



Support for Advocacy and
Training to Health Initiative

Forming and Empowering
Village Groups to
**Improve Women's
Access to Maternal Health
Services and Schemes**





The COVID-19 pandemic brought unprecedented socioeconomic and health distress, particularly affecting poor communities. Tribal communities, where healthcare services are traditionally weak, were hit hard.

Routine ANC services including routine test sonography, c-section delivery were affected during the pandemic and the focus shifted to covid centric care & services. This resulted in reduced access to vital ANC & PNC services.

The government's health-related schemes like Pradhan Mantri Matrutva Vandana Yojana (PMMVY¹), Janani Surksha Yojana (JSY²), Matrutva Anudan Yojana(MAY³) and Lossed Wages Scheme (BMV⁴) could have alleviated this distress at least partially. However, many tribal women couldn't benefit from them due to technical issues like the non-availability of Aadhar Cards; a card is not updated, or the lack of a marriage certificate. To address this, SATHI launched the "Maternal Health Rights Program" in partnership with local organisations. In June 2021, the program began in 60 villages in the Amravati, Nandurbar, Thane, and Yavatmal districts of Maharashtra to improve access to schemes and enhance maternal health services.

● **PM-MVY**- Pradhan Mantri Matrutva Vandana Yojana is a scheme run by the State Health Department of Maharashtra which provides a financial remuneration of Rs. 5000/- to women in three instalments during their first pregnancy.

● **JSY**- Janani Surksha Yojana is a scheme the State Health Department runs to promote institutional delivery with financial remuneration of Rs.700/- for normal delivery and Rs . 1,500/- for c-section to women after every institutional delivery.

● **MAY**- Matrutva Anudan Yojana is a scheme implemented only in tribal areas with the provision of certain basic medicines from local health facilities up to Rs. 400/- in each pregnancy as well as Rs 400 for nutritious food supplements after the delivery.

● **BMV**- Budit Majuri (Lossed Wages) scheme is implemented in the tribal area of Maharashtra. The budget of the scheme is disbursed from Tribal Development Department, and the scheme is run by the State Health Department, where women in tribal areas are entitled to receive Rs.4000/- for the second pregnancy onwards.

Maternal Health Rights Program

Step
1

Situational Analysis

- **Data was collected from 828 women in 60 villages across 4 districts to understand the available maternal health care services during pregnancy and post-natal care and access scheme benefits. Additionally, in-person visits were made to local health facilities to understand the persistent service gaps after COVID.**

- **Findings:** Routine tests, including weight and height monitoring, urine and HIV tests, ultrasound sonography, and abdominal examination, were not conducted for pregnant women. This analysis helped in strategizing community intervention and planning project activities. Women need to gain knowledge about the Mother Child Protection Card (MCP) and how to avail its benefits. Their medical records were outdated—many

facilities required weighing scales. Haemoglobin screening kits were unavailable in some places. Over 70% of women did not benefit from the four government schemes, including PMMVY, JSY, MAY, and BMY. Poor road conditions caused delays in ambulance services, leading to cases of home delivery. The limited capacity of data entry staff at the block level emerged as a significant shortcoming. The staff lacked technical skills due to a lack of training in delay in filling the scheme forms in the portal. In some places, information about who received the benefits of the schemes and who did not was not updated in the portal. Additionally, there needed to be more communication and coordination between ASHA and beneficiaries, ASHA and ANM, and ANM, Primary Health Centre, and Block Medical Officer's office to ensure the scheme benefits.





Step 2

SATHI's intervention and Change Process

A. Improving Maternal Healthcare Services in Villages through formation of Village-Level Agency Groups, local elected representatives and Family Involvement:

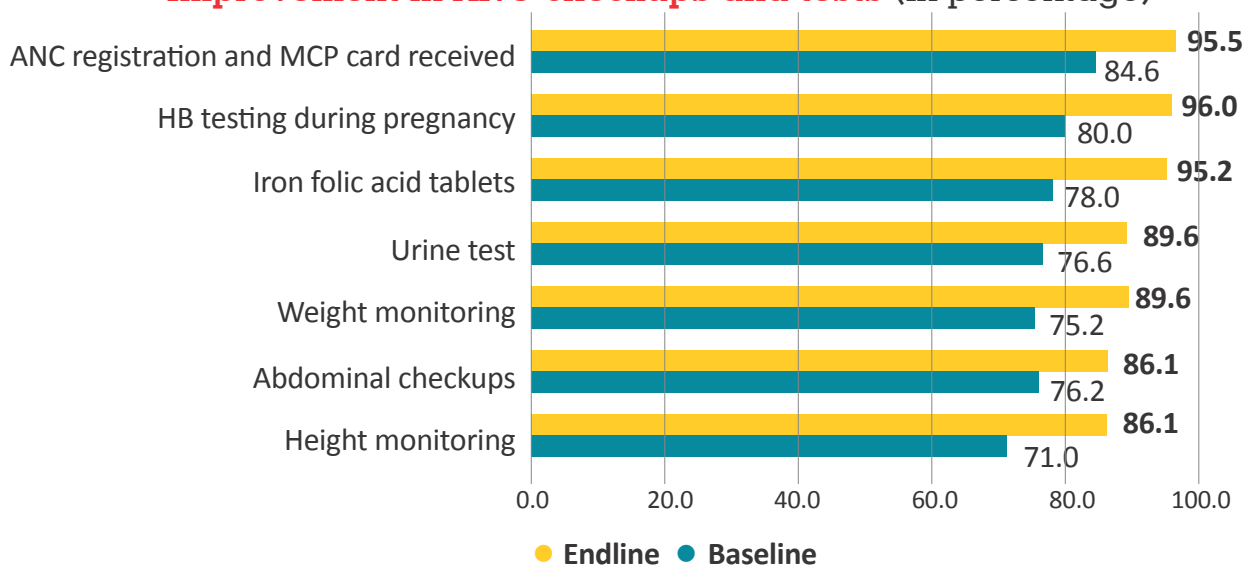
- We established and trained village-level groups to improve maternal healthcare services in villages and remove barriers faced by pregnant and lactating women. We realised that reaching out to just the women was insufficient to avail of services and scheme benefits. It was important to involve their family members, village panchayat members, ASHA workers, Anganwadi workers, ANM, and PRI members, to improve service delivery and prepare documents for accessing scheme benefits in the villages.

- With this in mind, we formed village-level groups to help women access healthcare services. We trained and informed these groups about the available services and schemes and taught all members how to prepare the documents required to avail of maternal health scheme benefits. Additionally, we made efforts to improve health services and allocated various funds at the village level to improve maternal health services.

B. Supporting and enabling active members in village-level groups

Village group members, Sarpanch and Gram Panchayat members formed a group to inform women about available services and schemes. Through monthly meetings, they created public awareness and discussed issues faced by women in accessing services and schemes. The group trained women on the importance of blood pressure and haemoglobin tests during pregnancy and the diet to follow to improve haemoglobin levels. As a result, women now proactively ask ASHA or ANM to check their haemoglobin and blood pressure during village health and nutrition days. Additionally, the group educated women on changing the name on their Aadhaar cards and opening bank accounts, facilitating access to scheme benefits. Women who received these benefits shared their experiences, motivating others to also benefit from the services. Regular check-ups of pregnant women were initiated by ASHA and ANM, resulting in positive changes in the work of local health workers. These groups facilitated community-supportive supervision of maternal health services and schemes, which benefited the local health and other department staff, and their participation increased.

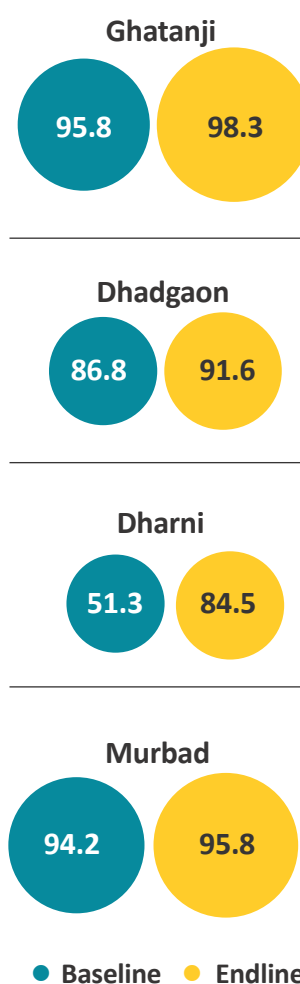
Improvement in ANC checkups and tests (in percentage)



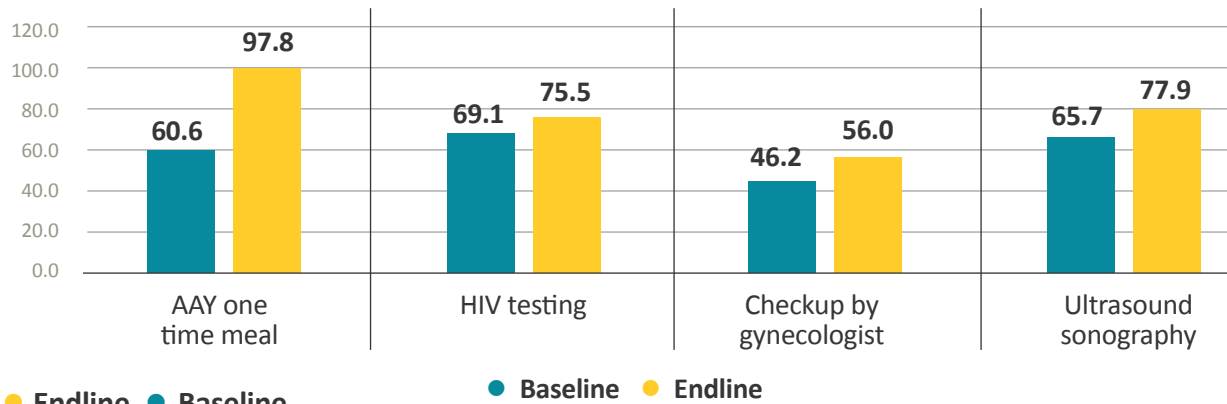
Change Stories

- Previously, women in the village would deposit their required documents with the ASHA or ANM late or sometimes not at all, resulting in delayed or missed benefits from the schemes. However, the process has been improved, and the documentation begins early in a woman's pregnancy. ANMs and ASHAs regularly track and remind women to submit their documents on time, significantly increasing the number of women benefiting from the schemes.
- One of the issues with accessing scheme benefits was related to the Aadhaar card, with some women not having the card or their husbands' names not being included. Local activists held block-level meetings and organised Aadhaar card camps in Thane, Nandurbar, and Amravati to address this problem. Public awareness programs were also conducted through rallies, posters, and street plays to educate the community on the document's importance for the scheme. This led to increased participation and involvement from those not initially part of the village group. Consequently, Aadhaar card preparation camps were held in all four blocks, resulting in the preparation or updating of Aadhaar cards for 1,832 women.
- In the Murbad block of the Thane district, the Katkari (most migrant tribes) community was deprived of schemes due to migration for work purposes. However, local activists and village group members wrote a letter to Integrated Child Development Officers, and dialogues were held with Anganwadi workers resulting in migrated women receiving antenatal care services and nutrition from AAY. The Murbad block development officer also issued a letter to the gram sevak for timely marriage registration, enabling couples to receive marriage certificates promptly.
- The Manav Vikas Mission scheme is being implemented in all the tribal blocks of Maharashtra, including the Budit Majuri scheme (lost wages) in

Blockwise improvement in ANC registration (%) in percentage



Improvement in nutrition services and Health checkups (in percentage)



● Endline ● Baseline

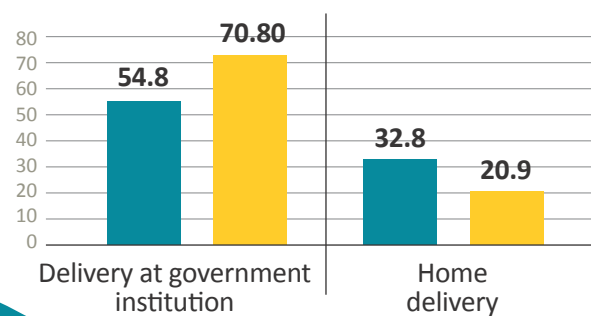
the program. When the maternal health program started, activists in the Amravati district realised that their district was not included in the list of districts where the lost wages scheme was applicable, despite Dharni being a purely tribal block. The issue was repeatedly raised in block-level consultations and district-level Nav Sanjivani Committee meetings until it was discussed with the district collector. As a result, the scheme was sanctioned in the district and a list of eligible disadvantaged women from financial year 2016 was prepared and submitted to the Tribal Development and Health Departments. The concerned departments have received the list, and the process of allocating funds for the last seven years has started. The continuous follow-up on this issue has led to significant achievement in the process.

- Another important achievement of the program was authorities accepting post office accounts to provide scheme benefits as an alternative to bank accounts which became a huge relief for beneficiaries in four blocks.

- The subdistrict hospital in Dharani block of Amravati District now offers sonography examination services thrice a week, reducing the need for women to travel long distances for ultrasound tests. This has also encouraged women to go to the hospital for delivery, decreasing the prevalence of home deliveries.

- During the Covid pandemic, the Amrut Aahar Yojana remained closed, depriving beneficiary women from receiving nutritious food. Through discussions with district officials, it was determined that actual food would be provided instead of money, leading to hot-cooked meals being given to pregnant and lactating women and children.

Reduction in home deliveries (in percentage)

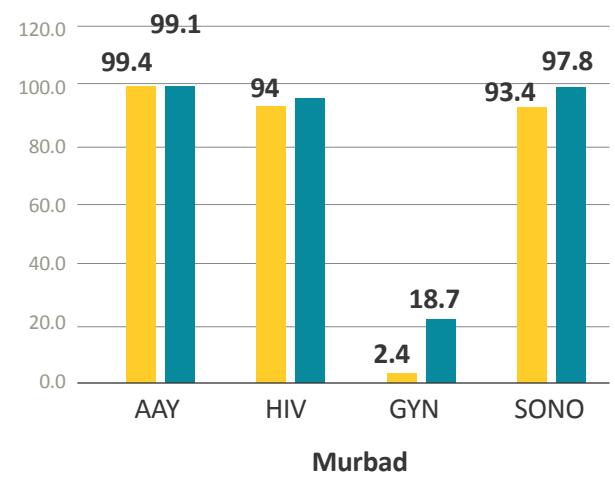
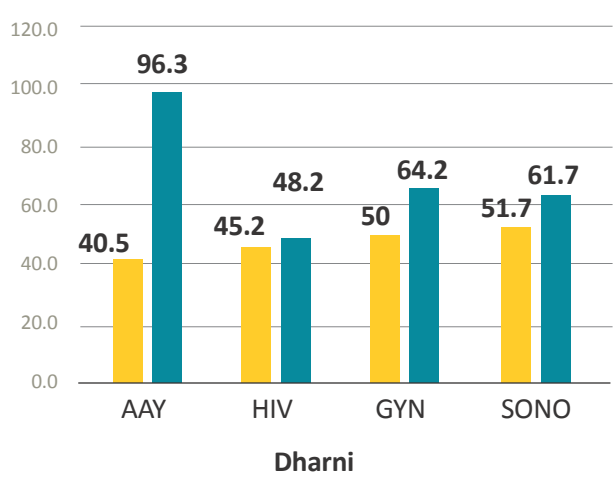
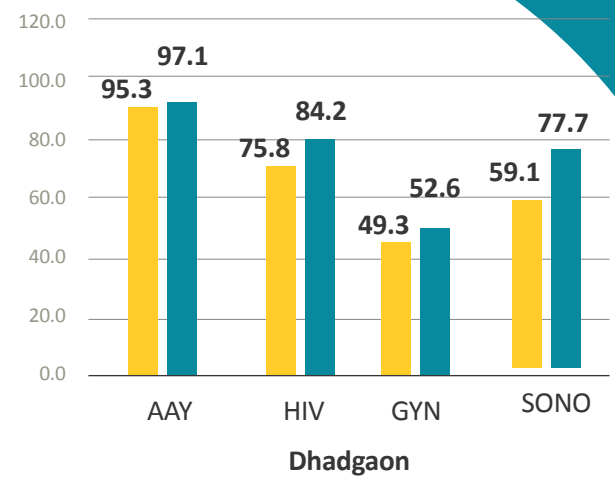
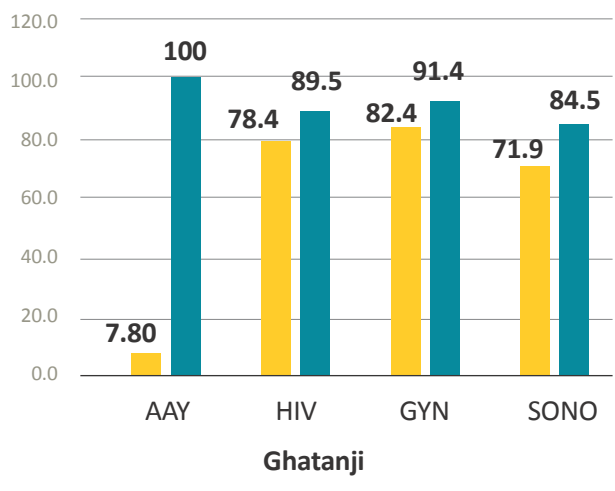


● Baseline ● Endline

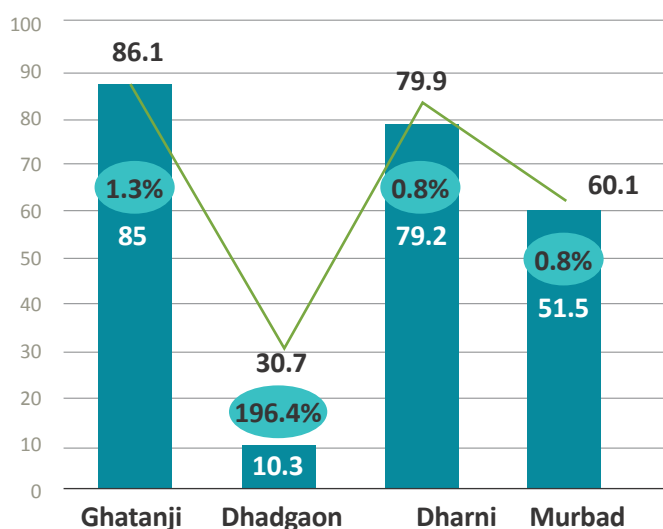




Blockwise improvements in nutritional and anganwadi services (in percentage)



Blockwise % Improvement in Institutional deliveries



Glimpses into success stories in the field

1 “Bike Ambulance brings Medical Aid to Remote Communities in Nandurbar”- In Dhadgaon block, bike ambulance is now available to provide medical assistance to tribal communities. This remarkable initiative made healthcare accessible to even the most isolated communities.

2 “Activists Bring Running Water to Bilgaon PHC After Five-Year Wait”- For five long years, the Bilgaon Primary Health Center (PHC) had been facing a severe shortage of running water. The lack of water supply posed a significant challenge in providing essential medical services to patients, especially during emergencies. The situation was dire, and the staff and patients had been voicing their concerns repeatedly to the local authorities, but to no avail. That’s when a group of dedicated activists stepped in to help. They took up the issue and began advocating for the Bilgaon PHC’s water supply. The activists reached out to the concerned authorities, raised the issue with them, and demanded immediate action. Their persistence and hard work paid off when the Bilgaon PHC finally received running water after a long wait of five years. Rs. seventy lakhs (\$85,600) were sanctioned for the water pipeline.

3 “Improved Access to ANC and PNC Care for Women through the Program”- There is improved availability of Iron-Folic and calcium supplements for ANC & PNC women. The team enrolled 1072 women in the scheme portal, ensuring they received care. 1832 women received updated Aadhar cards thanks to the program’s efforts.

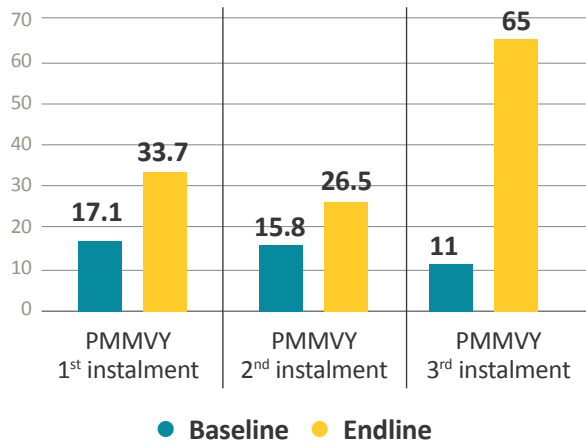
4 “Collaborative Efforts Improve Health Services in Thane district”- The joint efforts of health officials, frontline workers, village group members, PRI members, and beneficiary women helped improve the health services in Murbad block of Thane district. Additionally, the “Van Niketan” Thane activists provided the fund utilisation analysis to the PHC and Block medical officers. They empowered women to ask for their rights and utilised the available funds for the remaining beneficiaries.



5 “Successful Advocacy for Expansion of AAY Program (Amrut Ahar Yojana) in Yawatmal district”- local activists demanded that AAY be started for all eligible beneficiaries at the district level, which had a significant impact. As a result, hot cook meals are supplied through AAY in the entire district.



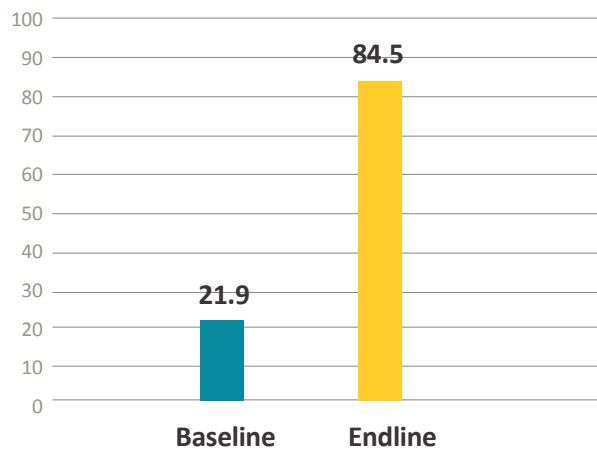
Increase in PMMVY release (in percentage)



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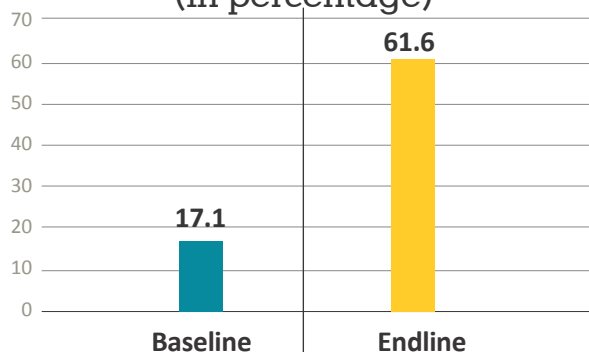
Janani Surksha Yojana (in percentage)



● 540: at Baseline ● 888: at last round of intervention

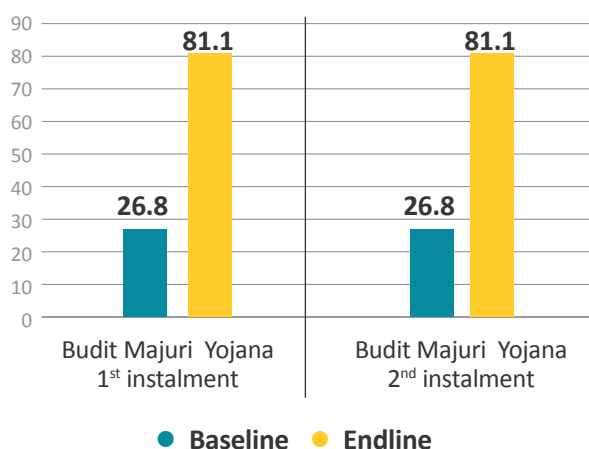


Improvement in Matrutva Anudan Yojana (in percentage)



Scheme for medicine and food supplements during pregnancy and delivery

Improvement in Budit Majuri / Lost wages scheme (in percentage)



During program implementation, several key recommendations were identified for improving maternal health and related services and schemes in the tribal area:

- The system for Aadhar-card updation must be streamlined to ensure that eligible beneficiaries receive scheme benefits. Concerned departments responsible for implementing schemes must plan effectively to improve performance.
- Urgent action is needed to fill vacant posts in the health and ICDS departments, including frontline workers, to ensure a better quality of care.
- A grievance redressal cell must be set up at the block level to address problems and concerns raised by beneficiaries seeking healthcare. Regular monitoring of services is also needed to improve service delivery and scheme benefits. Feedback from beneficiaries must be taken into account during quality reviews.
- A digital portal must be created to access data on all enrolled beneficiaries and maternal health schemes. This will improve transparency and enable health officials and frontline workers to verify whether registered beneficiaries have received scheme benefits.





- Information on scheme funds must be transparently available at the PHC and Block level. Regular training is needed for all data entry and other staff, and a review mechanism for backlogs must be implemented to minimise delays in enrolment for scheme benefits. Efforts should also be made to make scheme benefits easy and accessible to eligible beneficiaries.
- Coordination between the health department, integrated child development department, tribal development department, bank, and post are essential to improve access to maternal and other financial scheme benefits. A tehsildar (block revenue officer) and block development officer level review mechanism are critical to increasing access to these benefits.





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Conceptualization and implementation- Trupti Malti, Bhausahab Aher, Hemraj Patil and Deepali Yakundi

Written by: Dr.Dhanajay Kakade,
Rupali Bawdekar

**Field Implementation team involved
in the process of the maternal health
rights program:**

● **Amravati District** | Someshwar
Chandurkar, Ganesh Jambekar,
Sham Sawalkar, Krishna Choube,
Arjun Pawar, Sanjiwani Pawar.

● **Nandurbar District** | Latika Rajput,
Chagan Pawara, Kinarya Padvi, Dula Valvi,
Khemsing Pawara.

● **Yawatmal District** | Nitin Pawar,
Sangita Ugate, Nisha Rathod, Nisha Anewar

● **Thane District** | Prabhakar Deshmukh,
Dashrath Wagh, Supriya Harad, Vikas Bartad,
and Indavi Tulpule

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