



Findings from the *Mera Swasthya Meri Aawaz*

Pilot Project of SAHAYOG
June 2011 to June 2013



Background

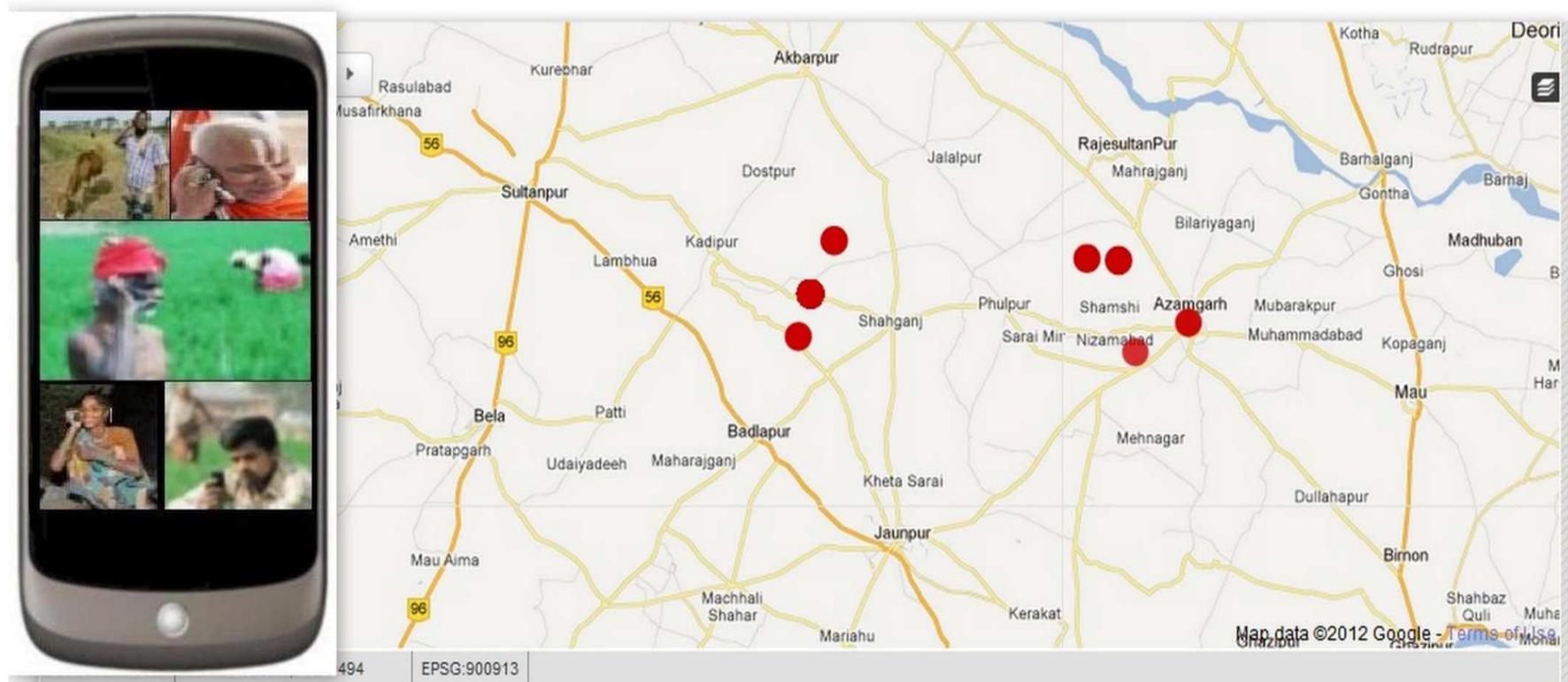
- Maternal mortality ratio in Uttar Pradesh (UP) has declined from 359 in 2010-11 to 300 per 100,000 births in 2011-12 (Annual Health Survey Bulletins)
- Government has launched schemes to encourage and incentivize poor, rural women to use public health facilities for free maternal health services.
- The two schemes which directly focus on maternal health are the *Janani Suraksha Yojana* (JSY) and the more recent *Janani Shishu Suraksha Karyakram* (JSSK)

Mera Swasthya Meri Aawaz

- In order to increase and systematize monitoring efforts, in late 2011, SAHAYOG and its CBO partners also launched a new strategy using information communication technology (ICT) to collect data on informal payments for maternal health services.
- Called the *Mera Swasthya Meri Aawaz*, the campaign was launched in Azamgarh and Mirzapur.
- The *Mera Swasthya Meri Aawaz* used an open source crowd sourcing software called Ushahidi.
- The system was adapted and integrated with an interactive voice response (IVR) system to make it simple for illiterate communities to use.

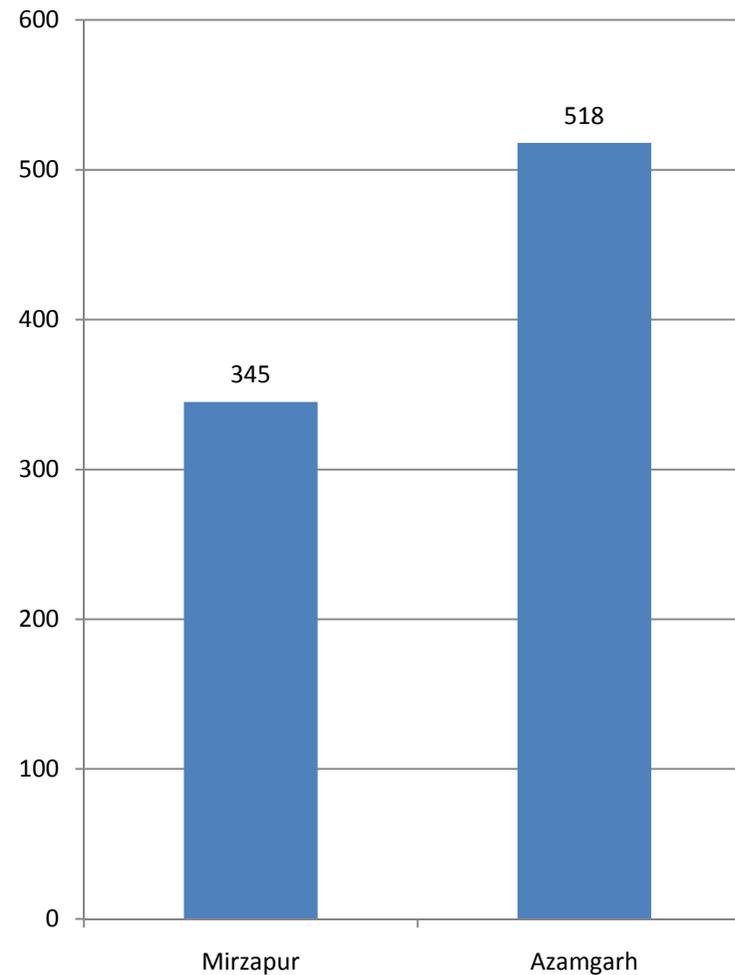
The Ushahidi enables calls/messages from mobile phones about informal payments to be recorded as data on a map - displayed instantaneously and available to the public at:

<http://meraswasthyameriaawaz.org/main>

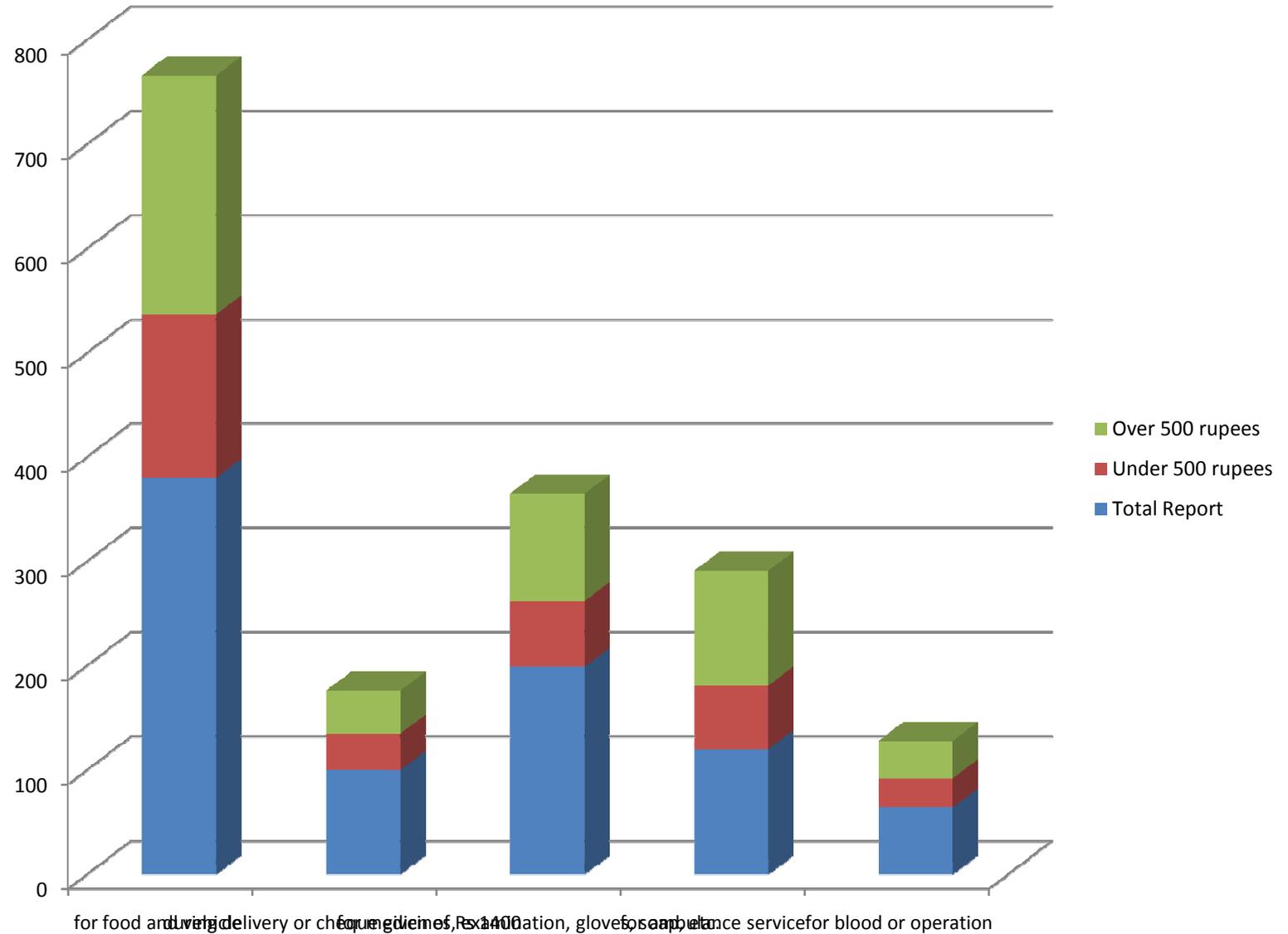


Reporting Patterns from the *Mera Swasthya Meri Aawaz* pilot

- Between January 2012 and May 2013 (15 months), a total of **867** reports of informal payments have been made
- Reporting was higher in Azamgarh which was perhaps due to more extensive campaigning due to geographical accessibility

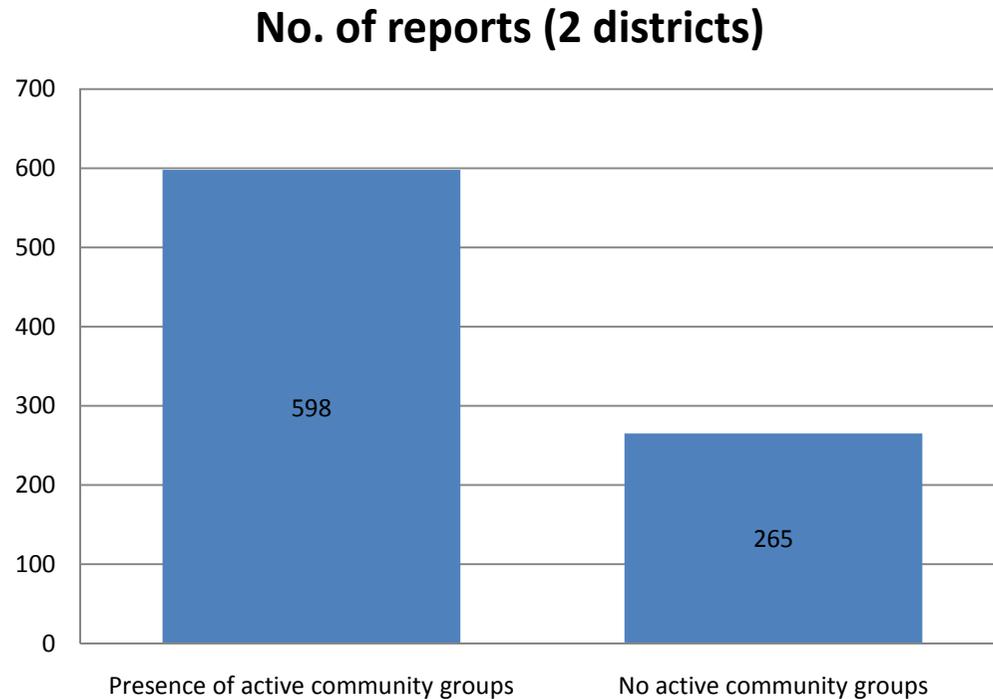


Observations about the reporting patterns



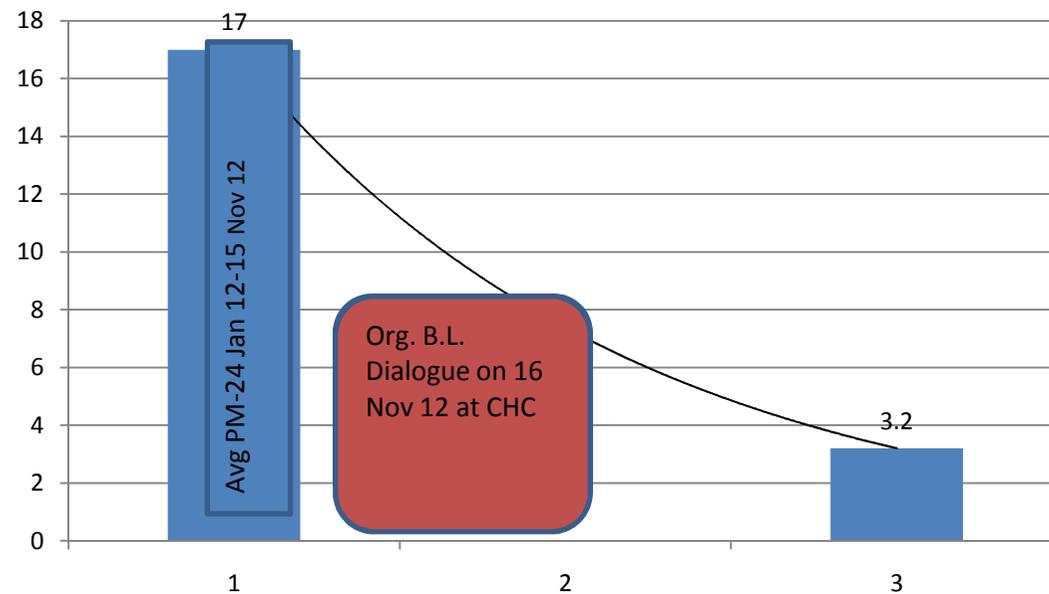
Observations (Contd.)

- Reporting was highest in areas that had active, grassroots community groups - 69% of reports came from blocks that had strong MSAM and CBO presence



Success - after sharing data with CHC officials

Atrauliya CHC Azamgarh



Average reports

24th of Jan 2012-15th of Nov 2012 - 17 Per Month

16th of Nov 2012- 15th of May 2013- 3 Per Month

Lessons Learnt

1. Evidence can be accurately generated about the extent, nature and amount of informal payments-

Shift from the collection of sensational anecdotes to systematically recorded evidence of informal payments being demanded

2.Importance of community outreach and role of CBOs-

They were able to spread information about the existence of the hotline and assist and teach women who had limited experience using mobile phones to make reports to the hotline

Lessons Learnt(Contd.)

- 3. Women as active agents not passive beneficiaries:** With assistance and training, poor rural women are able to use mobile phones to make confidential complaints about informal payments
- 4. Women felt safe making reports** using the *Mera Swasthya Meri Awaaz* system because their reports were anonymous and untraceable. Since the reports did not place blame on an individual health worker, women felt that they could safely return to the health facility in the future to seek services without retaliation

Lessons Learnt (Contd.)

5. Importance of a 'dual approach' campaign:

It combined *information about entitlements* with *knowledge about a complaint mechanism*. Distributing pamphlets which described government maternal health schemes and the services covered under those programs along with the hotline number were invaluable to poor non-literate women in the project districts

6. **Importance of health officials' engagement:** Involving district-level government officials from the beginning has led to a more positive engagement and instant response that has resulted in lives saved.

