

Women's Experience Accessing Essential Maternal Health Commodities Needed During Childbirth: Nigeria

MSD For Mothers

March 2025



Welcome To Your 60dB Results

Contents

Headlines

- 04 / Project Overview
- 05 / Who We Spoke With
- 07 / Top Insights
- 08 / Voices of Recent Mothers

Detailed Results

- 10 / Deep Dive into Key Questions

Appendix

- 29 / Data Collection Summary

01

Headlines



Project Overview

Access to quality-assured essential maternal health commodities is vital for ensuring safe childbirth and protecting the well-being of newborns. Drugs such as uterotonics, antibiotics, and pain relievers play a crucial role in preventing complications like postpartum hemorrhage (PPH) and infections. Unavailability and delays in accessing these commodities is a driving factor of high maternal mortality rates.

The recommendations in this report have been based on the data collected from the women and does not include a detailed policy analysis of the existing maternal health policy landscape across the two countries.

60 Decibels partnered with MSD for Mothers to speak to recent mothers in Kenya and Nigeria to understand their experience accessing quality-assured essential maternal health commodities required during childbirth.

This report seeks to answer the following questions:

- 1 Are women provided with quality-assured essential commodities required during childbirth by their health facilities?
- 2 What information is a woman provided about the commodities needed and where to purchase them?
- 3 Where do women purchase commodities and are proximity of pharmacies, and affordability of commodities a burden to women?
- 4 What are the challenges women face while acquiring these commodities?

Who We Spoke With

The insights are based on interviews with 1,246 women across six Nigerian states (Bauchi, Bayelsa, Ebonyi, Kebbi, Lagos, Niger), and 867 recent mothers in four Kenyan counties (Nairobi, Kisumu, Bungoma, Makueni). These states and counties were selected based on initiatives such as Women Want Campaign¹ led by the White Ribbon Alliance Kenya and recent reports like the Nigeria Health Watch: Quality Maternal Health Medicines² to add to existing literature.

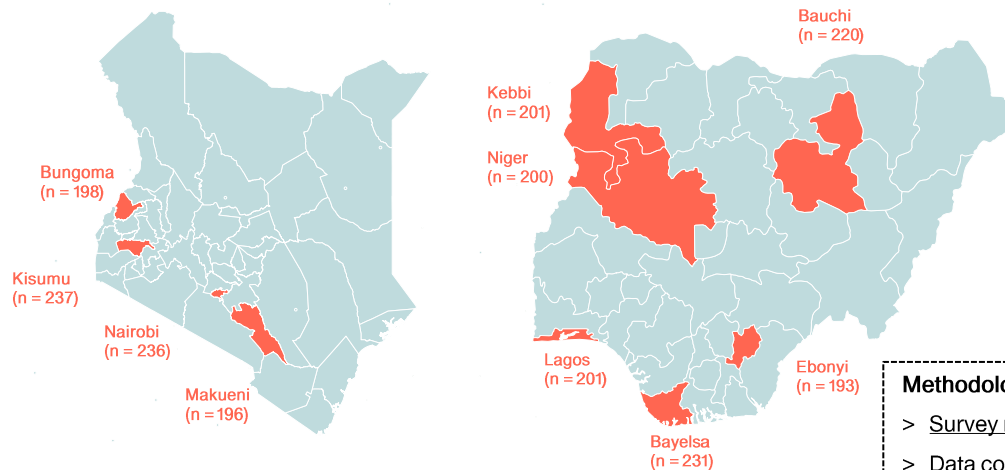
The final sample of respondents included a stratified sample of approximately 200 respondents from each county/state, and a 30% minimum threshold for respondents who had given birth at a private facility (since respondents we spoke to were more likely to have given birth at government facilities).

¹ [What Women Want](#) | WRA Kenya, 2019, page.2

² [Evidence For Change—Bridging the Evidence Gap For Access to Quality Maternal Medicines](#) | Nigeria Health Watch, 2022

Between November and December 2024, 60 Decibels trained researchers spoke to 2000 recent mothers in Kenya and Nigeria to understand their experience with essential commodities* needed during childbirth.

Respondent Sample – County / State and Sample Size



*Throughout the brief, the term 'commodities' is used to refer to prescription-based maternal health commodities that are needed during childbirth. These include medicines like uterotonics, analgesics, antibiotics, vaccines, and medical supplies such as gloves, saline drips, sutures, and alcohol swabs.

Methodology:

- > Survey method: In-Person
- > Data collection: 5-7 weeks
- > Survey length: 25 minutes
- > Languages: English, Swahili, Hausa, Yoruba

Focus: Nigeria

The following sections of this report focuses on insights on access to essential commodities of recent mothers in Nigeria. 60 Decibels has drafted a similar report for Kenya.



Top Insights

1 9 in 10 women report that they are asked to procure essential maternal health commodities across public and private facilities.

9 in 10 women report being given a prescription for these essential maternal health commodities. In terms of the instructions they receive, 4 in 5 report women do not have proper guidance regarding proper storage of commodities, understanding potential side effects, and verifying quality or authenticity of commodities.

4 1 in 5 women report challenges in acquiring maternal health commodities.

For women who report challenges, top challenges include high costs and unavailability of commodities. When it comes to conditions at pharmacies: 9 in 10 women report that public and private pharmacies have 'good infrastructure', with 4 in 10 reporting it is 'very good'; 4 in 5 say pharmacies have the 'proper equipment for storing essential commodities' (refrigerators, power supply); 4 in 5 women say commodities they received were sealed and unopened.

2 1 in 2 women purchase essential maternal health commodities at private institutions.

Across Nigeria, women are more likely to purchase essential commodities from private institutions. 55% of women buy essential commodities at private pharmacies or private health facilities, and the rest (45%) purchase them at public health facilities. Regarding accessibility of pharmacies, 23% say private pharmacies are not easily accessible with the pharmacy being 'somewhat or very far' for them.

5 Women in Ebonyi are more likely to experience difficulties acquiring maternal health commodities.

Compared to other counties, a larger proportion of women in Ebonyi report that pharmacies are far away, with 33% reporting that they are 'somewhat or very far'. Close to half (47%) women also find the commodities to be expensive. Women in Ebonyi are also more likely to report challenges, when compared to other counties. These challenges are similar to other counties - high costs and unavailability of commodities.

3 9 in 10 women pay out-of-pocket to purchase their maternal health commodities, and most dip into their savings to do so.

Only 6% of women report being covered by insurance to pay for maternal health commodities. Most women (7 in 10) mention using their savings to purchase essential commodities, and a few (2 in 10) mention borrowing money from friends or family. 1 in 3 report that essential commodities are 'somewhat' or 'very expensive.'

6 Surprisingly, there were no significant differences in experience acquiring maternal health commodities based on where women gave birth.

Overall, there was no significant difference between women who gave birth in public and private facilities with access to, and affordability of essential commodities. Similarly, there were no significant differences between women in urban and rural areas.

Voices of Recent Mothers

Here are some voices that stood out from our conversations with recent mothers.

Experience with Acquiring Commodities

77% report their experience was 'good' or 'very good' (see [page.26](#) for more)

"The medicine I bought at the pharmacy is original and had a scratch card to confirm. The pharmacy is also very accessible because it is very close."

- Age 23, Lagos

"The pharmacy was situated inside the hospital, the whole prescription by the doctor was clear and I was able to borrow money from the money lenders for the drugs"

- Age 33, Ebonyi

Ease of Understanding Instructions

10% report they understood only 'some' of the instructions shared (see [page.14](#) for more)

"I didn't understand what was written because I can't read and nothing was explained to me."

- Age 25, Lagos

"The nurse only told me that the medications I got would aid my delivery and gave no further clarification."

- Age 24, Niger

Experience with Acquiring Commodities

8% report their experience was 'poor' or 'very poor' (see [page.26](#) for more)

"I was asked to make payment upfront or make a deposit, while I was in pain. I don't know what would be my situation if my spouse didn't come up with the said deposit."

- Age 28, Bauchi

"I had to walk to three different pharmacies before getting the medicine I needed and I was also short on money."

- Age 28, Bayelsa

Challenges with Acquiring Commodities

19% report facing a challenge (see [page.24](#) for more)

"The challenge was that the drugs they prescribed were out of stock and it took my family a lot of running before they could find these at a more expensive rate outside the hospital."

- Age 32, Kebbi

"The drugs are quite expensive. I could not manage to buy the drugs at that time and it was later paid for by my friend."

- Age 36, Ebonyi

02

Detailed Results



Table of Contents

Profile

Demographics

Awareness

Provision of Essential Commodities

Information Provided to Women

Brand Selection

Access and Affordability

Where Women Buy Commodities

Proximity and Availability

Financing and Affordability

Experience

Quality and Condition of Pharmacies

Challenges Faced

Experience with Acquiring Blood

Additional Experience Metrics

Demographics

We spoke to 1,246 women from 6 states in Nigeria – Bauchi, Bayelsa, Ebonyi, Kebbi, Lagos and Niger. The average age of a woman we spoke to was 30 years old and was from a family of 7.

Overall, the final sample included 30% women from rural locations, and 30% who gave birth at a private facility. Of the women who gave birth at private facilities, 12% visited faith-based facilities.

The reasons why women choose to give birth at public or a private facilities are mostly similar. Top reasons for both groups of women include professional and caring staff (54%), affordability (32%), proximity ease of access (26%) and emergency handling (18%).

About the Respondents We Spoke With

Data relating to respondent characteristics

	Overall	Bauchi	Bayelsa	Ebonyi	Kebbi	Lagos	Niger
Sample Size (n)	1,246	220	231	193	201	201	200
Rural (proportion)	30%	42%	19%	40%	30%	27%	21%
Gave birth at a Government Facility (proportion)	70%	87%	56%	67%	95%	40%	81%
Gave birth at a Private Facility (proportion)	30%	13%	44%	33%	5%	60%	19%
Average Age (in years)	30	30	31	29	30	30	30
Household Size (average members)	7	8	6	6	10	5	6
Completed Upper Secondary Schooling (proportion)	72%	59%	87%	87%	52%	92%	80%
Completed Tertiary Education (Proportion)	25%	24%	35%	23%	17%	33%	17%

Table of Contents

Profile

- Demographics

Awareness

- Provision of Essential Commodities

- Information Provided to Women

- Brand Selection

Access and Affordability

- Where Women Buy Commodities

- Proximity and Availability

- Financing and Affordability

Experience

- Quality and Condition of Pharmacies

- Challenges Faced

- Experience with Acquiring Blood

- Additional Experience Metrics

Provision of Essential Commodities

Of the 94% of women who were asked to acquire essential commodities themselves, nearly all women (96%) report being given a prescription and most women receive their prescriptions from a doctor or a nurse.

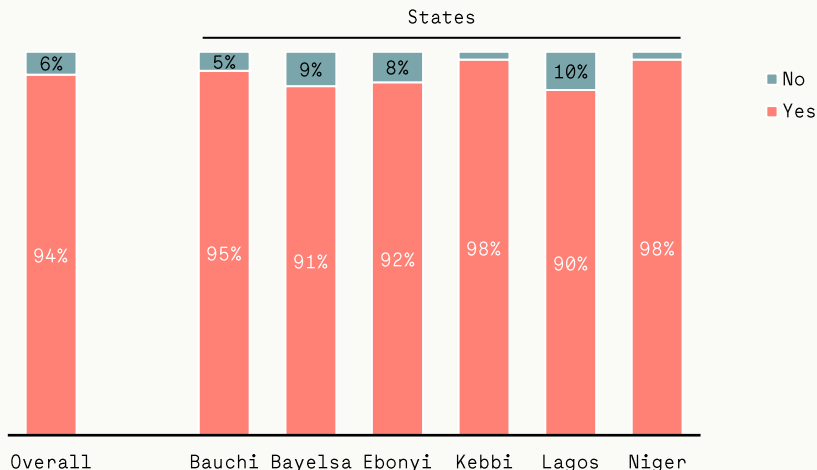
When asked whether women had any support with purchasing commodities, 1 in 3 (38%) report procuring these commodities themselves, without assistance from a family member.

The commodities that women are most likely to be asked to buy are, analgesics (69%), antibiotics (65%), medical supplies to be used by healthcare providers (40%) and medicines to stop bleeding (25%) .

9 in 10 women were asked to purchase essential commodities required during childbirth; in other words, they are not provided these commodities by their facilities.

Women Who Are Asked to Purchase Commodities

Q: Were you asked to purchase any prescription-based commodities required during your delivery, by the health facility or medical practitioner? (Bauchi = 254, Bayelsa = 289, Ebonyi = 242, Kebbi = 248, Lagos = 232, Niger = 223 | Overall = 1,488)



* The sample of respondents for this indicator is larger than for the rest of the study; this question was asked to all women who we approached to be part of the study, even if they chose to not complete our full survey. For the rest of the indicators, the sample reduces to 1,129 women (those who were asked to purchase commodities). For a detailed breakdown, see [Summary of Data Collected](#).

Information Provided to Women

Given that women are having to procure essential commodities for childbirth themselves, we sought to understand whether they have the necessary information and how well they comprehend it.

Majority of the women report that doctors provide information about dosage (68%) and the purpose of the commodity (50%). Worryingly, 1 in 10 women report not receiving any instructions.

Encouragingly, close to 9 in 10 women say that 'All' or 'Most' of the information shared was easy to understand.

Less than 1 in 5 women, receive instructions regarding proper storage, side effects, and verifying quality of the commodities they buy.

Instructions Relayed by Doctor Disaggregated by Type of Facility

Q: Did the doctor's instructions cover any of the following? % reporting 'yes'; Select all that apply

		Overall (n=1,129)	Private Hospitals (n=314)	Public Hospitals (n=815)
Product Information	What brand you are supposed to buy	22%	28%	20%
	What the commodity is meant for	50%	50%	50%
	Verifying the authenticity	6%	5%	6%
Usage Instructions	What dosage you are supposed to take	70%	75%	68%
	Checking expiry dates	20%	19%	20%
	Understanding potential side effects	10%	4%	12%
Procurement and Storage	Where you can purchase the commodities	24%	20%	26%
	How the commodity should be stored	17%	12%	19%
	Didn't receive any instructions	14%	8%	16%

Cells shaded in red indicate low percentages of women report receiving instructions

Brand Selection

Nearly 8 in 10 women report that they choose a particular brand based on recommendations from doctors.

We wanted to understand if women were influenced to buy any particular brand of the commodities they need commodities, either by their doctors, pharmacists, or based on price and availability. From the data, 76% women mention that they choose brands based on their doctor/nurse's recommendation.

We also asked women if they could recall the brands they purchased. 64% could recall some of these brands.

Top brands include:

- Amoxicillin or Flagyl¹ (40%)
- Panadol or Ibuprofen² (30%)
- Pregnacare or Astymin³ (19%)

¹Antibiotics

²Pain relief medicines

³Multi-vitamins

Factors Influencing Brand Selection Disaggregated by Type of Facility

Q: How did you choose a brand when buying commodities? *Select all that apply*

	Overall (n=1,129)	Private Hospitals (n=314)	Public Hospitals (n=815)
Doctor/ nurse recommendation	76%	80%	74%
Availability at pharmacy	22%	18%	24%
Pharmacist recommendation	7%	6%	7%
Price of the brand	13%	9%	14%
Recommendation by family or friends	1%	1%	1%
Others:	1%	1%	1%

Table of Contents

Profile

- Demographics

Awareness

- Provision of Essential Commodities

- Information Provided to Women

- Brand Selection

Access and Affordability

- Where Women Buy Commodities

- Proximity and Availability

- Financing and Affordability

Experience

- Quality and Condition of Pharmacies

- Challenges Faced

- Experience with Acquiring Blood

- Additional Experience Metrics

Where Women Buy Commodities

Close to half of all women buy their commodities at private pharmacies outside a facility. 40% also purchase them at public health facilities.

Regardless of where they gave birth, close to half of the women report visiting a private pharmacy outside their health facility to purchase all the commodities they needed.

In Niger, this proportion increases to 72% of women purchasing essential commodities from private pharmacies. Women in Niger are also least likely to report buying from a public facility.

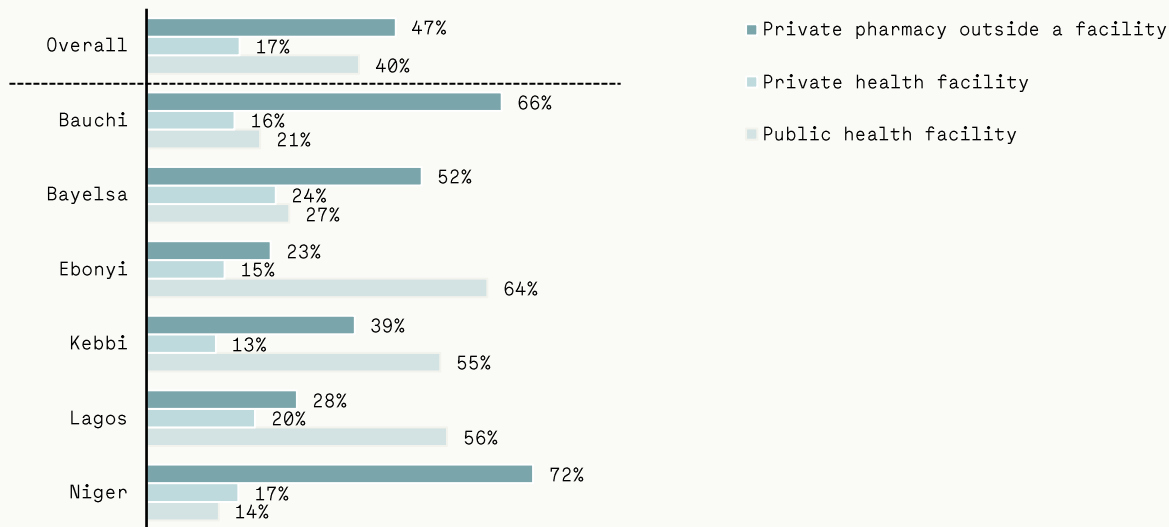
In terms of location, women in rural Nigeria are more likely to purchase commodities from a public health facility (56%) than those in urban Nigeria (42%).

Insight

Preference of purchasing at private pharmacies is influenced by factors such as cleanliness & maintenance of private pharmacies, good storage conditions as well as good power supply available at the pharmacy, as indicated by qualitative data.

Women's Commodity Purchase Preferences

Q: Where did you purchase these commodities? (Bauchi = 188, Bayelsa = 161, Ebonyi = 185, Kebbi = 200, Lagos = 192, Niger = 192 | Overall = 1,118)



Proximity of Pharmacies

Over 1 in 10 women say that pharmacies, both public and private, are not easily accessible, with the pharmacy being 'somewhat or very far' for them.

In Ebonyi, 33% of women visiting private pharmacies find them to be 'somewhat or very far.'

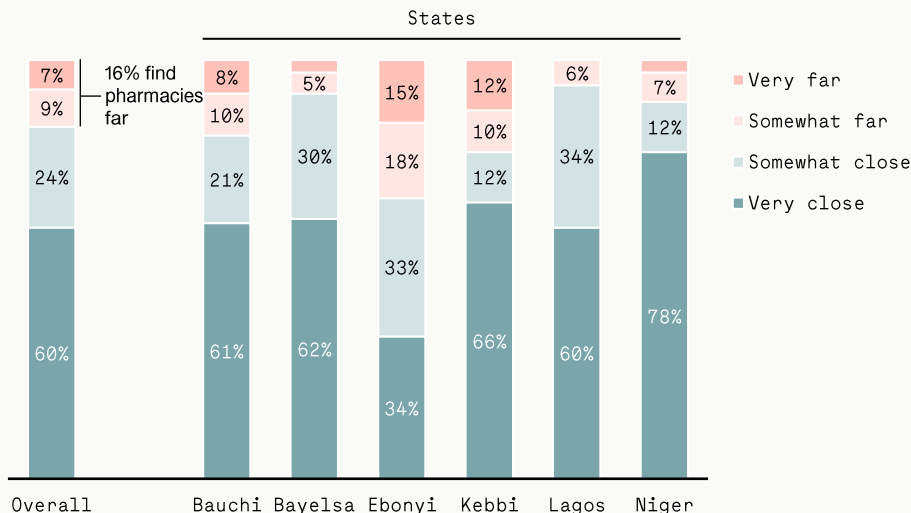
Women in rural Nigeria (20%) are more likely to report that the distance to the pharmacy is 'somewhat or very far', as compared to women in urban Nigeria (14%).

Close to 4 in 5 women in Niger report that the distance to the pharmacy is 'very close'.

Women who gave birth in a government hospital (62%) are more likely to report the pharmacy distance to be 'very close', as compared to those who gave birth in a private hospital (55%).

Distance to Nearest Pharmacy

Q: How far was the nearest pharmacy / health facility / shop where you purchased the commodities you needed during delivery? (Bauchi = 188, Bayelsa = 162, Ebonyi = 192, Kebbi = 200, Lagos = 194, Niger = 193 | Overall = 1,129)



Likelihood of a Stock-Out

1 in 5 women report that essential commodities are not available 'sometimes' or 'more than half the time'. 10% of women mention that they were not available 'all the time'.

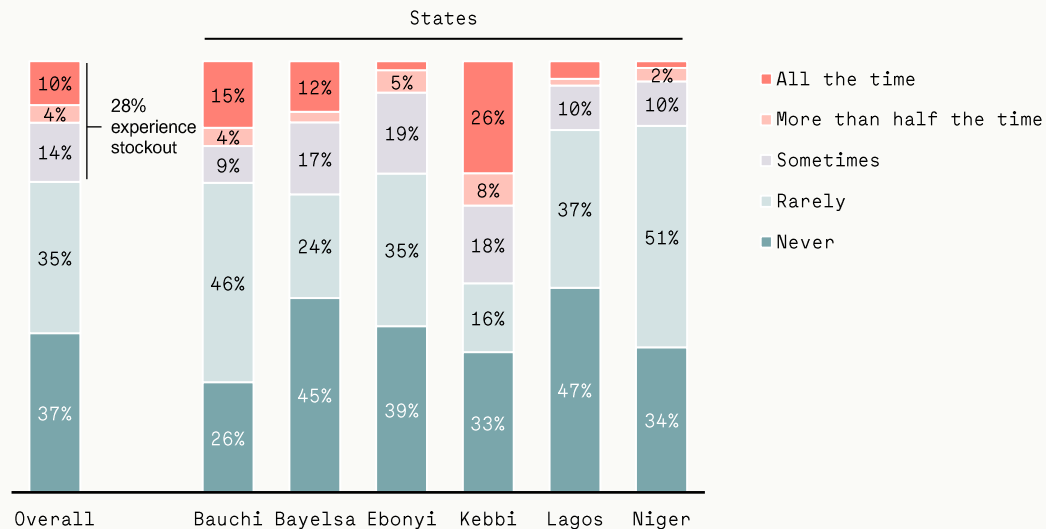
We also asked women how many pharmacies they visited to get all the commodities they needed. Over a quarter of all women (26%) say that they visit more than one pharmacy to get all the commodities they need. In Bauchi, 4 women report visiting 6 or more pharmacies to get all the commodities they need.

Over a quarter of the women in Kebbi report that commodities are not available 'all the time'.

There are no significant differences for this metric across other segments such as birthing location (private vs. public hospital) or urban vs. rural segments.

Likelihood of Not Finding Commodities

Q: How often did you encounter a situation where the medicine you were asked to purchase was not available? (Bauchi = 188, Bayelsa = 162, Ebonyi = 192, Kebbi = 200, Lagos = 194, Niger = 193 | Overall = 1,129)



Financing of Commodities

Women primarily depend on savings and borrowing from friends or family to purchase essential maternal health commodities. 6% use health insurance to pay for commodities.

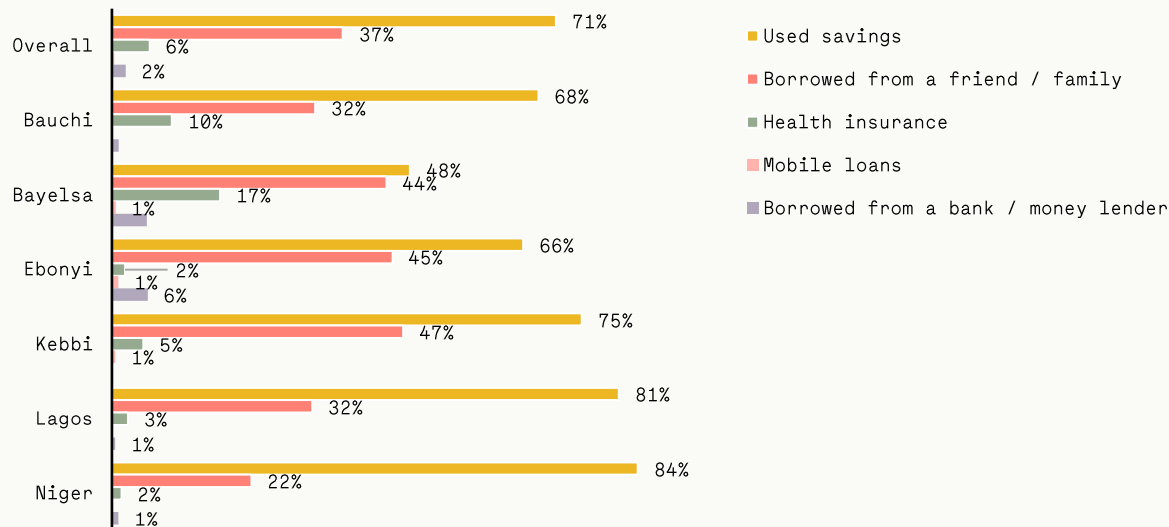
Women are more likely to borrow from a friend or a family member in Bayelsa, Kebbi, and Ebonyi, and less likely to depend on savings when compared to other counties.

Of the 6% of women who mention being covered by health insurance, 82% report that the insurance covered 'all or most' of the cost of the commodities.

Women in Ebonyi, Lagos, and Niger are least likely (2%, 5% and 2%) to report using health insurance to pay for commodities. Women in Bayelsa and Bauchi are most likely to use health insurance to pay for commodities (14% and 10%).

Top Sources of Financing

Q: How did you finance the purchase of these commodities? (Bauchi = 188, Bayelsa = 162, Ebonyi = 192, Kebbi = 200, Lagos = 194, Niger = 193 | Overall = 1,129) *Select all that apply*



Affordability of Commodities

3 in 10 report that essential commodities are 'somewhat' or 'very expensive.' 13% report it is 'very expensive'.

3 in 10 report that essential commodities are 'somewhat' or 'very expensive.' In Ebonyi, nearly half of all women (47%) find commodities expensive, and over a third report the same in Lagos and Niger.

Affordability of Commodities

Q: How would you rate the affordability of the commodities you purchased? (Bauchi = 188, Bayelsa = 162, Ebonyi = 192, Kebbi = 200, Lagos = 194, Niger = 193 | Overall = 1,129)

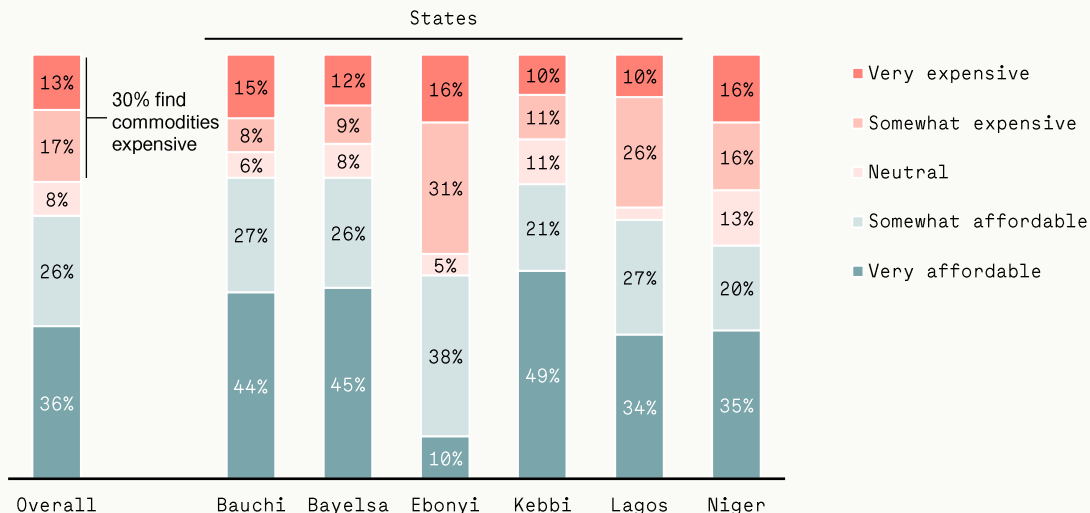


Table of Contents

Profile

- Demographics

Awareness

- Provision of Essential Commodities

- Information Provided to Women

- Brand Selection

Access and Affordability

- Where Women Buy Commodities

- Proximity and Availability

- Financing and Affordability

Experience

- Quality and Condition of Pharmacies

- Challenges Faced

- Experience with Acquiring Blood

- Additional Experience Metrics

Quality of Pharmacies and Medicines

About 9 in 10 women report that the pharmacies they visit, whether public or private, have good infrastructure and that commodities are sealed and unopened. 8 in 10 women report that the pharmacies have storage equipment.

Infrastructure, availability of storage equipment like refrigerators, and commodities being sealed – serve as proxies to understand the quality of essential commodities that women are accessing.

In terms of location, women in urban Nigeria (85%) are significantly more likely to report the availability of equipment for storing drugs as compared to those in rural Nigeria (73%).

Women might not always have the awareness to gauge the quality of pharmacies and commodities, as they do not receive instructions around this (see page 14).

Indicator	Overall (n=1,129)	Bauchi (n=188)	Bayelsa (n=162)	Ebonyi (n=192)	Kebbi (n=200)	Bungoma (n=194)	Niger (n=193)
Overall Infrastructure - building structure, shelves, and storage % who report 'good or very good'	90% 36% 'v. good'	88% 35% 'v. good'	82% 21% 'v. good'	86% 27% 'v. good'	98% 54% 'v. good'	93% 41% 'v. good'	93% 37% 'v. good'
Equipment for storing drugs - refrigerators and power supply % who report 'Yes'	81%	87%	77%	66%	93%	78%	86%
"Medicines were sealed and unopened" % who report 'Yes'	93% 84% 'most of the time'	88% 84% 'most of the time'	82% 65% 'most of the time'	99% 84% 'most of the time'	99% 92% 'most of the time'	98% 90% 'most of the time'	91% 86% 'most of the time'

Challenges Experienced

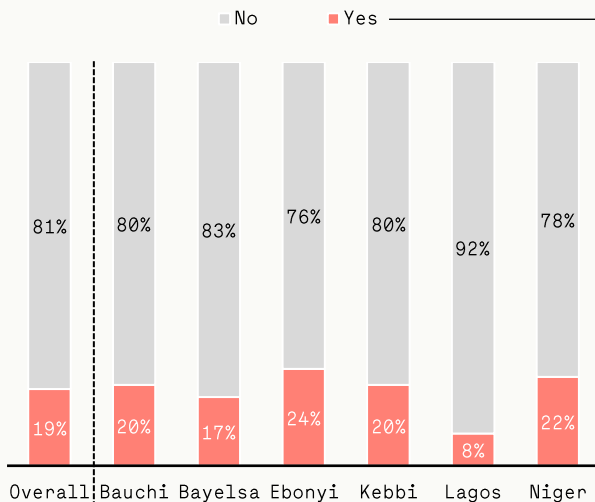
1 in 5 women report challenges with acquiring the commodities they need. The top challenge that women report is expensive medication.

Women in Lagos are least likely to report challenges compared to other states, with only 8% reporting them.

There are no significant differences for this metric across other segments such as birthing location (private vs. public hospital) or urban vs. rural segments.

Challenges Reported

Q: Did you experience any challenges in acquiring the commodities you were asked to buy? (Bauchi = 188, Bayelsa = 162, Ebonyi = 192, Kebbi = 200, Lagos = 194, Niger = 193 | Overall = 1,129)



Most Common Issues for 19% of Women Who Say They've Experienced a Challenge

Q: What was the challenge(s) that you experienced? (n = 209). Open-ended, coded by 60 Decibels.

% reporting	Top Reported Issues
55%	Expensive medication
19%	Had to borrow money
16%	Unavailability across multiple pharmacies
13%	Distance to pharmacy

* % of only those reporting challenges (19% of overall population)

Experience with Acquiring Blood

12% of women were asked to purchase blood. Some of their challenges include finding donors and high costs associated with acquiring the necessary units.

Indicator	Overall (n=1,246)	Comments
Women required to purchase blood during delivery % who report 'Yes'	12% (155 out of 1,246 respondents)	Women in urban Nigeria (14%) are more likely to report being asked to purchase blood during delivery than those in rural Nigeria (8%).
Experience with acquiring blood % reporting it was 'somewhat difficult' or 'very difficult' to find blood	18% (28 out of 155 respondents)	Top reported reasons for poor experience with services at the facility include: finding donors, and high costs, lack of immediate availability and blood type availability associated with purchasing units of blood.

Additional Experience Metrics

Close to 1 in 10 women report a poor experience overall with acquiring essential commodities. 3% say that their experience at their health facility was bad.

Indicator	Overall (n=1,246)	Comments
Overall experience with acquiring essential commodities % reporting 'poor' or 'very poor'	8% 2% 'very poor'	Top reported reasons for poor overall experience with acquiring commodities include: a lack of funds, high cost of commodities, and issues with accessing pharmacies.
Experience with services at health facility % reporting 'bad' or 'very bad'	3% 1% 'very bad'	Top reported reasons for poor experience with services at the facility include: delays in receiving treatment, neglectful treatment, rude staff behaviour and understaffed facilities.
Women's confidence in asking questions % who report 'not very confident' or 'not confident at all'	4% <1% 'not confident at all'	Sample size too small for further segmented analysis.
Respectful treatment % who 'very much disagree' or somewhat disagree' that they are treated with respect from doctors	3% 1% 'very much disagree'	Sample size too small for further segmented analysis.
Availability of female healthcare providers % who 'very much disagree' or somewhat disagree' that there are enough female doctors / attendants	3% <1% 'very much disagree'	Sample size too small for further segmented analysis.

Additional Feedback

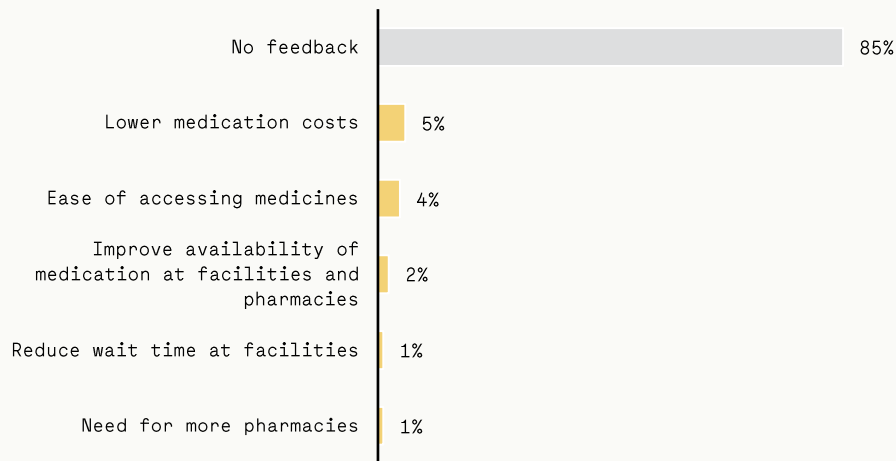
Of the 15% of women who had additional feedback, reducing costs and improving ease of access are the top themes that women share when asked about their experience with purchasing essential commodities.

We asked women an open-ended question on whether they had anything else to share about their experience in purchasing essential commodities.

Overall, 85% of women had no additional feedback.

Feedback with Purchasing Commodities

Q: Do you have any other feedback at all around your experience with purchasing these commodities required during pregnancy? (n = 1,134). *Open-ended, coded by 60 Decibels.*



03

Appendix



Summary Of Data Collected

1,246 in-person interviews completed between November and December 2024.

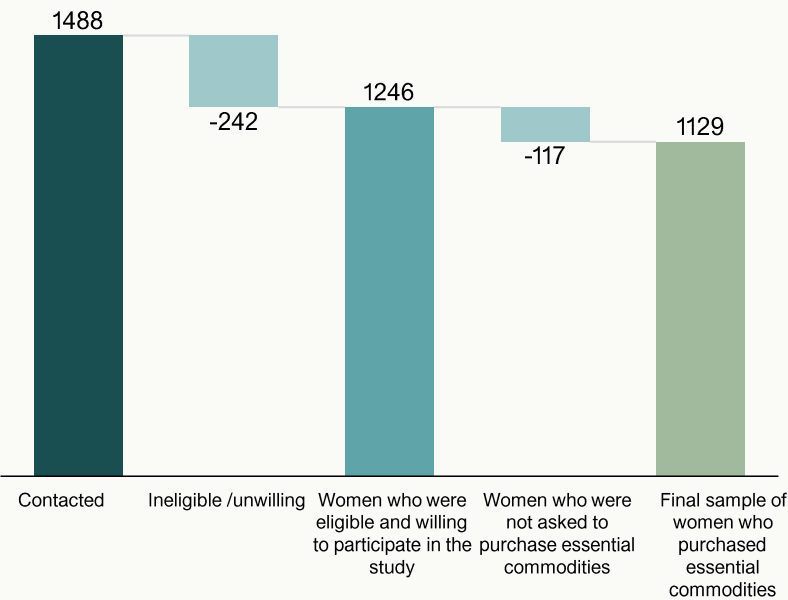
Country	Nigeria
Languages	English, Hausa, Yoruba
Survey Mode	In-Person
Survey Length	40 questions

Recruiting Strategy:

We prioritized approaching areas such as daycare centers, community centers, and shopping centers, which are commonly visited by recent mothers, while also including residential areas. Subsequent respondents were identified through referrals from initial respondents.

Since women we spoke to were more likely to have given birth at government facilities, a minimum threshold of 30% was set for the sample of respondents who had given birth at a private facility.

Data Collection Funnel



Sampling	% sample	% minimum threshold
% rural	30%	30%
% who gave birth at a private facility	30%	30%

Accuracy

Confidence Level	90%
Margin of error	~6%

Responses Collected

Respondents	1,246
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Thank you for working with us!

Let's do it again sometime.

About 60 Decibels

60 Decibels makes it easy to listen to the people who matter most. 60 Decibels is an impact measurement company that helps organizations around the world better understand their respondents, suppliers, and beneficiaries. Its proprietary approach, Lean Data, brings customer-centricity, speed and responsiveness to impact measurement.

60 Decibels has a network of 1,600+ trained Lean Data researchers in 95+ countries who speak directly to respondents to understand their lived experience. By combining voice, SMS, and other technologies to collect data remotely with proprietary survey tools, 60 Decibels helps clients listen more effectively and benchmark their social performance against their peers.

60 Decibels has offices in London, Nairobi, New York, and Bengaluru. To learn more, visit 60decibels.com.

We are proud to be a Climate Positive company.

Your Feedback

We'd love to hear your feedback on the 60dB process; take 5 minutes to fill out our feedback survey [here!](#)

Acknowledgements

This report is supported by funding from MSD, through MSD for Mothers, the company's global initiative to help create a world where no woman has to die while giving life. MSD for Mothers is an initiative of Merck & Co., Inc., Rahway, NJ, USA. Thank you to Temitayo Erogbogbo, Tiwo Kanyenda, and Shristi Pandey for their support throughout the project.

The hospital pharmacy had all the medicines I needed.

The doctor explained to me the side effects of the drugs prescribed.

The medicines were stored on the shelves very well and in an open area.

The nurses in the
hospital:

> attended to me well,

> gave good advice

> on baby care

through my pregnancy
period and delivery.

Tripti Singh

Achyut Rokkam

Atul Sukumar

Mueller Bosire

Hargun Kaur

Ian Osuka

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