Dead Women Talking

Community led social autopsies of maternal deaths in India

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On behalf of
Dead Women Talking initiative

Dead Women Talking
A civil society report on maternal deaths in India

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Background

- India short of achieving MDG 5 – latest figures MMR 178 versus goal of 109
- However, MMR does not tell us who the women dying are or the causes and contributors to deaths
- MDR mandated by the national government since 2010 – to be conducted at district level
- Gaps and challenges
  - Less than a quarter of deaths reported to the MDSR system, of these only 2/3rds reviewed
  - Exclusively nested within the health system – no scope for independent participation
  - No information in the public domain
  - Focus only on bio-medical causes
Dead Women Talking

- A collaborative civil society initiative – 23 CSOs across India – community based, rights perspective
- Understanding from earlier work
  - Maternal deaths affect women from marginalized communities disproportionately
  - Social determinants and health system issues key contributors
  - Accountability of health systems important issue
- 124 maternal deaths documented over a period of two years (between January 2012 to December 2013)
- Purposive and non randomized sample
- 31 districts across ten states
Methodology

- Reporting of maternal deaths by community representatives
- Use of a social autopsy tool to document details of death – focus on health system issues, social determinants, rights perspective
- Documentation by team of CSO/CBO members along with community representatives
Analysis

- SSSR framework – deaths analyzed across four domains
  - Technical (Sci)ence factors
  - Health system factors
  - Social factors
  - Human rights
- Gaps identified across each domain and actions recommended
- Missed opportunities analysis
What did the social autopsies tell us?
Who are the women who died

- Issue of vulnerabilities and exclusion
  - Caste
  - Age
  - Religion
  - Geography
  - Poverty
- Programme related exclusion – two child norm, exclusion based on age and parity
- Multiple vulnerabilities adding together
- Impact of nutrition, gender
Pathways to death

- Traced the complex pathways that led to the death unlike the linear model of the 3 delays framework
- Looked at health system issues from the perspective of the woman's lived experience
- Inter-sectoral issues – migration, livelihoods, roads, transport
Human rights perspective

- Helped move beyond bio-medical issues to contributors and determinants
- Maternal health and health care seen as fundamental human right
- Framed the issue from the angle of accountability and enforceability
Action

- Feeding back to health system
  - At different levels – district, state, national
  - Through formal and informal spaces
  - Through public hearings
  - Challenges – lack of transparency, resistance, blame apportioning attitude, MDR not seen as a learning process
Action

- Feeding back to community
  - Use of informal spaces – women's groups, community-based organizations
  - Use of local government – Gram Sabha
  - Facilitated community action
- Feeding back to other actors influencing policy
  - Other ministries
  - National and State Commissions for Women
  - Human Rights Commission
  - UN Agencies
  - International human rights processes – CEDAW, CSW, UPR
What can we learn from the Dead Women Talking experience?

- Democratization of the MDR process
  - At all levels including analysis and action
  - Community representatives as equal partners rather than passive recipients

- Focus on social determinants

- Human rights perspective
  - Social autopsy tool
  - SSSR framework of analysis

- Increased accountability
  - Health system
  - Community
● MDR process presently vested in the health system – largely bio-medical, adversely impacts transparency, accountability

● Needs to be widened in terms of
  
  - Content and its analysis – has implications for type of interventions needed
  - Actors – will widen ownership and increase credibility
  - Processes – will make MDSR more transparent, accountable, effective
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