

PUBLIC AFFAIRS CENTRE, BANGALORE
Maternity Health Care for the Urban Poor in Bangalore
A Report Card

Sita Sekhar

Executive Summary

Background

Bangalore Mahanagara Palike's (BMP) maternity homes represent the only decentralised set of health facilities in Bangalore that are accessed by relatively low-income women and children. A network of outreach centres has now been created through IPP 8 to expand and further strengthen the services of the maternity homes. While this expansion and upgradation of the health facilities for the poor needs to be applauded, it is important that careful thought is given to their proper utilisation, maintenance and effectiveness. This comparative study on Maternity Homes, Urban Family Welfare Centres and IPP Health Centres, discusses the system's maladies, concerns about the future of these facilities and presents some thoughts on how to address them.

A total of 500 patients and 77 staff of these facilities were interviewed in two phases. The major findings were as follows:

- The overall satisfaction of patients was the lowest with the services of the maternity homes. Only a third rated them as good while 71% and 60% considered IPP centres and UFWCs respectively as good.
- Only 39% of the patients of the maternity homes claimed that they received all medicines free as opposed to 63% in IPP centres and 61% in UFWCs. Maternity homes also lead in taking payments for injections. But the staff says that medicines are given free to all patients.
- Cleanliness of toilets is an indication of the standards of hygiene and sanitation. Here, patients rated maternity homes the lowest (43%) in contrast to IPP centres (83%) and UFWCs (61%).
- Maternity homes were rated the lowest also in terms of staff behaviour towards patients. But the gap between them and IPP was much smaller in this case.
- The most distressing finding concerns the prevalence of corruption. While none of the facilities seems corruption free, maternity homes stand out in terms of the severity of the problem. Payments are demanded or expected by staff for almost all services, but most of all, for delivery and seeing the baby. The proportions of people paying bribes vary from one service to another. On the whole 90% of the respondents reported paying bribes for one service or the other at maternity homes at an average of Rs 700 per

head. Nearly 70% pay for seeing their own babies! One out of two pay for delivery.

- If a poor woman paid for all services, it would have cost her over Rs. 1000 for a delivery. It is reported that a nursing home might give her hassle free and better quality service for Rs. 2000. A rough estimate of the bribes being paid in all these facilities may be between Rs one and two crores annually. A similar estimate based on the finding that 90% of the women pay an average of about Rs 700 at the Maternity Homes would put the total amount of bribes paid at about Rs 1. 6 crores. The annual emoluments of the staff at the 30 maternity homes also amount to about Rs 2 crores.
- Most of the staff denies the practice of corruption. They do complain about the constraint of facilities, and shortage of staff, supplies and resources. Doctors emphasized the need to improve the awareness of patients, especially with respect to the need to be regular in their visits

The evidence presented above clearly points to the need to urgently reform the municipal health care facilities for the poor in Bangalore. At the core of the problem is the highly unsatisfactory state of the services of the maternity homes. If the present conditions continue, the newly created IPP centres will also deteriorate and become part of the pool of corruption and low quality that characterise the system. It will be a great pity if the fresh investments being made for these centres are rendered unproductive by continued apathy while paying lip service to the upliftment of the poor. On the brighter side, reforming the maternity homes should be a manageable task given their relatively small size and the compact population they serve. The Chief Minister's concern for good governance and control of corruption offers a window of opportunity for BMP to design and carry out an agenda of reform. If promptly done, reforms will have a strong demonstration effect.

Maternity Health Care for the Urban Poor in Bangalore A Report Card

Sita Sekhar

Background/Introduction

The provision of good maternity care to poor women and primary health care to children should be one of the primary concerns of any government in a country. Since poor women do not have access to quality care in the private sector due mainly to the prohibitive costs, it becomes all the more important that the authorities ensure that proper care is made available to these women.

In the city of Bangalore, it is the City Corporation that provides a major share of these services to the poor women. This is done through a network of three kinds of health care institutions. There are around 30 Maternity Homes and Urban Family Welfare Centres, and 55 India Population Project run Health Centres.

The present exercise began with a round of discussions among NGOs working with the urban poor and officials from the IPP, following reports of poor service and widespread corruption in the provision of these services¹. The group met to strategize for working towards an improvement in the maternity care provided to poor women. Public Affairs Centre was assigned the task of conducting a Report card study on the services provided by these three kinds of maternity health care providers run by the Municipal Corporation of Bangalore, since it would be unfair to draw any conclusions without a systematic investigation. It was decided to get feedback from poor women who have used these facilities on the quality of care provided, the level of cleanliness, accessibility, and extent of corruption in them. The purpose of the study was to get corroborative evidence on the poor quality of services provided, and the widespread corruption in the maternity homes to strengthen the advocacy work.

The rest of the paper is divided in to 3 sections. Section I describes in detail the methodology followed for this study. Findings from the surveys are presented in Section II. Section III presents the conclusions and recommendations of the study.

¹ This includes an earlier Report Card study on public hospitals which brought out the inefficiencies in the running of maternity homes and also the highlighted the prevalence of level of corruption in them.

Section I

Methodology

This survey was carried out in two phases. The first phase involved getting feedback from slum dwellers that had accessed the services of the Maternity homes, Urban Family Welfare Centres (UFWC) and India Population Project (IPP) Health Centres run by the Corporation of Bangalore. The Report Card methodology was used to collect the feedback. The sample was selected using multi-stage-sampling technique.

Phase I

Twelve maternity homes, and UFWCs were selected and 20 IPP Health Centres were selected based on relevant criteria such as size of the facility, number of patients visiting the facility and the size of the population served by the facility. Geographic representation was also ensured. Respondents were selected by visiting slums that are served by the selected maternity homes and health centres. 150 patients (women) each for Maternity Homes, and UFWCs and 200 women for IPP Health Centres were selected for the sample. These women gave feedback on the services provided by the three kinds of providers. This led to a sample size of 500.

Phase II

This was a survey of the three kinds of staff - doctors, nurses, and other staff - from Maternity homes, UFWCs and IPP Health centres. Six Maternity Homes, 6 UFWCs and 10 IPP Health Centres were selected from among those that were covered in the first phase ie the survey. One doctor from each facility, one nurse from each UFWC or IPP Health Centre and two nurses from each Maternity home were interviewed. One other staff member from each facility was also interviewed. This yielded responses from 22 doctors, 44 nurses and 22 other staff on various issues related to maternity health care for the poor. The sample size therefore was 77 staff members.

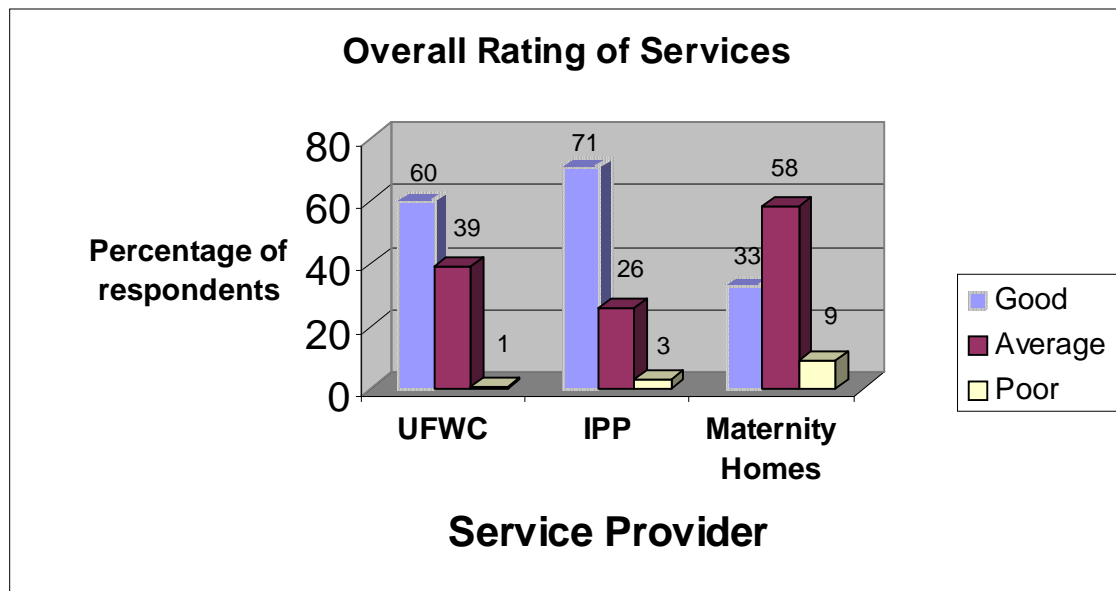
Section II

Major Findings

2.1 Overall Satisfaction with Services

The overall rating of services provided by Maternity Homes, UFWCs and IPP Health centres by people who visited them is given in Chart 1 below.

Chart 1: Overall Rating of Services



71% of the users of IPP Health Centres have rated their services as good, while 26% have rated them average. 60% of women who went to UFWCs have rated their services as good while 39% have rated them as average. 33% of the patients of Maternity homes consider the services provided by them as good while 58% say they are average.

IPP health Centres are on the whole rated better than the UFWCs and Maternity Homes. For similar services provided by all three the rating is the highest for IPP Health Centres and lowest for Maternity Homes.

2.2 Feedback on Service Delivery

A. On free supply of medicines

More of the patients that went to UFWCs (73%) and IPP Health Centres (71%) are aware that medicines are to be given free than those who have gone to maternity homes (63%).

While only 39% of the patients were given the medicine free of cost at the maternity homes, 61% and 63% were supplied the medicines free at the UFWCs and IPP Health Centres.

Money was demanded for the medicines from 11% of the women at the maternity homes while only 4 and 3 % reported being asked to pay money for medicines at UFWCs and IPP Health Centres.

The average amount paid for medicines was higher at Rs 94 at maternity homes than Rs. 30 paid at UFWCs. But the least amount was paid at IPP Health Centres (Rs. 15)

Table 1: Information related to free supply of medicines

Tablets related aspects	Percentage of respondents saying yes at maternity home	Percentage of respondents saying yes at UFWC	Percentage of respondents saying yes at IPP Health Centre
Whether advised to take tablets	84	94	90
Whether aware medicines are to be given free	63	76	71
Whether medicines given	36	55	60
All	54	39	32
Some	10	6	8
None			
How many of medicines given free			
All	39	61	63
Some	61	39	37
Whether money demanded for medicines	11	4	3
Average amount paid	Rs. 94	30	15
Whether asked to buy medicines from private shops	84	75	80



- All doctors, nurses and other staff at all three types of facilities say free medicines are given to all patients all the time.

B. Feedback on tests done at Maternity homes

Table 2 : Feedback on tests done at Maternity Homes

Status	Percentage of respondents saying yes/Rs.		
	Scan	Blood test	Urine test
Whether done	8	71	65
Whether informed of result	85	70	76
Whether paid	38	13	7
Average amount paid	176	21	21

A large proportion of the women had urine and blood tests done at the maternity homes. Scan was done for a smaller 8% of them. Most of them said they were informed of the results in all the cases. Though these tests are supposed to be free of charge, 38% of those who got a scan done, 13% of those who had a blood test done and 7% of those who had a urine test done paid for the test. An average amount of Rs. 21 was paid for the tests and Rs. 176 for the scan.

The data indicates the practice of collecting fixed relatively smaller sums for blood tests and urine tests and larger sums for scans at the maternity homes.

C. Feedback on Hygiene Related Issues

Table 3: Feedback on Hygiene related Issues

Injection related aspects	Percentage of respondents saying yes		
	Maternity Homes	UFWCs	IPPs
Whether given injections	84	93	93
Use of disposable syringe	52	70	70
Payment for injections	11	07	06
Average amount paid	Rs. 16	Rs. 16	Rs. 14
Hospital facilities related aspects	Percentage of respondents saying yes		
	Maternity Homes	UFWCs	IPPs
Availability of drinking water	83	89	95
Clean & Usable toilets	46	61	83

Many of the women (84%) who visited maternity homes and 93% of those who went to UFWCs and IPP Health Centres were given injections. Of these 11% paid for the injection at maternity Homes, 7% at UFWCs and 6% at IPP Health Centres. An average of RS 16 was paid for the injection at Maternity Homes and UFWCs , and Rs 14 at IPP Health Centres.

As in the case of tests a certain sum has been collected for the injection though it is to be given free of charge at all three places.

Despite use of disposable syringes being mandatory, half the women who went to Maternity homes reported non-usage of disposable syringes. Usage of disposable syringes is more prevalent at IPP Health Centres and UFWCs at 70%.

- The patients for the Maternity homes corroborate the information given by the staff regarding usage of disposable syringes.
- In UFWCs 40% of the doctors and 60% of the nurses reported using disposable syringes - which contrasts with what patients have said.
- In the case of IPP Health Centres 92% of the doctors and 33% of the nurses said they used disposable syringes. This varies significantly from what is reported by patients.
- However the staff do point out that even if disposable syringes are not used they do use autoclaves to sterilize the injections.

It is to be noted that in the times of the fear of AIDS and other communicable diseases, there is an alarming level of unawareness among the patients on the issue. They have not realised that the syringes used for them are being sterilised and they are not disposable ones. That is what explains the contrast in what the patients reported and what the staff said. In fact, most UFWCs and IPP Health Centres use autoclaves to sterilise the syringes and rarely use disposable syringes.

Availability of drinking water is reasonably good at all the three facilities but the IPP tops with 95% patients saying they do have drinking water. But when it comes to clean and usable toilets maternity homes are clearly not as good as IPP Health Centres with 46% and 83% women respectively rating the toilets always clean and usable. The UFWCs are only marginally better than Maternity homes at 61%.

- All the staff at all three facilities have said there is drinking water available and that toilets are kept clean and usable.

D. Satisfaction with behaviour of staff

Table 4: Ratings on Behaviour of staff

	Percentage of respondents always satisfied with behaviour of		
	Doctors staff	Nurses	Other
Maternity Homes	73	73	73
UFWC	83	76	86
IPP Health Centre	95	81	92

Patients are generally quite satisfied with the behaviour of the staff at all the facilities (with 73% of the women reporting being always satisfied and the rest either never or sometimes satisfied). The satisfaction is however significantly greater with the staff of IPP Health Centres. While users of Maternity homes rate all three kinds of staff equally on behaviour, patients at IPP Health Centres and UFWCs find doctors and other staff better behaved than nurses.

Behaviour of staff does not figure as an issue for the respondents. Staff at the IPP Health centre is rated the best behaved by the patients.

E. Waiting time at the facility

Table 4: Time taken to attend to patients

Maternity home	35 minutes
UFWC	28 minutes
IPP Health Centre	23 minutes

Patients at the maternity homes have to wait for about 35 minutes to be attended to. The waiting is marginally less at UFWCs at 28 minutes. The wait at the IPP Health centre is the least at 23 minutes.

The data on waiting time indicate a certain amount of crowding at the facilities. For a centre that serves a geographically smaller area, the waiting time at the IPP health centres could certainly be brought down.

Doctors, nurses and other staff at all the three kinds of places have quoted not more than five to ten minutes as the waiting period for patients.

2.3 Extent of Corruption

Many of the patients have reported instances where they have paid a bribe for some purpose or another. The various purposes for which they have paid bribes are tabulated below. In general however, it can be said that there is corruption in various forms in Maternity homes. There is evidence of corruption in UFWCs and IPP health Centres as well but not to as great an extent as in Maternity homes.

Table 5: Extent of Corruption

Purpose for payment	Percentage of respondents who paid	Average amount paid
Maternity Homes		
For medicines	11	94
For scan	38	176
For blood test	13	21
For urine test	7	21
For delivery	48	361
For seeing the baby	69	277
For immunization of mother	13	18
For immunization of child	10	10
For family planning	10	95*
For injections	11	16
Other reasons	32	**
Total		1089
UFWCs@		
For medicines	4	30
For injections	7	16
For immunization for child	0	0
Other reasons	2	1
Total		47
IPP Health Centres		
For medicines	3	15
For injections	6	16
For immunization for child	2	13
Other reasons	0	0
Total		44

* This is those who went to a maternity home for Family planning. Some who were referred from UFWCs for sterilisation to Maternity Homes have paid as much as Rs 150/-.

** Average not worked out

@ there are people who have reported having paid for sterilization but are not included here as sterilization are done only at MHs.

The level of corruption at Maternity Homes is much higher than that at UFWCs and IPP Health Centres. One of the reasons for this could be that UFWCs and IPP Health Centres do not involve admission. The reason for which bribes are paid by most patients are for seeing the baby (69%) and for the delivery itself (48%). Other services like injections, family planning medicines etc are also provided for payment of bribe but the extent is not so large. As far as the average amounts paid are concerned they are quite large for seeing the baby and for the delivery (Rs.361 and Rs. 277 respectively) while other bribes are smaller in value.

There certainly is corruption at both UFWCs and at IPP Health Centres, and nominally more at UFWCs for most reasons. However the fact that even services such as provision of free medicines, injections, immunization and family planning are not provided free as they should be even if for some patients is disturbing.

At maternity homes even small things like providing hot water, giving an enema, cleaning the room or the patient are not done for as many as 32% of the patients without money changing hands.

- When asked how patients express their appreciation almost all the staff at all three kinds of places said they "say thanks".
- When asked if there is a practice of receiving gifts or money they mostly said no (with the exception of one doctor and a few other staff)
- When asked if they were aware of anyone demanding money for services they all said no!(again with a few exceptions)

2.4 Usage of the Services of Maternity Homes, Urban Family Welfare Centres (UFWC) and India Population Project Health Centres (IPP Health Centre)

Table 6: Purposes for the visit

Facility → Main purpose of visit↓	Maternity Home	UFWC	IPP Health Centre
Antenatal care	79%	67%	73%
Immunization for child	55%	62%	79%
Delivery	94%		

Among the patients who had visited maternity homes, 94% had gone there for their delivery and 79% for antenatal care. Among those who had visited the UFWCs, 67% had gone for antenatal care and 62% for immunization for the child. Of the women who visited IPP Health Centres, 79% went for immunization for the child and 73% for antenatal care.

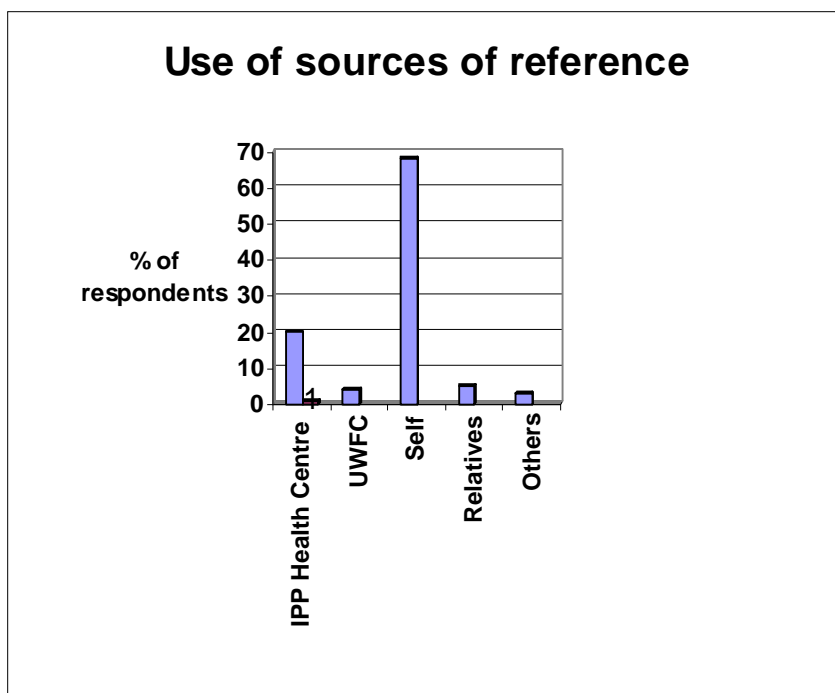
The above findings show that maternity homes are more popular among women for antenatal care than the other two providers. This indicates either a lack of awareness among the patients of the availability of these facilities nearer their residences at the IPP Health centres or a reluctance to go to a new place. In either case there is a need to educate the women on the advantages of using the IPP Health Centre.

2.4.1 Referral to Maternity homes by UFWCs and IPP Health Centres

Patients who had been to Maternity homes were asked who referred them there. The response shows that most of them came there on their own (68%), some were recommended by friends and relatives (8%) while 20% had been referred by IPP Health Centres and 4% by UFWCs.

Among patients who visited UFWCs and IPP Health Centres, 63% and 64% said they were referred to maternity homes for delivery. Of these 81% and 67% went for their delivery to maternity homes from UFWCs and IPP Health Centres respectively.

Chart 2: Use of sources of reference



This shows that while a reasonably large proportion of those who visit UFWCs and IPP Health Centres are referred to maternity homes for deliveries, there are still many women who come there on their own. One probable cause could be their familiarity with the maternity homes and therefore the confidence in them. This calls for intensive awareness and motivational campaigns by the IPP staff among slum dwellers.

The question as to why, when 64% of the patients are being referred to maternity homes from IPP Health Centres, only 67% of them have actually been to maternity homes for delivery is also raised. Is there a block at the maternity homes or are they wary of going there out of fear that they would not get proper treatment?

2.5 Other Interesting Findings

- Most users of maternity homes went for delivery(95%)
- the main purpose for visit at UFWCs was Antenatal care and child immunization.
- The main purpose for visit at IPP HCs was child immunization and antenatal care
- most patients visiting MHs went on own(68%)
- Relatives and friends are chief motivators for visits to UFWCs
- Link workers bring 29% of patients to IPP HCs
- 7% persons refused admission at MHs
- Immunization programs users say they benefit from - mainly pulse polio (over 95%)

GIVING A FACE TO THE NUMBERS!! - 2 case studies

Nagamma had a harrowing time at a young age of 19. She went for a delivery to a maternity home expecting to bring home a baby in joy. It turned into a nightmare. Upon arrival in labor the doctor refused her attention unless she was given money. The husband in a panic went and mortgaged her jewelry and paid the doctor Rs. 1000. The rudeness of the doctor added to their misery. Once the money was paid, the doctor conducted the delivery but it was too late. The baby had died.

The nightmare did not end there. The staff would not show the dead baby to the aggrieved parents till some more money was paid. Can Nagamma be blamed if she vowed never to go to a BMP Maternity Home again?

On the brighter side, at another Maternity Home one patient was badgered in to paying a large sum for a delivery. Her family and friends got together under the guidance of an NGO and sat in dharna till the Doctor returned

the money! Here's to hoping there are more and more incidents like this in the future!

Section III

Conclusions and Recommendations

It is for the BMP to decide how to deal with the problems brought out by the above findings. To assist in the process, PAC and several other experts and NGOs working with the urban poor held a discussion to think about the options that might be considered by BMP. What follows are the major conclusions drawn and the recommendations that came out of these deliberations.

3.1 Conclusions

- The study very clearly brings out the distinct differences in service quality between Maternity Homes and IPP Health Centres. While Maternity homes do not score that well on cleanliness and hygiene, IPP health Centres do. Basic medicines that are to be given free are not being given to a large proportion of poor patients at Maternity homes, while at IPP HCs most people get free medicines.
- The differences in quality of service are also indicative of poor discipline and responsiveness among the staff at Maternity homes.
- The practice of corruption is far more entrenched in Maternity Homes than in IPP Health Centres. Bribes are being demanded and paid for almost every service being provided at Maternity Homes.
- The staff are not ready to accept the prevalence of corruption leave alone trying to tackle it.

3.2 Recommendations

- A more effective oversight mechanism should be created to monitor the activities of the maternity homes. A board of visitors consisting of 5-7 persons could play this role through quarterly meetings to review the operations, needs and plans of each maternity home. A board can also check and eliminate unnecessary overlaps between the maternity homes and the outreach centres. The board should include 4-5 independent experts and activists concerned about the urban poor and health. A corporator and another official could also be nominated to the board. If a board for each home is impractical, perhaps, a board could cover about 4 homes located in contiguous wards. These boards should report to the Commissioner or his deputy.

- A patients' charter should be created for the maternity homes. It should publicise the services offered, time deadlines and terms of service, fees, remedies in case of problems, patients' rights and duties. This could be the first service of BMP for which a charter could be designed on an experimental basis. Staff should participate in this process and be trained and motivated to implement it.
- Though the services are free, the reality is that the poor women are made to pay for them in a majority of cases. They pay, but have no assurance of quality or rights. Why not move to a system of contributions to a health fund by the women (some are allergic to the concept of user charges)? The idea is not to recover the full costs of the services, but to let patients share the costs (hence contribution) so that they have a right to receive the services. Norms for the contributions could be published. Delivery is a predictable event and not an emergency. They can save for this event and pay rather than be faced with extortion when in distress.
- The fund thus created should be used for the maintenance and improvement of the facility where it is collected. It will be an incentive for the doctors and staff if the money can be used to improve their facility. Whether a part of the fund could be used to pay a bonus to the staff is a matter for further consideration. Public hospitals in MP are already working on similar lines.
- In the case of the IPP centres, it is imperative that provision be made for the diversification of their management and control. When they revert to BMP, the issue is whether interested NGOs, foundations, teaching hospitals, etc., could be brought in to operate the services with a maintenance grant from BMP. IPP centres have the potential to become community service centres as their infrastructure could be used after office hours for meetings, teaching and even private practice and other services beneficial to the community. If this approach is adopted, the maintenance costs and BMP's burden can be reduced as additional income will be generated by the centres through the use of their facilities. Good NGOs may have an incentive to work along these lines as it will help further their own mission.
- Even if all these actions are taken, there is a need to empower the poor women to demand their rights and to stand up against abuse. The only way to do this is by creating support groups of women in different slums. Some NGOs have already agreed that they will play this role in their areas of work. They have also expressed interest in operating help desks in the maternity homes for patients. Support groups could prepare and brief pregnant women and accompany them on visits to maternity homes. This function properly belongs to the voluntary sector. IPP centres could be used as a base for organising the support group activities.

3.3 Follow-up to the Report Card

As a follow-up to the study, the findings were presented to the Officials of the BMP and the response has been very encouraging. Steps have already been taken to implement the recommendations made in this report. For more information in this regard, refer the paper by S. Manjunath that describes the complete initiative in detail.