hamari Awaz is a campaign initiated by the White Ribbon Alliance for Safe Motherhood, India (WRA India) to engage women directly, to put forward their one ask to improve reproductive and maternal health in the country. These asks will be collected from women across the country and compiled and shared with key policy makers. Through this campaign, WRAI is asking women to voice their one key ask or demand.

The objective of *Hamara Swasthya, Hamari Awaz* campaign is to amplify women's voices, their needs and priorities and bring these voices to key high level influencers

Hamara Swasthya, Hamari Awaz campaign strategies:

- “Put Women at the center:” For the most effective care for best possible health outcomes
- Collect voices of women about their *one ask* they want for quality reproductive and maternal care
- Present women's demands within a Quality of Care framework with areas for commitment and action from CMs/PM

Expected Outcome of *Hamara Swasthya, Hamari Awaz* campaign:

- **Highest political leadership invests/commits in quality of health services**

The purpose of this guidance note is to outline the campaign process for WRA members and other CSOs, and to reach out to women to enable them to articulate **their one specific reproductive and maternal health “ask” from public health services.**

WHY THIS INITIATIVE: Many women of reproductive age group receive services from public health facilities, health centers and hospitals for their reproductive and maternal health needs. The core of the health care she receives is Quality. Quality of care is considered a key component of the right to health, and the route to equity and dignity for women and children.

¹ Trends in Maternal Mortality: 1990 to 2015 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

WHAT WOULD WE DO WITH THESE ASKS:

The asks collected will be collated and analyzed and findings will be summarized and used for advocacy along with short videos and photographs that are collected. After collection of asks, a clear matrix of asks along with summary of findings will be prepared. The NGO/WRA member facilitating the collection of voices can put their NGO name and logo on the *Hamara Swasthya, Hamari Awaz* cards.

To receive nation-wide attention to the *Hamara Swasthya, Hamari Awaz* campaign, the key findings from the testimonies will be presented to high level Key Influencers like the Prime Minister at national level and Chief Ministers at state level.

WHAT IS QUALITY OF CARE IN REPRODUCTIVE AND MATERNAL HEALTH SERVICE:

Quality means different things to different people. Some think quality is: access to skilled health provider, timely and full services in a clean and hygienic environment, respect and dignity, not spending money for free provisioned services etc. The quality of services is a major determinant in the decision of the women and her family to access care. The quality at health facilities remains a serious concern. At the heart of understanding of “quality” from a woman’s perspective is the belief that she is receiving the best, most effective care that can be provided to her (and her soon-to-be-born child in case she is pregnant) so that she can have the best possible health outcome from the health system.

Quality of Care for Maternal and Reproductive Health is the degree to which health services for individuals and populations increase the likelihood of timely and appropriate treatment for the purpose of achieving desired outcomes that are both, consistent with current professional knowledge and uphold basic reproductive rights. Thus QoC recognizes the services quality within the health system, as well as quality and equity as experienced by the users.

STEP BY STEP NOTE FOR NGOS/MOBILIZATION PLATFORM:

- (1) **Begin by explaining to women about this campaign:** Brief the women about the campaign as an effort to understand their experience of care and build their voice to demand quality as they understand it. Explain quality of care. Brief them on the reproductive and maternal health scenario in India and why the campaign is important. Explain to the women how these asks will be collected and used for advocacy. These asks from women will be used to demand for quality in health services they are entitled to. The voices of women will be collected, summarized and presented to the most influential persons in the country like the chief ministers, health ministers and prime minister to seek their commitment in improving reproductive and maternal health care services. This campaign's objective is to voice women's aspirations from the health system
- (2) **Explain the collection process:** Inform the group what will happen with these asks. Tell them that this is part of a countrywide effort and campaign to involve women in health service quality improvement, that the asks women put down will be placed before the highest level; that many women like them from around the country are part of the process even as we speak.
- (3) Show the *Hamara Swasthya, Hamari Awaz* card and explain what the woman has to do to fill in the card. Ask women the question directly - what would you want from a health facility for the best quality care for reproductive and maternal health services for pregnancy, childbirth and family planning
 - a. Use one *Hamara Swasthya, Hamari Awaz* card per woman
 - b. If a group of women are putting forward the same ask from a village, use one card and collect everyone's name and details. Note total number of women and while data entry count as number of women who put forward the ask
- (4) Collect asks of ONLY THOSE women who are willing to and would give their consent to give testimony and fill in *Hamara Swasthya, Hamari Awaz* card. Always remember to take the consent of the women signing and putting their name
- (5) In the *Hamara Swasthya, Hamari Awaz* card, Name, Address and district has to be filled in. Either phone number or email id is mandatory
- (6) As you collect cards, please fill in the asks in the matrix provided, so that data entry happens almost simultaneously. Data entry form is attached along with the e-mail.
- (7) Take photos and short videos of women (with their consent) filling up the cards, videos of women voicing their demands and send to campaign secretariat. Send these to wra@whiteribbonallianceindia.org
- (8) You can seek volunteers to reach out through media and internet to all states, to hospital, colleges, bus stops, urban slums, community etc. to collect information
- (9) Submission of the collected testimonies
 - a. Enter the testimonies in the data entry format attached every week and send to wra@whiteribbonallianceindia.org at the end of every month.
 - b. Courier all *Hamara Swasthya, Hamari Awaz* cards to C-1, Hauz Khas, New Delhi - 110016

(10) For any query or questions please write to wra@whiteribbonallianceindia.org with a subject line “*Hamara Swasthya, Hamari Awaz*” or call at 01147488888

Data Entry codes	
Equity, Dignity and Respect	Service Availability
<ol style="list-style-type: none"> 1. Equitable Care 2. Dignity during care 3. No Denial of services 4. Confidentiality and Privacy 5. Informed Consent 6. Information about the services 7. Respect for her Choice 8. Birth Companion of her choice 9. No Male Staff in the Labour Room 10. No Verbal Abuse 11. No Physical Abuse 12. Equality, No Discrimination by the staff on basis of class, caste, religion 13. Curtain in Labour Room 	<ol style="list-style-type: none"> 14. 24X7 services available 15. Functional Delivery Centres 16. Clean Labour Room 17. Clean Hospital 18. Blood Banks 19. Referral system in place and on time 20. SBAs in Place 21. 24 X 7 availability of doctor and Nurses 22. Availability of Anaethetist and Specialists 23. ASHA Available 24. ANM Available 25. Timeliness in providing services 26. One bed for every woman 27. Service and delivery by the Gynecologist/ female doctor 28. Availability of functional/operational equipment/instrument/machine 29. Availability of medicines, injections, blood, tests (X –Ray, Sonography, blood, stool, urine etc.), equipment, instruments and food
Entitlements	Others
<ol style="list-style-type: none"> 30. Free treatment 31. No informal payments 32. JSY money on time 33. Free medicines 34. Display of entitlement or services provided by the health centre on the hospital wall 35. Receiving the benefits of the scheme or the Entitlement 36. Cost Effective Treatments 37. Timely Treatment 38. Free supplies 39. 108 Working and reaching on time 40. Institutional Care 41. Newborn care 42. Ante Nata Care 43. Post Natal Care 44. Family Planning Service 45. Counselling Services 46. Adolescent Clinics 	<ol style="list-style-type: none"> 47. Clean labour room 48. Clean toilet 49. Clean bed sheet and curtain , clean floor 50. Proper food 51. Facility of attendants ward 52. Treatment and operation should be done by the skilled and experienced doctor & ANM rather than ward boy/staff 53. availability of services at one point/centre 54. Please specify if not in the list