Fast Facts

Project: Using mobile application and mapping platform to increase accountability in delivery of maternal health services for tea garden workers in Assam

Lead Organization: Nazdeek

Country: India

Budget: AUD 35,000.00

Situation

The highest number of maternal deaths in the world occurs in India, where according to the United Nations around 50,000 women per year die for pregnancy-related causes. Assam leads the country with the highest maternal mortality ratio: 390 deaths for 100,000 live births against the national ratio of 212. Women in Assam are routinely denied access to adequate health services due to poor infrastructure, undue payment, and discrimination based on ethnicity or caste. This is particularly so for women hailing from Adivasi (tribal) communities who live and work in the tea gardens of Assam. Health facilities in tea garden areas, whether run by the State or by companies, often lack equipment, staff and referral systems necessary to ensure safe motherhood and protect women’s and infants’ lives. Basic tools to communicate, inform, and document violations are virtually non-existent, and women lack access to mechanisms to hold public and private entities accountable for the failure to provide life-saving treatment as required by law. Information on availability of health services is difficult to obtain due to poor tracking and assessment by the government. As a result, communities and local advocates lack solid data to support demands to increase accountability in service delivery.

Solution

Nazdeek in partnership with Promotion, Advancement, Justice and Human Rights of Adivasi (PAJHRA), the International Centre for Advocates Against Discrimination (ICAAD), and Purbanchal Nari Jagriti Sangram Samity (PNJSS), developed a pilot project combining social accountability, legal empowerment and technology. The project, launched in March 2014, established a pool of 42 participants in two Blocks of Sonitpur District of Assam, who identified and reported cases of reproductive health and food rights violations occurring within and outside tea gardens. The reports are sent via SMS using a coding system developed as part of the project activities, that covers over 30 types of violations and approximately 20 different health facilities. Data collected is gathered and translated using a customized plug-in for an Ushahidi web platform, where the information sent by participants is represented on a map and database. The project team has also set up a verification system so that each report is verified via phone, while most serious cases (for instance those involving maternal and child health emergencies) are promptly investigated. Lastly, the project team has developed a short-term and long-term strategy to seek remedies for the cases of violations reported. This includes actions to be taken at ground level such as fact-finding, filing of complaints and representations to government officials. Data collected has been analysed and utilized to advocate for increased access to essential reproductive healthcare for women living in tea gardens. The pilot project was initially foreseen to last nine months,
however in October 2014 it was extended by three months, i.e. until February 2015. Activities include: acquiring appropriate hardware (March), developing the SMS and web technology as well as the coding system (March and April), identifying and selecting participants (March), developing training materials (April) and delivering trainings to participants (April-May), launching of the project and conducting field test (May onwards), gathering feedback from participants (June-July), analysing how the technology can be improved (October-November) and compiling a comprehensive report with the collected data, to be used for advocacy and litigation, including by submitting it with relevant authorities (February). Overall, End MM Now has proven to be an invaluable platform for women to monitor and claim access to basic rights and entitlements. Community members have already noted initial positive changes in the delivery of health services (see Outcomes and Impact sections below). Civil society has access to strong quantitative and qualitative data to fight for women’s health rights through advocacy and litigation.

The objectives of this project were:
1. To increase awareness and participation within the community by establishing a mechanism to track and report health rights violations.
2. To expand access to and availability of health services for women living in tea garden areas through court litigation and advocacy.
3. To strengthen the capacity of civil society (NGOs, lawyers) to intervene to address cases of health rights violations
4. To collect quantitative and qualitative data related to violations of reproductive rights and food entitlements in the District of Sonitpur, Assam.

Outcomes
- The project contributed to creating positive change in a number of ways.
- Community members gained awareness and knowledge of their rights.
- Community members gained confidence, skills and knowledge to address violations.
- Improved access to maternal and infant health services in the area covered.
- Local NGOs and advocates are able to collect data for advocacy and litigation.
- Community members have access to a mechanism to redress violations.

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