



SMALL STEPS BIG LEAP



COMMUNITY-LED APPROACHES AMONG URBAN POOR IN MATERNAL AND NEONATAL HEALTH

Case studies from Maharashtra Sure Start Project

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 **PATH**
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About SAMPARK

Sampark is a nongovernmental organization (NGO) working in the area of advocacy and communication. The organization works primarily as a consultant for NGOs in the fields of development, health, and livelihood. Sampark helps NGOs advocate with government, provides relevant information to the NGOs, and helps build their advocacy skills.

For more information about the PATH Sure Start project in India, please contact Director, Maternal and Child Health / Nutrition, Ms W. Sita Shankar.

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Contents

FOREWORD	4
PREFACE	5
ACKNOWLEDGMENTS	6
ACRONYMS AND ABBREVIATIONS	7
ABOUT THE SURE START PROJECT	9
PREGNANCY AND CHILDBIRTH	11
<i>Back from the brink of death</i>	
<i>Why should I register my daughter-in-law's pregnancy?</i>	
<i>No junk food. Healthy eating makes all the difference!</i>	
<i>A once-scared mother smiles again</i>	
COMMUNITY NETWORKS	21
<i>Shama Aapa always finds a way</i>	
<i>Members of community-based organization helps mother breastfeed</i>	
<i>Phone call that saved a life</i>	
<i>Catching danger signs in time</i>	
PROMOTING HEALTHY BEHAVIOUR	29
<i>Nothing is impossible for this community health worker!</i>	
<i>Out from vicious cycle of childbirth</i>	
<i>"Breast milk is best!"</i>	
EFFECTIVE TOOLS	37
<i>The life-saving calendar</i>	
<i>Money woes no more</i>	
EMERGENCY HEALTH FUND	43
<i>A supportive social net</i>	
BUILDING CONFIDENCE	45
<i>From dai to trained birth attendant</i>	
<i>Married too soon, but Fauzia finds hope</i>	
ACCESS TO ENTITLEMENTS	51
<i>Mother confidently asks for her rights</i>	
<i>Building critical awareness about government schemes</i>	
HIV AND MATERNAL AND NEWBORH HEALTH—CONVERGENCE	55
<i>Finding courage to face life ahead</i>	
STRENGTHENING COMMUNITY AND HEALTH SYSTEM LINKAGES	59
<i>Malaria in pregnancy combated with proper referral</i>	
APPENDIXES	61
<i>Appendix A City Models</i>	
<i>Appendix B Glossary</i>	
<i>Appendix C Sure Start Maharashtra Partners</i>	

Foreword

A country's health status can be judged by the state of its mothers and newborns. Maternal and newborn health is an important component of the Government of India's Reproductive and Child Health programme and the National Rural Health Mission. An attempt is being made to reach the unreached and most vulnerable. Many challenges and barriers exist in reaching these communities in India, especially in an urban scenario.

PATH's Sure Start project has made a historical and significant attempt to address critical health issues among the urban poor in the state of Maharashtra. The models and strategies developed by Sure Start in the urban sites of Maharashtra were developed to help inform the proposed National Urban Health Mission, an initiative by the Government of India.

Communication is an important element in any public health programme. Even in these times of aggressive media management—with 24x7 news channels; social media sites like Facebook, Twitter, and blogs—reaching disadvantaged communities remains a challenge. The media is an effective tool to reach vulnerable communities. Sampark partnered with seven other organizations in the Sure Start project to help them learn communication and advocacy skills, to orient mainstream journalists and opinion makers on Sure Start's efforts, and to highlight socially relevant issues in print and electronic media.

Sure Start addressed the misconception that ill health and suboptimal care of mothers and children is seen only in rural and tribal areas and not in city settlements. The implementing partners in Sure Start helped educate communities, bringing the agents of government schemes and policies closer to the public. During this journey, the health workers realised that they too could change their own lives.

In this compilation, you will read successful stories of interventions in the Sure Start project from urban sites in Maharashtra. These 20 stories highlight the remarkable efforts made by the project's health workers.

There can be a number of ways to measure the success and failure of any project. But beyond all these parameters, we know for sure that all our sisters associated with this project will continue to spread the knowledge and power they gained in Sure Start to their families and communities.

A firm and definite beginning has been made. Our best wishes to them all!

Medha Kulkarni
Founder Trustee, Sampark

Preface

For millions of economically disadvantaged women in India, a healthy pregnancy and safe childbirth are beyond reach. Lacking knowledge about healthy practices, health care facilities, and services they are entitled to, the lives of these women and their newborns are at grave risk.

It is heartening to see that the Sure Start project in Maharashtra (February 2007–June 2011) has helped promote integrated attention to both maternal and newborn health (MNH) within a broader continuum of health services and programs. Apart from common core interventions in seven cities of Maharashtra, Sure Start's innovative new approaches in urban health for disadvantaged communities to address city-specific issues in relation to MNH has given new hope to women in these communities. The confidence that they will see their babies healthy, and that they too will be taken care of when bringing a new life into the world, has made these women live their dreams.

The road has not been easy, though, for Sure Start's close to 250 project community health workers in Maharashtra. As these health workers addressed myths and misconceptions, advocating for practices such as institutional delivery and complete antenatal and postnatal care with ill-informed and reluctant families, they never tired in their mission.

Here, we see the true stories of how Sure Start's community health workers in Maharashtra reached out to women among the urban poor, offering information, practical solutions, and emotional support. We see how, armed with this new awareness, women took charge of their own health and that of their newborns, and shared this information with others in their community.

It gives me great pleasure to present this compilation of Sure Start's experiences in Maharashtra from the field. I hope these stories inspire us and all the dedicated health workers who relentlessly strive to ensure complete health care for the community.

Tarun Vij
India Country Program Leader, PATH

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We thank the Sure Start team in Maharashtra, its lead and sub-consortia partners. Without the efforts of Amhi Amchya Arogya Sathi, Halo Medical Foundation, Navi Mumbai Municipal Corporation, Project Concern International/India, Shri Samarth Shikshan Prasark Mandal (SSSPM), SNEHA, and 'Swaasthya', this compilation would not have been possible.

Thanks also to PATH's Sure Start team in Delhi who helped finalise this compilation for publication.

The case stories in this compilation were documented in Marathi by Sampark and PATH Sure Start lead partners on themes identified in consultation with PATH. The stories have been verified by lead partners in Marathi as well as after translation into English.

Photographs have been sourced from partners and sub-partner organizations. The names and photographs of community members, community health workers, arogyasakhis, and any others mentioned have been used with consent obtained in local languages Marathi, Hindi and Urdu. Some names have been changed on request.

Acronyms and Abbreviations

ANM	auxiliary nurse midwife
BPCR	Birth Preparedness and Complication Readiness
BPL	below poverty line
CBO	community-based organization
CBHI	community-based health insurance
CD4	type of white blood cell [blood test of immune system]
CHW	community health worker
CRC	Community Resource Centre
DISHA	Developing Integrated Social Health Awareness
EHF	Emergency Health Fund
FOGSI	Federation of Obstetric and Gynaecological Societies of India
gm	grams
Hb	haemoglobin
Hg	mercury
HIV	human immunodeficiency virus
HMF	Halo Medical Foundation
IAP	Indian Academy of Paediatrics
ICDS	Integrated Child Development Scheme
IDA	Indian Dietetic Association
IFA	iron–folic acid
IGMSG	Indira Gandhi Mahila Sevabhavi Gat
IMA	Indian Medical Association
IPH	Institute of Public Health
JSY	Janani Suraksha Yojana
km	kilometres
MCGM	Municipal Corporation of Greater Mumbai
mm	millimetres

MNH	maternal and newborn health
MOMS	Monitoring Maternal and Newborn Health Status
NGO	nongovernmental organization
NMMC	Navi Mumbai Municipal Corporation
NRHM	National Rural Health Mission
PAN	Permanent Account Number
PATH	Program for Appropriate Technology in Health
PCI	Project Concern International
RCH	reproductive and child health
SATHI	Social Advancement Through Health Initiative
SC/ST	Scheduled Caste/Scheduled Tribe
SHG	self-help group
SNEHA	Society for Nutrition, Education & Health Action
SSBG	Swami Samarth Bachat Gat
SSSPM	Shri Samarth Shikshan Prasarak Mandal
TB	tuberculosis
TBA	traditional birth attendant
YVN	Yoga Vidya Niketan

About the Sure Start Project

Despite falling infant mortality and population growth rates in India, poverty and child deaths are becoming geographically concentrated. In addition, neonatal deaths still account for one-quarter of all global newborn deaths. An estimated 358,000 maternal deaths occurred worldwide in 2008, a 34 percent decline from the levels of 1990. Despite the decline, developing countries continued to account for 99 percent (355,000) of the deaths (Trends in Maternal Mortality: Report by WHO, UNICEF, UNFPA and The World Bank; 1990 to 2008).

Sure Start, PATH's five-year initiative, worked at putting the health of mothers and babies first, both in the rural communities of Uttar Pradesh, and among settlements of marginalized people in Maharashtra's sprawling cities. Supported with funding from the Bill & Melinda Gates Foundation, Sure Start worked with 95 partners to effect sustainable change in a combined target population in India of 24.5 million people. The project's goal was to enable access to lifesaving maternal and newborn health services.

The Sure Start project was implemented in Maharashtra from February 2007 to June 2011. The project catalyzed sustainable improvement in maternal and newborn health (MNH) through effective community action in the urban slums of seven cities (Mumbai, Navi Mumbai, Pune, Nagpur, Nanded, Solapur, and Malegaon) covering a population of 1.6 million.

Project objectives were:

- To significantly increase individual, household, and community action that directly and indirectly improves maternal and newborn health.
- To enhance systems and institutional capabilities for sustained improvement in maternal and newborn care and health status.

Sure Start promoted integrated attention to both maternal and newborn health within a broader continuum of health services and programs. The foci of intervention strategies were household and community actions, complementing other initiatives that work with clinical facilities and overall health systems. These actions included:

- Conducting home visits to change behaviours of mothers and decision-makers of the family to save newborns and avoid maternal complications and death.
- Organizing community groups and strengthening them to take their own decisions about mothers and newborns at community and household level.
- Emphasizing collective action by the community to demand high-quality services.
- Complementing existing government services and programmes by organizing joint

events; coordinating and sharing resources at various levels that will contribute to improve MNH status.

About 200 health workers and 50 supervisors were trained to conduct project activities. Wherever necessary, volunteers from the community were also oriented and trained.

In six cities, Sure Start was implemented through lead partner nongovernmental organizations (NGOs) and their consortia members. In Navi Mumbai, the Navi Mumbai Municipal Corporation implemented the project. Several models were designed and tested to complement the key sets of interventions. To support Maharashtra's urban population, Sure Start used innovative health-financing models, volunteerism, convergence, and public-private partnerships. The project has already achieved tangible results at community level with an increase in the number of pregnant women registering early for prenatal care and giving birth in hospitals.

In this compilation, we present stories about people and organizations that have helped to change awareness and behaviour of communities. They are the individuals and institutions that work every day for a better world. At a time when India is growing as an economic power, these people are our real success stories because they have to overcome obstacles through sheer determination. Dedicated to improving maternal and newborn health in India, they are the people who ensure that this country delivers its promise to future generations.

Pregnancy and Childbirth

Back from the brink of death

Swollen feet, pale face, and lifeless body — The immense price Sangeeta had to pay for her family's desire that she bear a son. It was costing her more than her life, for she was pregnant and her baby's life was at stake too. But the family did not know...

Sangeeta Ghule, resident of Navi Mumbai, a mother of three girls, the eldest being 19 years, was in her fourth pregnancy. Age and repeated unprofessional deliveries, mostly handled by her mother-in-law, had taken a toll on her health. Her swollen feet, pale complexion, and lifeless body were all signs that her life and that of her baby were under serious threat.

The Sure Start community health worker (CHW) spoke to Sangeeta at length and explained to her the need to visit a doctor as her condition appeared to be critical.



“I will consult my mother-in-law and then go to the hospital,” was all she said. Weeks went by and there was no sign of Sangeeta accessing medical help. Sangeeta’s husband, a rickshaw driver, was reluctant to take her to hospital. His logic was simple—when there were no problems during her last three deliveries at home, then why spend money on a hospital delivery?

Then at a free health camp one day, the CHW saw Sangeeta again. Sangeeta was very weak and breathless. This is when the CHW decided help had to be given as soon as possible, immediately even. With the help of the link worker from the community and a local hospital nurse, the CHW persuaded Sangeeta to go to the hospital for a health check-up.

The results of the check-up were as expected—dangerous and near critical! With an extremely low haemoglobin count of 3 gm, Sangeeta was on a fine line between life and death. The CHW and link worker advised her to get admitted in the hospital. But Sangeeta was afraid, as she had never delivered a baby in a hospital.

The CHW and auxiliary nurse midwife (ANM) decided to speak directly with Sangeeta’s family. The very next day they met Sangeeta’s mother-in-law and husband at home. Confident and determined to get Sangeeta out of her critical state, they convinced the family to consult the doctor. They explained to the family about how they were endangering not only Sangeeta’s but also the baby’s life.

As soon as the family agreed, Sangeeta was immediately rushed to the hospital, where she received a blood transfusion. Though she had a normal delivery, her condition was so serious that the doctor was forced to have a grim discussion with the family members, explaining to them that what they had put Sangeeta through was near fatal.

Whether it was the relief of Sangeeta finally having borne a son or the realization of the consequences of their actions, the family promised to put an end to their inaction of the past. They even committed to looking after Sangeeta and the baby to help them regain health and strength, focusing on a nutritious diet and supplements as had been recommended.

Pregnancy and Childbirth

Why should I register my daughter-in-law's pregnancy?

"She will be going to her mother's house in the seventh month, she will get registered there. Why should she register here?" – Mother-in-law of Sujata

Early registration for monitoring the progression of pregnancy is key to ensuring a safe delivery and having a healthy baby. However, some families show a strong resistance to it, thinking that a medical check-up conducted near the delivery date is more than enough. Early registration of pregnancy may also be deemed unnecessary since most families opt for deliveries at home, which often are unsafe.



Sujata, a local resident of Kondhva, Pune, was pregnant for the first time and nobody had been informed about it as yet. Her mother-in-law wanted to keep it a secret at least until the end of the first trimester. When Vaiju, the *arogyasakhi* (health worker) came to the *basti* (slum/locality) on her usual rounds and enquired about any new mothers-to-be, Sujata's mother-in-law confided in her the news of her daughter-in-law's pregnancy.

Vaiju discussed with Sujata and her mother-in-law the importance of a nutritious diet and adequate rest. She then asked if Sujata had been registered at the hospital for her check-ups. “She will be going to her mother’s place in the seventh month, and she will get registered there itself, why here?” said Sujata’s mother-in-law.

Vaiju was not surprised at the response, as it was common for families to presume that registration was necessary only at a hospital where the baby would be delivered, which meant at a later stage of the pregnancy. She explained to Sujata and her mother-in-law the importance of early registration in a hospital. “In the initial stages of pregnancy, it is very important to monitor the haemoglobin level of the mother and overall growth of the baby to ensure that a healthy baby is born and the mother is able to cope well during and after delivery. A lot of women become weak after giving birth because of low Hb count, and babies are born with low birth weight for the same reason,” she said.

It took more than that one interaction to influence the family on the importance of care and monitoring during pregnancy. But Vaiju did not give up. She continued to tell Sujata and her family about the care to be taken during pregnancy, and she repeated the benefits of early registration at the hospital. She also told them about the various government schemes that they could avail of. Her perseverance helped and the family soon registered Sujata at the nearby government hospital.

The check-up revealed a low Hb level of 8 gm, and so the doctor prescribed appropriate supplements and diet for Sujata. She carefully followed the doctor’s instructions.

When Vaiju visited next, Sujata’s mother-in-law informed her about the registration. The doctor’s words had convinced the mother-in-law that there really was substance in Vaiju’s advice. There was a transformation—not only was the family careful about Sujata’s regular check-ups, but the mother-in-law gave her as much love and care as she would her own daughter! “If I had a daughter, I would have done the same,” said Sujata’s mother-in-law. “In fact, the government hospital is very near our home, so we have decided to have the baby delivered here in Pune itself instead of sending her to her parents’ house,” the mother-in-law informed Vaiju.

The family’s happiness was going to be doubled with news of the second daughter-in-law’s pregnancy. They registered her name with the local hospital within the initial 12 weeks of pregnancy. The family not only enjoyed the birth of two happy, healthy babies but also received some cash benefits under the available government schemes for institutional delivery.





Pregnancy and Childbirth

No junk food! Healthy eating makes all the difference

Megha smiled. It was a smile of maternal contentment, gratitude, and relief that she finally had managed to deliver a healthy baby. There were two special people she wanted to thank — Jayashree Kokate and Taibai Gaygavali, the two community volunteers who were responsible for her being able to smile today!

Megha was a resident of the Garibi Hatao Slum Number One in Solapur City of Maharashtra. On one of their routine basti rounds, Jayashree and Taibai discovered that Megha was pregnant. It is customary to keep the news of pregnancy a secret for as long as possible in most traditional households. This results in late hospital registrations and delayed antenatal check-ups and assessments.

Megha's case was no different or was, perhaps, even worse! When Jayashree and Taibai arrived at her house, they found a five-to-six weeks pregnant Megha who had not yet



registered herself at a hospital. This, despite the fact that Megha had a graduate degree! The two health workers ensured that Megha registered herself at the local hospital and got regular health check-ups.

But their task did not end here, and both community volunteers kept a close vigil on the mother and baby's health. There was resistance to seek advice from 'two illiterate basti women' as both Jayashree and Taibai, unlike Megha, were not educated. The two volunteers discussed the pregnancy plan with Megha's family. While it seemed that the mother-in-law and sister-in-law were trying their best to take care of Megha, further enquiries into Megha's diet and health revealed that she was not eating a nutritious diet. She was, in fact, barely eating! "She hardly even looks at vegetables and fruits. All she wants to eat is junk food," confided Megha's concerned mother-in-law.

Megha's morning sickness was putting her off food completely and this meant danger for herself and the baby. With due help and support from the family, the community volunteers tried to explain to Megha the importance of a nutritious diet during pregnancy. "It is very common to have vomiting during pregnancy, but it doesn't mean you stop eating!" explained Megha's mother-in-law. Megha just seemed disinterested and simply ignored the advice.

During one of their routine visits, Jayashree and Taibai noticed that Megha was not gaining weight. This was alarming and a cause for concern. On detailed enquiry, the community volunteers noticed that Megha's diet was inadequate. She ate barely two *chapattis* a day with some milk and a few vegetables. The volunteers explained to Megha how critical it was for her to gain weight and that nutritious home-made food was the best as it provides nutrients such as calcium and iron that are essential for her and the baby. The volunteers spoke at length about the risks of not eating well and how it could influence childbirth.

Their perseverance seemed to have worked! In their next visit, Jayashree and Taibai noticed a great improvement in Megha's eating habits. Instead of meeting a pale and tired Megha, they met a happy, radiant Megha. "I feel stronger, happier, and healthier, now that I am eating properly. Now, I eat regularly and have increased the quantity. The morning sickness has also subsided. said Megha. By the end of her pregnancy, Megha's weight had increased from 45 kg to 55 kg.

Later, the family welcomed a healthy baby with a birth weight of 3 kg and Megha beamed with joy. The only words she could say were, "Thank you, Jayashree tai and Tai bai!"

This proud duo and many community volunteers like them play a big role in helping to support and educate their fellow basti women on the importance of maternal and neonatal health.

Pregnancy and Childbirth

A once-scared mother smiles again

Afroz froze as she heard her mother-in-law's words: "Since your health is so good, there should not be any problem if we did a delivery at home this time as well." A chill ran down Afroz's spine with the painful memories of her previous pregnancies. Both her babies were born at home and, though they were normal deliveries, the experiences had left their scars on Afroz's health.

Afroz, a 25-year-old resident in Malegaon, Maharashtra, was pregnant for the third time. Unlike in previous pregnancies, this time she had the support and guidance of a team of trained Sure Start health workers. Afroz benefitted from the regular visits of Rizwana, the Swaasthya (health) worker in her locality. Afroz says, "I had no information during my previous pregnancies. The health worker from Swaasthya informed me about the dangers of home delivery and the advantages of a hospital delivery."

Advice on vaccinations, medication, regular medical check-ups, and early registration with a hospital were followed diligently by the family. During Afroz's first medical examination in the first trimester, reports revealed an alarmingly low haemoglobin count of 8. However, Afroz received constant guidance from the health worker and therefore managed to keep a close track of her diet and supplements (iron-folic acid [IFA] tablets).



The check-up in the eighth month showed a marked improvement in her haemoglobin count to 11. Periodic consultations with Afroz and her family helped them understand the importance of diet, care, and proper rest. As a result, her overall health improved.

As the delivery date approached, the place of delivery remained a question mark. It was nearly impossible for Afroz to contest her family's decision on this matter. Helpless, her only hope was Rizwana, who had strongly recommended a hospital birth. Afroz's anxiety grew as she remembered how earlier pregnancies had affected her health—the main reason for her poor health status was the unprofessional home births on the last two occasions. While she did feel stronger, and had not experienced any fainting episodes like the last time, was she prepared to risk her health this time too with a home birth?

Battling this anxiety, Afroz confided in Rizwana. During the following visits, the topic was raised casually. "There is no point in wasting money on a hospital delivery if everything is fine," said Afroz's mother-in-law outright, showing her strong preference for a home birth. Rizwana carefully treaded the subject, praising the family's contribution in ensuring that Afroz got the much-needed rest, balanced diet, and timely medical check-ups throughout her pregnancy. She explained, "Although the previous births were normal deliveries, they have left Afroz weakened. Frequent pregnancies increase the risk to the mother's life, and the chances of complications during delivery are higher. A doctor's presence would be so reassuring to save both her and the baby's lives, which are invaluable. It would therefore, be wiser to go in for a hospital birth."

Rizwana understood the main concern wrought on Afroz's mother-in-law's face and so added, "I know with a big family like yours, money is an important factor. The municipal hospital will require ₹ 350 but since your family has a below poverty line (BPL) card, that amount would not be charged to you. Afroz's delivery would be free of cost even if a Caesarean section is required."

The expression on the mother-in-law's face changed to that of relief and the decision was made. A few days later, Afroz gave birth to a healthy baby at Ali Akbar Hospital. On her experience of delivering in hospital, Afroz said, "I had heard that nobody looks after patients in hospital during the delivery. But I realized that there is a difference between hearsay and truth. The nurses checked on me frequently. My baby was weighed after delivery. I was asked to put the baby to breast immediately unlike during home delivery, where the dai gave honey to the infant. I was looked after well and also received IFA tablets."

Afroz is now a strong advocate of institutional delivery. She says, "If there is a danger, doctors can immediately take care of it. On the other hand, the dai is not trained. She bathes the baby right after birth and gives castor oil and honey to the newborn, which is harmful to the baby. She refers to the hospital when there is a problem but by then, it is too late. So, the delivery should happen in a hospital itself."

Yet another battle was won—a healthy mother and baby rejoiced, as did their family!

MOMS COMMITTEE

Project Concern International is implementing the Sure Start project in Pune city, covering a slum population of 500,000. Under the Sure Start project, a Monitoring Maternal and Newborn Health Status (MOMS) committee was established for each population of 10,000. This committee acts as a liaison between the community and the health facilities, working as a pressure group from the community to access required quality care for the beneficiaries. MOMS committees also monitor health care-seeking behaviour of pregnant women and their families to ensure complete antenatal and postnatal care, as well as institutional deliveries.

Each MOMS committee has 10 to 15 members including an Anganwadi worker, link worker or auxiliary nurse midwife (ANM) of the government's Reproductive and Child Health (RCH) II, community organizer of Urban Community Development, local private practitioners, mothers or mothers-in-law, and auto rickshaw drivers. There are 52 MOMS committees in Pune city.

Shama Aapa always finds a way

Shama Aapa is a busy social worker today. She promotes family planning and facilitates hospital registrations. An active member of the Municipal Urdu School improvement committee and Parents' Teachers' Association in Pune, she has even been felicitated with the Swayamsiddha Award 2010 by the Lions' Club in recognition of her commendable work.

Shamshaad Sheikh, popularly known as Shama Aapa (elder sister), has had a long journey to fame. Her sensitivity to the plight of fellow women led her to instinctively reach out to those in need. She is a member of the MOMS committee in Mangalwar Peth of Pune, Maharashtra. When a pregnant woman needs to be taken to the hospital urgently, the MOMS committee members take the initiative to arrange an auto rickshaw or an ambulance and even to apprise the doctor of the woman's condition. Yasmin, who resides near Shama Aapa, recalls when she went into labour at 4 a.m. and Shama Aapa immediately contacted Rafiq, a rickshaw driver, and arranged to transport her to the hospital.

On another occasion, Shama *Aapa* was visiting a patient at the hospital, where she saw a pregnant woman sitting on a bench and crying. She couldn't help but reach out to her. She learnt that the woman, Anjum, was upset because the doctor had told her that she would have to get a Caesarean section done and also that she should get tested for tuberculosis (TB). The TB test needed to be carried out at the earliest in order to determine the date of her Caesarean operation. The hospital where she was registered did not have the service to test for TB, so she would have to go to a nearby private hospital. The test alone would cost about ₹ 1,700.

Anjum had no money and was helpless. Shama *Aapa* assured her that she would try her best to arrange for something and sent her home. Later that evening, Shama *Aapa* stopped to chat with a local shopkeeper on the way and happened to discuss Anjum's problem with him. The shopkeeper offered his sympathies and this gave her an idea. Soon she was out with a charity collection box collecting money from houses in the locality, including the shopkeeper. She received an overwhelming support for her charitable collection and by 11 p.m. that evening managed to collect about ₹ 1,200!

The following day, Shama *Aapa* took Anjum to the clinic and had a word with the doctor. The doctor gave a note for the testing lab asking them to consider Anjum's financial constraints. They responded and charged her a reduced fee of ₹ 1,200. The test reports were negative; Anjum's Caesarean operation took place soon after and the baby was safely delivered.

Three cheers to Shama *Aapa's* dedication!

Community Networks

Members of community-based organization help mother breastfeed

Shefali was unable to breastfeed her baby. The infant's health was deteriorating. Shefali was noticed by members of the Vasti Arogya Samiti community-based organization (CBO) and encouraged to overcome her problem. Shefali is just one of the many success stories of the CBOs that are fast emerging as positive influences. Being independent groups, they will continue to function after the project ends in the area.

Vasti Arogya Samiti, the local CBO DISHA in Navi Mumbai, Maharashtra, has led to the emergence of an empowered community that is fully aware of its health needs and rights. The standard of health in the area has improved over the years and the members are able to capacitate individuals in need of support and advice on issues pertaining to maternal and newborn health.



The CBO actively takes on community welfare projects such as regular spraying of insecticides in the neighbourhood, ensuring vaccination and polio dosage for children, and working on other initiatives for improving the overall health status of the community supported by the city municipal departments. The polio initiative has been extremely successful—there isn't a single child in the locality that has skipped the polio vaccination, thereby making the community polio-free.

A CBO member noticed a new neighbour in her locality. Shefali, the new neighbour, was pregnant and had come to her parents' house to deliver the baby. She returned to the area a couple of months later and, after a casual conversation, the CBO member realized that Shefali was having trouble producing milk for the baby. The baby had been put on an external milk source since birth because of the mother's inadequate lactation. The CBO member, being a champion of maternal and newborn health, decided to help her neighbour. She took the case to her committee, where the group agreed to support Shefali.

A visit was arranged and two CBO members met Shefali at her residence. During their discussions, it emerged that this was her second baby and that both deliveries had been home births without a skilled birth attendant. The two explained to Shefali that her baby was missing out on the nutrition and antibodies that mother's milk provides to newborns. Shefali's baby looked pale and weak. The CBO members advised her to go to the hospital and consult the doctor there. However, Shefali did not want to go to the hospital. Desperate to help, the CBO members got in touch with the local Sure Start network.

The Sure Start network's members advised Shefali to visit the urban health centre the next day where polio vaccination had been scheduled. Shefali took her baby to get vaccinated and the doctor referred both her and the baby to the mother-child care hospital at Turbhe. After being put on appropriate treatment, Shefali could finally breastfeed her baby, and as a result, the baby's health improved.

Community Networks

Phone call that saved a life

Shama was nearing her due date and had an urgent need for blood. And one phone call to a community volunteer saved her life!

Survival itself is a struggle for many in these basti (slum) communities. In keeping with their basic needs, the Society for Nutrition, Education & Health Action (SNEHA) has set up community resource centres (CRCs) across the bastis to help residents access the basic facilities and schemes launched by the Government of India, including ration cards, Permanent Account Number (PAN) cards, various monetary assistance schemes, and general information about local hospitals, blood banks, etc. The initiative, locally referred to as the Vasti Mahiti Kendra, is a useful resource centre accessible to all the members of the community.

Sultana, an active community volunteer working with SNEHA in Kirol village, Ghatkopar (west), received a phone call from Shama, a resident of Parsiwadi area. Shama was in the late stages of pregnancy. As her due date was near, she was advised to arrange for blood as she might need a Caesarean section. With an urgent requirement for blood, the CRC was the first point of call for the basti members.

Through the CRC, Sultana helped arrange for the contact numbers of the local blood bank as well as numbers of auto rickshaw drivers who would be willing to take a woman in labour (or other serious patients who need medical attention) to the nearby hospital at any time of day, especially at odd hours. In no time, Shama received the medical attention she needed and soon delivered a happy, healthy baby girl at the Rajawadi Hospital!

The family members, full of gratitude, were overwhelmed by the immediate help they received from the CRC. "I just cannot thank you enough for saving Shama and baby's life, especially given the complications in her case. We could have lost them both!" said Shama's husband.

COMMUNITY RESOURCE CENTRES

Community resource centres (CRCs) were established under the Sure Start project in Mumbai by lead partner Society for Nutrition, Education & Health Action (SNEHA). Due to their successful impact, CRCs continue their work even after the close of the project.

The CRC provides access to information on government schemes, facilities available for maternal and neonatal health care, education, vocational training, etc. to the community members. This information is kept in the CRC in the form of posters and a file detailing the information, procedures, and formats for application to avail of scheme benefits. The CRCs are managed by volunteers, mainly local youth. There are four CRCs in the 200,000 population covered by Sure Start.

CRC is important not just for maternal and newborn health (MNH) issues but because its establishment brings in greater awareness among community members. Consequently, the resource centre in the community has also become the centre point for information on all government schemes.

Community Networks

Catching danger signs in time

Self-help groups (SHG) in Solapur provide support to beedi workers and adopt pregnant women among them. Through such a group, Kavita, is alerted to a danger sign in pregnancy by a community health worker and gets to the hospital in time. Her baby is born healthy and she learns of something she never knew before.

Kavita, a 25-year-old mother of a child, was a local resident of the Gharkul Kumbhari area in Solapur, Maharashtra, and rolled beedis to make a living for her family. She was pregnant for the second time and, in addition to her own family, had the support of the local SHG (Swami Samarth Bachat Gat [SSBG]) and the Sure Start project through her pregnancy.

The SHG works on a simple principle of credit—the members contribute small savings (an agreed amount) into the group periodically. These contributions build up into a considerable amount, which enables the group to open a savings account in the bank. Putting the amount in the bank helps them stay clear of money lenders and their deceitful money-lending practices. The bank also provides periodic interest on the amount saved and even gives out loans in times of need. The loan needs to be returned to the bank within a given period; since the group has the power of unity, they are able to live up to their commitments. The SHGs in Solapur adopt pregnant women and ensure they practise healthy behaviour for better pregnancy outcomes.

Mahadevi Honrao, the local community volunteer, made home visits to all pregnant women in the area. Kavita, in her fourth month of pregnancy, benefitted from being an adopted beneficiary of SSBG. During her visits, Mahadevi spoke to Kavita and her family about the importance of adequate rest and a nutritious diet, and she had the support of the SSBG members to ensure Kavita received the care she needed. Although this was her second pregnancy, her health had deteriorated due to



traditional practices [delivery at home by an unskilled provider] and inadequate diet and care from her previous childbirth experience. Poverty added to her woes.

Kavita worked in a beedi-making factory and rolled about 1,000 beedis in a day, working non-stop for six hours without rest. When Mahadevi met Kavita during her ninth month of pregnancy, she noticed a swelling on her face and feet. Immediately, she knew it was not a good sign for a pregnant woman. Kavita had been a very committed beneficiary and had paid heed to all the advice she received from the health worker. She had taken all her iron tablets and focused on her diet, but rest was something that she had to compromise on.

Mahadevi immediately alerted Kavita and her family (husband and mother-in-law) and urged them to get medical help and show her to a doctor. She even offered to accompany them if that would help reassure them. The family understood the danger to the lives of Kavita and her baby, so they immediately took her to the nearby private hospital. The doctor on duty examined Kavita and said, “Your blood pressure is 160/120 mm of Hg, which is very high. You are likely to experience convulsions that could be dangerous for both you and the baby.”

She was advised a Caesarean delivery that would cost up to about ₹ 15,000 at the private hospital. Kavita did not have money to spend but fortunately she had registered her pregnancy in the government hospital, where she could get the treatment free of charge. The family then took her to the government hospital, where she was immediately admitted. The doctors put her on surveillance. Her delivery was induced and she delivered a baby of 1.4 kg. The baby was attended to immediately.

The doctor complimented Kavita’s family for bringing her to the hospital in time. Kavita and her family could not thank Mahadevi enough for identifying the danger sign and pushing them into going to the hospital at the earliest.

Kavita, now a proud mother of two, breastfeeds her newborn as she knows it is the best thing for the baby. She says with gratitude and relief, “I had no idea that swelling on the feet is a danger sign. I learnt the gravity of the situation when Mahadevi showed me one of her educational picture cards that clearly showed that swelling on the feet was a sign of danger! Then I immediately decided to go to the hospital.” This helped save two lives.

The SHG continues to support and stand by many other expectant mothers, helping them win the battle against poverty. Community health workers like Mahadevi continue to tirelessly go around speaking with women in the community, encouraging pregnant women to register with the nearest hospital at the earliest and focus on their nutrition and diet.

Thus, key messages and information on MNH are disseminated through the CHW who are members of a very pivotal community network like the SHG.

Promoting Healthy Behaviour

Nothing is impossible for this community health worker!

"We have no one else to care for us. I want both my wife and the baby to live. I am putting all of us into your care. You tell us what to do!" Zeenat's husband called the community health worker for help. Could something still be done, or was it too late?



Zeenat and her husband live in Pune. Pregnant for the first time, 20-year-old Zeenat had no support except for her husband, as they lived in the city away from their families.

During her regular visits to the community, Urmila, the community field worker, met Zeenat and asked her how many months into her pregnancy she was. After initial inhibitions, Zeenat slowly found herself at ease in interacting with Urmila. She said,

“Tai, I am in my fifth month of pregnancy but I have not registered my name anywhere since there is no one to take me to the hospital.”

Having seen other women battle this decision primarily owing to financial concerns, Urmila knew that there was the hidden fear of too much expenditure in Zeenat’s mind. She assured her, “You don’t have to worry at all. There is a municipal dispensary nearby where everything will be done quickly and free of cost. You will also keep learning of the progress of your baby and yourself.” This seemed to convince Zeenat a little.

On her next visit, Zeenat was asked if she wanted Urmila to accompany her to the hospital to get registered. Zeenat replied, “Thanks for coming Tai, but we have already registered my name at a private clinic. My tests are done and I shall be going in for a sonography soon.” Surprised, Urmila said, “So you’ve gone and registered yourself at the private clinic? But that will be too expensive.” To this Zeenat said, “Today you have come to take me; but who will come every day? My husband said he will accompany me to the clinic after he comes back from work every evening and so I registered there.”

The field worker spoke to Zeenat at length about the care she needed to take during pregnancy, including diet and rest. She explained to Zeenat about how to recognize danger signs and that in case of any emergency she should immediately go to the clinic, which was just 15 minutes away from her residence.

A couple of days later, Zeenat received her medical test results. Excited and happy, she would wait eagerly for Urmila’s visits. Careful of her diet and supplements to be taken, she diligently followed Urmila’s advice. Days passed and Zeenat completed seven-and-a-half months of pregnancy.

One morning, Urmila received an emergency call from Zeenat’s husband asking her to come urgently. When she reached their house, she saw Zeenat lying down and her husband was by her bedside. On being asked what had happened, Zeenat started crying but soon gathered courage and said, “Yesterday I had a shooting pain in my abdomen and so I went to the bathroom. A big lump [blood clot] came out and I started bleeding. So I lay down till my husband came home in the evening. Tai, I can still feel my baby moving around in my abdomen.”

Urmila probed further about what happened when they visited the doctor at the private hospital. Zeenat replied that at the private hospital they said, “There is nothing we can do; both you and your baby are in danger. Both may not pull through.” She said then they came home and her husband called Urmila.

The husband was crying too. “We have no one else who cares for us. I want both my wife and the baby to live. I am putting all of us into your care. You tell us what to do,” he said.

Urmila asked him to gather courage and be strong. “Take her immediately to Sassoon (Government) Hospital. They will surely help you. The hospital has specialist doctors and they will certainly be able to do something. So, go immediately without wasting any more time.”

The couple rushed to the government hospital, where Zeenat was admitted immediately as her condition was deteriorating. Sonography and tests were done and she received timely treatment including two bottles of blood transfusion. After two days, Zeenat gave birth to a tiny baby girl all of 1.5 kg. The baby had difficulty in breathing and was put in the intensive care unit, where specialized care was administered.

Zeenat returned home after a stay of 20 days in the hospital. Looking back, she says, “We owe our lives to you, Urmila Tai. I cannot imagine what would have happened to us had you not shown us the way.”



Promoting Healthy Behaviour

Out from vicious cycle of childbirth

Nasreen Begum, 24 years: second childbirth.

Nafisa, 32 years: seventh childbirth.

Humera Begum, 43 years: tenth childbirth.

Childbirth had become a way of life! For these women, it was like being repeatedly faced with a situation they seemed to have no control over! Would their miseries ever come to an end?

Traditional thinking is common in conservative communities in Nanded where Nasreen, Nafisa, and Humera lived. When the community health workers met these women, they knew it was not just about them. A bigger problem was at hand. The worst affected was Humera Begum, who was about to give birth to her tenth child!

The three women were ignorant about the care and attention that was needed during pregnancy. They had no idea about registering with a hospital to monitor their



pregnancies, or hospital birth. The health workers explained to them the importance of a nutritious diet, regular medical examination, and rest for ensuring a healthy birth. Having experienced previous unprofessional childbirths at home, all three knew the agony of that experience. With consecutive births, not only their health but that of their children, too, seemed to get weaker each time. The hope of a healthy baby was like a dream.

Several rounds of consultations and a lot of convincing finally made the three women register with the hospital for a routine check-up. The haemoglobin count of all three was an alarming low 8 gm. With close monitoring of their food intake and the quality of nutrition, along with the iron supplements provided by the hospital (free of cost), the blood count gradually increased to 11 gm. The importance of not lifting heavy loads during pregnancy was explained, and the women were warned of the dangers of not paying attention to their health.

The three women noticed the marked difference in their health when compared to their previous pregnancies. They carried on with regular check-ups and continued to receive supplements for their iron deficiency from the health workers. The noticeable improvements in their health convinced them that the advice given by the health workers would be in their best interest. So when the health workers explained to them the risks involved in home birth, they agreed to opt for a hospital birth instead.

Nasreen, who was due for her second childbirth, was eligible to receive support from the Janani Suraksha Yojana (she would be paid ₹ 600 after delivery). Nafisa and Humera were not eligible for this scheme, as they had too many children. However, they knew by now about how they were depriving each child with every subsequent birth. Too many children meant less time, attention, care, and nutrition for each child. Adding any more to the existing number meant multiplying the problem at hand. Both Nafisa and Humera expressed their wish to get a sterilization operation done right after their delivery to avoid any further possibility of childbirth. Even their myths that hospitals are expensive disappeared when they realized that it did not cost much to go to the hospital for delivery.

Finally, three beautiful healthy babies were delivered at the local hospital with their mothers well taken care of. A new hope for a better, healthier tomorrow was born!

Promoting Healthy Behaviour

“Breast milk is best!”

Sabia gave birth to a happy, healthy baby boy. Sabia’s mother-in-law, Yasmeen, asked her to feed the baby her breast milk as soon as he was born, even as the other women in the ward looked on in surprise!

Yasmeen, an elderly resident of Malegaon area, was just a mother-in-law like most others, before she met with the community health workers of the Sure Start project. Swaasthya’s health workers motivated local community residents who actively support the Sure Start project to form cluster groups and help identify pregnant women in the community. Yasmeen happens to be one such cluster group worker. She transformed completely from an ignorant elderly woman to a key agent of change, promoting awareness on various issues pertaining to maternal and newborn health among the local community members.

“I used to wonder why nobody gave us this information on pregnancy earlier,” says Yasmeen. ‘I did not pay attention to what the Swaasthya health workers used to tell us, when they came visiting. All the discussions about diet, medicines, care, and rest during pregnancy was alien to us as we were used to having a home birth in the presence of older ladies in the family. But their perseverance and patience won me over. We started



looking forward to their visits and slowly I began to understand the importance of their advice and how it could change our lives!”

Yasmeen’s elder daughter-in-law, Sabia, had a three-year-old girl and was due to deliver her second baby. Following the advice of the health workers, Yasmeen made sure she looked after her in the best way possible.

The past two years of association with the Swaasthya health workers made Yasmeen more aware of the care needed during pregnancy. Although it was relatively new information for her, the pictures and flash cards made it easily comprehensible and interesting. Following the health workers’ advice, Yasmeen registered Sabia’s name with the health post and filled out all the information required. At the check-up, Sabia realised she had a very low blood count of 8 gm haemoglobin (Hb), whereas the average count should be at least 11 or 12 gm. The doctor gave her the IFA tablets and advised her to have four to five nutritious meals a day and take sufficient rest.

Yasmeen ensured that Sabia regularly took the supplements and focused on her diet and rest. Sabia also took anti-tetanus injections. At nine months, her Hb had reached 11 gm. When Sabia’s labour pains began, Yasmeen called Bismillah, the Swaasthya health worker. Bismillah asked them to immediately go to the hospital. They were admitted to Ali Akbar Hospital, where they displayed their green card and the registration card. Within the next half hour, Sabia was the mother of a healthy baby boy!

There were four other pregnant women in Sabia’s ward. Yasmeen gave the newborn baby to Sabia and asked her to feed her breast milk to the baby. The others exchanged glances, as the tradition was to first give the baby some honey! Yasmeen took notice and explained that giving the baby honey was a bad practice; it could cause the baby to fall ill. In fact, mother’s milk immediately after delivery has amazing preventive qualities as it strengthens the baby’s immune system. And, she asked, does this not solve so many of our problems? Thus began the journey of Yasmeen’s advocacy for healthy practices during pregnancy and after delivery.

Looking at the success of her own daughter-in-law’s healthy delivery, Yasmeen made it her duty to ensure all the women in her neighborhood could enjoy the same health and happiness! Today, Yasmeen is an integral part of the Sure Start programme in Malegaon. In her own words, “I am trying to sow in the minds of local women the seeds of wisdom I got from the Swaasthya health workers.”

She adds with confidence, “We ignore the dangers to our own lives and our children’s lives too. Like the tradition of feeding the newborn honey instead of mother’s milk is not at all good for the baby as it interferes with the first instinct of a baby to latch on to the mother’s breast!”

Change is a gradual process, and Yasmeen has made a modest beginning towards it, by being the change maker herself!

BIRTH PREPAREDNESS AND COMPLICATION READINESS CARD

The Birth Preparedness and Complication Readiness (BPCR) card, was used as a tool to increase knowledge and improve practices related to BPCR among pregnant women. The BPCR card is a one-page card containing information on maternal and newborn health-related preparedness at family level. The card includes information such as nearby health facilities, addresses of blood banks, blood donors, pharmacies, contacts for transport arrangements, tips for saving money, documents to keep ready for getting entitlements under the Janani Suraksha Yojana (JSY) scheme, danger signs during pregnancy and delivery, and details of medical test reports during pregnancy.

This card is jointly filled out by the pregnant woman, her family members, and the health worker. It is displayed on the wall of the woman's house. This information is helpful to family members and mothers during the child's delivery. More than 3,000 pregnant women have used the BPCR card in Pune.

The life-saving calendar

A calendar adorns the wall of Heena's new home. For Heena, the Birth Preparedness and Complication Readiness (BPCR) card is more than a calendar; it has been an empowerment tool, and a life-saving one at that!

Heena was expecting her first baby. A resident of Kondhva, Pune, Heena was registered with the local dispensary. However, on the insistence of the community health worker of the Sure Start project, she went ahead and registered with the tertiary hospital—Bharati University Medical College.

The community health worker spoke to Heena at length during her visits about the importance of care during pregnancy. She gave her the BPCR card—a detailed pictorial chart with important dates and information marked out for the pregnancy period. It can be hung on the wall like a normal calendar and has information such as the pregnant woman's husband's phone number, other important phone numbers such as the Monitoring

of MNH Status (MOMS) committee members, distance from the hospital, time required to cover that distance, date of last missed period, and expected date of delivery. It has pictorial information on the Janani Suraksha Yojana (JSY) scheme, documents required to obtain the benefits under the scheme, address of the closest blood bank, names and contact numbers of blood donors, and related medical information. It shows the danger signs to watch out for during pregnancy. In addition, the calendar includes information on the preparatory steps and checklist for hospital delivery—things to carry while leaving for the hospital, available vehicles, and the amount of money to be kept ready.

Heena, like most other women who have found this ‘calendar’ very useful, says, “I wanted to go to my parents’ house for the delivery but looking at the chart I realized how important it is to have basic facilities closer to where you live. The hospital facility is very far away from where my parents live. So, I gave a thought to the problem and realized that it was better for me to deliver at the local hospital. I told my husband that, even though this is my first delivery, I will not go to my parents’ house as per tradition.”

A few days after giving birth to a baby, the community health worker met Heena during her routine rounds. Heena couldn’t thank her enough for the timely knowledge about preparedness and gauging danger signs. Thanking the community health worker, she said, “Tai, I stand before you today, only thanks to all the information you gave me through the calendar! At the time of delivery, I suffered from high blood pressure and my baby, who weighed only 2 kg at the time of birth, had to stay in the hospital for about eight days! He was given proper medical care that I could not have gotten if I had opted for a delivery at home.”

Heena showed how she had retained the ‘calendar’ for when she plans her second baby. Meanwhile, she actively educates women in her neighbourhood about the care needed during pregnancy. One empowered mother, an entire empowered community and future generations!

Effective Tools

Money woes no more

Shamim was pregnant for the second time. Her first delivery was not one that would make for fond memories—she had had twins, only one of whom survived. She had to have a Caesarean section operation, the scars of which were still fresh—in her mind, body, and heart.

Halima, known as Halima *Khala* (aunt), went around the community talking to women about the care to be taken during pregnancy, including their diet, periodic check-ups, and adequate rest required. She also kept an eye out for potential pregnant women—those who may have missed their periods. She would convince them to get a pregnancy test done; if the results were positive, she spoke to them at length about the care and precautions they needed to take to ensure a healthy pregnancy and the need to register immediately for ANC (ante-natal care).

It was during one of Halima *Khala's* routine visits to the locality in Nanded when Shamim met her. As soon as she heard her story, Halima Khala got her to register early at the local civil hospital. She even ensured Shamim went for her periodic check-ups on time. Doubts persisted in Shamim's mind: How could she afford any expensive treatment, if needed? What if a Caesarean was required to be done again? Or if some other procedure was needed, which would cost a lot of money?

Halima *Khala* had answers to all such problems. She advised Shamim to join the community insurance scheme. She was required to pay for it, but it was beneficial in more ways than one. Shamim had faith in Halima *Khala*, and she became a member of the scheme along with her family. The premium was Rs 450, but a subsidy of Rs 200 was provided. On becoming a member, routine blood tests and health check-ups were done to assess current health status.

Shamim's health check-up revealed that she had a low haemoglobin count, so she was given iron supplements, and Halima advised her to get regular medical check-ups.

Shamim continued going for her check-ups. One day, she experienced pain in her lower abdomen and rushed to the hospital. However, she had not yet gone into labour and, after being kept under observation for three days, she was sent home.

Shamim started experiencing labour pains again the day she was discharged and had

to be taken to the hospital, where she was admitted for her delivery. Doctors examined her. While her pains were not severe, there was a risk that the stitches of the previous Caesarean section would get stretched. Hence, the doctor decided to do a Caesarean section this time around as well. Shamim gave birth to a healthy baby of 3 kg!

As Shamim had gotten her check-up under the insurance scheme, she was prescribed iron tablets. Her sonography was done as part of the insurance scheme so she did not have to spend any money on it. In fact, she received aid of ₹ 510 for medication after the pregnancy. She had two children, including this newborn, thus she also got the benefit of ₹ 600 under the JSY scheme, initiated under the NRHM to promote institutional deliveries.

In her previous delivery, Shamim had spent ₹ 6,000, but community-based health insurance ensured that her expenditure on this delivery was minimal.

COMMUNITY-BASED SURVEILLANCE FOR EARLY DETECTION OF PREGNANCY

With the help of health workers, community-based surveillance for early detection of pregnancy has been taken up towards increasing the number of women who register pregnancy early (before 12 weeks). This has been implemented among the 1.6 million population of Sure Start with the help of 200 community-based health workers in seven cities.

The distribution of population per health worker varied; the ratio in Nagpur was 1 health worker per 2,500 population while in Pune 1 health worker had to cover 10,000 population. Health workers visited every eligible couple's house on a monthly or quarterly basis (depending on the population covered), and enquired if the woman had missed her menstrual period. If a woman had missed her periods, she was advised to visit the nearest health facility and confirm her pregnancy. This approach helped increase the number of pregnancies being registered early, leading to better antenatal care for women and more institutional deliveries.

REACHING OUT TO CONSERVATIVE COMMUNITIES

Community-based organizations (CBOs) play a crucial role in the implementation of any community-based health financing scheme. This is even more true in conservative communities with limited access to information and a rigid, patriarchal social milieu that limits female choices.

Sure Start was implemented in Khudwai Nagar, one such slum with a large Muslim population. It is one of Nanded's two major slum pockets, with a population of 50,000.

Recognising the need to respond to this population's restricted access to health care due to poverty and the need to increase financial support, Shri Samarth Shikshan Prasarak Mandal (SSSPM)—Sure Start's lead partner in Nanded—National Dawakhana, and local CBO Indira Gandhi Mahila Sevabhavi Gat (IGMSG) jointly implemented the community-based health insurance (CBHI) scheme called Apani Sehat ("our health") for a project population of 30,000.

The CBHI scheme's objectives were reduction in out-of-pocket expenditure, increase in the number of institutional deliveries, and access to quality health care for the slum residents.

The Institute of Public Health (IPH) and PATH provided technical support for the CBHI scheme. IGMSG managed the scheme by collecting a premium of ₹ 250 from community members and providing services from hospital networks at subsidized rates for mothers and newborns.



Emergency Health Fund

A supportive social net

Radhika gave birth to a healthy baby and everything seemed perfect. Just then, she was faced with the most horrendous challenge—she was unable to feed the baby as she developed lumps in her breast. The operation would cost ₹ 8,000, not an amount any below poverty line (BPL) family could afford. But Radhika's family had a saviour to fall back upon...

Radhika Kshirsagar, a first time mother-to-be, lived near the huge garbage dump in Chandmari area, Nagpur. Her family was poor and miserable, often having to pick their food out of the garbage dump that most people would avoid walking by.

When Lata Dahiwalé, an *arogyasakhi* (health worker), first approached the community members about their health problems, there were no takers! These community members were forced to scavenge through dump yards as they had no income, at times, to even pay for their food.

Lata's hard work began paying off when she saw an increase in the numbers of pregnant women registering at the local hospital and even showing up for their regular medical check-ups. It was a modest start but the bigger problem still remained. The population in the *basti* was predominantly BPL, which presented issues of affordability. Women mostly gave birth at home under the most unhygienic and poorly managed conditions. To top it all, the nearest hospital was 15 km away.

Battling the odds, Lata came up with the suggestion of having an Emergency Health Fund (EHF) to support community members financially when needed. It was a social net that would be accessible to all *basti* members and would operate like a self-help group. A member had to deposit a stipulated amount of money every month into this fund and the money in the fund would be loaned out to anyone who needed help.

Radhika soon saw the value of the EHF. With help from the EHF and the able guidance of Lata, Radhika got the necessary support throughout her pregnancy and at the time of childbirth. She was eligible to receive benefits under Janani Suraksha Yojana (JSY), a Government of India initiative to promote institutional deliveries. However, when the doctor diagnosed her with lumps in the breasts, making it difficult for her to feed the baby, the only way out was an operation.

The community health fund came to her rescue and loaned out an amount of ₹ 9,000 in three installments to help meet not only the cost of surgery, but also the after care. Radhika managed to get the adequate treatment at a private hospital and was able to nurse the baby successfully.

The community EHF has grown to form a huge safety net for the community members and now goes beyond helping just the women. It also supports men and children who face health problems. The power that the community members experience as a result of putting their resources together has made them more confident as a group. They have bargained for a better quality of life for themselves and continue to work towards a better future.

EMERGENCY HEALTH FUND

The Emergency Health Fund (EHF) model was implemented in the Sure Start project in Nagpur city by lead partner Amhi Amchya Arogya Sathi (AAAS). The objective was to provide financial help during an emergency for mothers and their family members. A revolving fund of ₹ 5000 per EHF was established. A monthly contribution ranged between ₹ 20-50 per member.

The members of EHF are community women who make monthly savings to meet health care expenses. AAAS has conducted capacity building of members of EHF for bookkeeping and fund management. Small grants have been provided to these EHF to increase the corpus fund to cater to the requirements of members once these EHF fulfill the criteria of regular savings for three months, good record keeping, and conducting regular monthly meetings. So far, more than 1,500 families have used the EHF support for seeking health care. There are 96 such EHF providing emergency help in the slums of Nagpur.

Building Confidence

From *dai* to trained birth attendant

"It was a heartrending incident which I witnessed eight years ago near the gate of Khudwai Nagar in Nanded. It was mid-morning and a woman started getting labour pains right there on the busy road. She began to cry as the pain became unbearable. I couldn't bear the sight, so I quickly took her to a shuttered shop and did her delivery right there. Her name was Shabana and she lived in Khudwai Nagar. Her husband was an auto rickshaw driver. He was a drunkard and spent all his money on liquor without a thought for Shabana or the family. The critical condition of the house made Shabana miserable. She was pregnant for the third time, yet could not rest and had to work for her living. That morning too she had been out to work when her labour started. That was the first delivery I did!" - Mumtaz Begum, remembering how she became a dai (traditional birth attendant)

From her first delivery on the roadside to her current role as a health worker, Mumtaz has come a long way. "The satisfaction of having helped women in peril is such that I never took a penny for my work," says a proud Mumtaz.

Prior to being a health worker, Mumtaz had facilitated over 400 deliveries at homes. Ever since her association with the Sure Start project, however, she has been actively encouraging women to deliver in the hospital under medical supervision and care. She has helped more than 125 women opt for a hospital birth.

When Mumtaz worked as a *dai*, she considered what she did as social work. But training with the Sure Start project helped open her eyes to the real risks women faced by delivering babies at home in the least conducive environments.

She learnt how best to take care of the mother and the newborn baby. The training programmes enabled Mumtaz to realize the threats to life from small things—for example, using a crude blade to cut the umbilical cord of the baby, which could easily cause infection. Dangerous rituals could adversely affect the health of either mother or child, and there were many such practices that could cause infection. She acknowledged that in the unprofessional homebirths she did, cleanliness was not necessarily observed. It was also hard to find out if the baby was underweight or know what to do if the baby did not cry upon birth. No medical attendance is available if anything is amiss. On the other hand, if the delivery takes place in a hospital, there are better chances of

the mother and child being safe. Further, delivery in government hospitals requires no money. Complications are avoided because of the supervision of doctors. In fact, the government JSY scheme gives financial aid to eligible mothers.

Mumtaz eventually stopped working as a *dai* altogether and instead started encouraging pregnant women to go to hospitals for deliveries. In the Sure Start project, she visits households in the areas of Khudwai Nagar, Deglur Naka, and Haidarbaug and enquires about the health problems of women. She advises them about care during pregnancy using the information, education, and communication (IEC) material provided, and actively helps whenever necessary.

She fondly remembers how she first became an *arogyasakhi* (health worker) and managed to help a pregnant lady, Rafiqua Begum, from Haidarbaug. Rafiqua was a short 22-year-old-woman and was pregnant for the first time. Her husband was a cleaner in the local mosque and, as they were very poor, did odd jobs to make ends meet. Anxious about any complications that may arise as a result of her short stature, Rafiqua listened to Mumtaz's advice on healthy eating and rest. "Eat green leafy vegetables, have four meals a day, and drink plenty of water," said Mumtaz to her, insisting on early registration at the hospital to facilitate regular check-ups and a hospital birth. Until then, all the deliveries in Rafiqua's family had been done at home. In her next visit, Mumtaz got Rafiqua enrolled in the community health insurance scheme of Sure Start.

In the ninth month, Rafiqua experienced labour pains and was rushed to the private hospital. There the staff insisted on a Caesarean section operation and asked for a lot of money. Rafiqua's mother immediately called Mumtaz, who helped them and took them to the government hospital. By 9 am the next morning, a healthy baby weighing 3.25 kg was born.

"As a *dai*, there was pleasure in helping women but there always was a risk to the life of both the mother and the baby. Now I get the same satisfaction without any tension of the risk! The work satisfies me and the women bless me! All thanks to Sure Start," Mumtaz says with gratitude.

This important metamorphosis from a traditional birth attendant to a trained health worker helped many volunteers like Mumtaz realize their inherent potential to be 'agents of change.'

Building Confidence

Married too soon, but Fauzia finds hope

Forced to marry at 14, with her schooling abruptly ended, a pregnant Fauzia leaves her marital home, bears a child, and braves despair, gloom, and desolation to become a community health worker. Her sensitivity and understanding of women like her, strikes a chord in the community. Registration of pregnant women in hospitals increases as does awareness on good health practices. And a confident Fauzia manages to prevent the marriage of her 13-year-old niece.

Fauzia, the youngest of five sisters and two brothers, was a resident of Malegaon, Maharashtra. Everyone in Fauzia's family knew of her interest in education and pursuing a career. But as her secondary school exams neared, she was distressed. It wasn't the exams that worried her, but rather the news of her own marriage. The only saving grace for her was that she had not attained puberty yet!

Fauzia was not happy about being forced into marriage but, unfortunately, had nobody who understood her. Her family didn't even wait for her exams to be completed. Her



engagement ceremony was performed at home and her wedding date was fixed. Fauzia was still not menstruating and the news of her private life seemed to have spread in the neighbourhood. Suggestions kept pouring in to 'show a doctor, get an injection to help her periods begin.' Her misery became worse when her future father-in-law (who is also her uncle) convinced the family to seek a doctor's help.

A 14-year-old bride, Fauzia's dreams came crumbling down even before she discovered what a menstrual cycle meant and what physical and emotional changes it brought about. The nuptial knot tied her down forever and increased her confusion!

Fauzia stayed at her in-laws' place for exactly five days. The first three days were granted to her to allow her to settle down and figure out her duties as a new bride towards her in-laws' family. The next two days seemed to pass by impossibly and the sixth day saw her return to her parents' house to never come back again!

Two months later, Fauzia found out she was pregnant. Abandoned by her husband, pregnant, and young, she withdrew completely, shutting herself out from the world. The family had no one to blame but themselves for pushing their youngest daughter into this situation. Battling the emotions and physical complications, Fauzia gave birth to a baby girl and matters got worse.

The family had expected the baby would revive the joy and love in Fauzia but they were wrong. Her friends would come by to cheer her up but to no avail. One of her friends was an *anganwadi* worker with the central government's Integrated Child Development Scheme (ICDS). She insisted that Fauzia join in her work but it was difficult, as having gone through so much had taken a toll on Fauzia.

Sure Start made its entry into Malegaon at around this time. The project was looking for individuals, preferably girls with some education. Fauzia was eligible to work in the project and her friends told her parents about the position. Her parents now just wanted Fauzia's happiness, and they knew a career would make her happy and pull her out of depression. They managed to convince Fauzia to attend the interview and when she got selected, they knew this was a ray of hope for Fauzia. The turning point in her life had come.

As a community worker, Fauzia began to meet women in the locality with a story similar to her own. She reached out to whoever was in need and began talking to them about mother and child care. She could see her own problems and past reflect in their plight and related better with their misery. Changing attitudes is not easy but having been through it all, Fauzia managed to convince them to emerge stronger and have faith. She would often find herself sad and helpless, repeatedly recounting the same messages, but found new grit to overcome her own despair.

Fauzia's labour and selfless service gradually worked a magnetic pull for women in the vicinity, who started attending the meetings in greater numbers. They would listen carefully to the advice on diet, rest, medication, early registration with the hospital, and regular check-ups. There was a marked improvement in the overall number of registrations with the hospital and general awareness on personal health. Not only did Fauzia influence the community, but her family members benefitted from her new vocation as well. Her two sisters-in-law became beneficiaries.

The strength of her personality and experience shone when she took charge and stopped the forced wedding of her 13-year-old niece. She recalls, "I employed all my life-skill training and experience. I bluntly told them that they should get the girl married so early only if they were bent upon sending her to a mental asylum. I was so happy in school, but they married me off and ruined my life. Don't ruin hers!" Fauzia emerged victorious and an innocent girl's life, along with her dreams and aspirations, was saved.

Today, sitting in the supervisors' meeting, she celebrates three years of association with the Sure Start project. She says, "I never got such an environment in my life. I am very happy. Prior to this, I was completely broken. But thanks to Sure Start, those memories have faded. I now know that marriage is not everything in life. I will teach my daughter to live life on her own terms and if I ever marry again; it will be by my own free will."

Kudos to Fauzia!



Access to Entitlements

Mother confidently asks for her rights

Asmita, a resident of the slum Bhande Plot, Nagpur, had benefitted from a hospital birth for her child. The local community volunteer, Mamata, helped her find out about the government scheme of Janani Suraksha Yojana that she was eligible for. All Asmita needed to do was collect her maternity benefit payment by cheque from the clerk at the hospital where she delivered her baby. Having unsuccessfully tried twice to get the cheque, a tired and distraught Asmita made her third attempt. The only thing she got was disdain and misbehaviour!

Janani Suraksha Yojana (JSY) is a government-sponsored scheme aimed at reducing maternal and infant mortality rates by increasing institutional deliveries among below poverty line (BPL), Scheduled Caste (SC) and Scheduled Tribe (ST) families. The JSY, which falls under the overall umbrella of the National Rural Health Mission (NRHM), covers all pregnant women belonging to households below the poverty line, above 19 years of age, and up to two live births.



Health workers go around communities trying to encourage expectant mothers to opt for hospital birth and make them aware of the benefits they are eligible for under the central government schemes. JSY has especially helped reduce the number of unprofessionally handled home births. Since the scheme is applicable for up to two children, many couples opt to limit the number of children they have.

Asmita's struggle to access the benefit cheque wasn't an isolated one. Often, individuals who belong to BPL families are at the mercy of bureaucratic delays and prejudice. Women are the worst affected as they are considered the 'weaker sex' and mistreated. At last Asmita approached Mamata Kamble, a health worker for NGO *Amhi Amchya Arogyasathi* ("we are for our health"), and expressed her sense of helplessness.

The hospital where Asmita delivered her baby was a big government hospital and was a little distant from the Bhande Plot. Very few community members actually managed to avail of health services there. During her discussions with pregnant women about a healthy diet, routine medical check-ups, and early registration at the hospital, Mamata had gotten general feedback on the difficulties faced by the women in accessing the government schemes at the hospital. The problems were mostly with the staff who were supposed to dispense the cheques, and not so much with the management—pointing to a clear case of mistreatment.

Mamata reviewed Asmita's case papers and documents needed to avail of the government scheme. Everything was perfectly in order and her file was complete and up to date. So, turning Asmita away repeatedly in a brash manner by pointing out flaws in her documentation was baseless. Especially significant was the last time Asmita had approached the clerk, where he had thrown the file at her and turned her away, insulting her before everyone present. Immediately Mamata knew she had to intervene and have a word with the clerk in charge of Asmita's payment. This could not go on forever!

Mamata took Asmita's documentation and accompanied her to the hospital. She went straight to the clerk and demanded the cheque. She asked him the reasons for turning Asmita away and insulting her. The clerk, shaken by Mamata's confidence and authority, asked her who she was. Mamata produced her identity card and forced her way through to the filing cupboard. There, she found Asmita's benefit cheque signed and approved to be collected since her delivery at the hospital! Clearly, the clerk had been mistreating Asmita and giving her a rough time!

After discovering the cheque, Mamata did some hard talking with the clerk, threatening to report his unethical and bad behaviour to the authorities. Asmita got the benefit cheque, and Mamata's intervention led to a change in the clerk's behaviour. More women could now collect their cheques from the hospital without being harassed!

Access to Entitlements

Building critical awareness about government schemes

Several central government and state government schemes are unable to reach the needy because community members do not know about them. Community volunteers and projects such as Sure Start are making communities more aware of these schemes and, thus, helping those in real need get their rights and entitlements.

The Sure Start project community health worker (CHW) goes around the Rabale health centre catchment area, Navi Mumbai, speaking to community women about the importance of maternal and neonatal health. The Municipal Corporation of Navi Mumbai happens to be a lead partner in the Sure Start project in this area.

The behaviour change communication visits are primarily aimed at inculcating healthy habits among pregnant women and their families, thereby enabling general health-awareness in communities. The Ghansoli area has a high population of around 10,000 migrants living in abysmally poor conditions. Their houses are box sized rooms of 10 ft



× 10 ft with the only open space being over the drainage gutters between the rows of these crowded rooms. The Sure Start project uses link workers—local residents of the community who help identify and keep track of new pregnant women and deliveries.

The CHW met Meenakshi during her visit to the community. Pregnant for the first time, Meenakshi was not getting adequate nutrition from her diet. She had low haemoglobin and was looking pale. Referring to the dangers of negligence to health during pregnancy, the CHW spoke at length to her family about the importance of care for a healthy delivery. She also talked about the government scheme called *Janani Suraksha Yojana (JSY)*.

During subsequent visits the CHW kept a close watch on Meenakshi's health. A few weeks later, she delivered a healthy baby at a private clinic in the vicinity but forgot to present the JSY card. During her follow-up postnatal visit, the CHW asked Meenakshi if she had availed of the JSY benefit yet. It appeared that the family did not understand the scheme very well. The CHW helped them and within a week of Meenakshi's delivery, the family received the benefit cheque and felt a sense of relief!

Meenakshi now, in turn, ensures that all community members are aware of the schemes related to improving maternal and neonatal health.

Finding courage to face life ahead

“Vomiting and fainting are quite common during pregnancy,” said Samina’s mother-in-law dismissively, and she asked health worker Chhaya to leave. The mother-in-law did not allow Chhaya to look through the medical reports of Samina. But Chhaya needed to know more about Samina’s condition, and with her persistence, she ensured that the lives of Samina and her baby were saved.

Health worker Chhaya, like other health workers, does her rounds of periodic home visits, looking out for expectant mothers. She visits pregnant women in their homes, talking to them in detail about maternal and newborn care. During one such routine visit, she came across Samina, who had been living in a small colony on Tadiwala Road, Pune, for the last four years. Her husband worked as a driver and was mostly away from home. In order to support the household, Samina worked as a domestic help in the adjoining areas.

Samina was pregnant for the third time and had just completed her first trimester. Her first-born had died within a couple of days of his birth and the second child remained



ill most of the year. On probing deeper, Chhaya found out that Samina had frequent vomiting bouts and fainting episodes. Chhaya immediately knew that these were not good signs, so she asked Samina if she had gotten her haemoglobin count checked. “Yes, I have been to the clinic to get it checked and they said it was 6.5,” said Samina.

Shocked at this low level of haemoglobin, Chhaya spoke to her at length about her diet and how to include green leafy vegetables and citrus fruits, in addition to IFA supplementation, to make her diet more nutritious. Chhaya insisted on Samina getting a regular check-up at the local government hospital, Sasoon. Since Samina had been to the clinic once, Chhaya wanted to see her previous reports. But as she was about to take the reports from Samina, her mother-in-law intervened and said, “Vomiting and fainting are quite common during pregnancy,” and asked Chhaya to leave.

Sensing trouble, Chhaya returned to Samina’s house a few days later, but this time, in the mother-in-law’s absence. Chhaya asked Samina why her first child had died but Samina remembered only that he had died just a couple of days after birth. All Samina could think of was that perhaps because her first delivery was at her home in the absence of any medical care, the baby could not survive. In fact, this time around, that was one of the reasons she wanted to have a hospital birth. She shared her medical records with Chhaya. On scanning through the pages of the reports, the colour on Chhaya’s face drained—Samina was HIV-positive.

Oblivious to this fact, Samina looked at her. Chhaya understood the sensitivity of the situation so did not divulge the news to her but decided to take her for counseling at the Deep Griha Society centre, where senior and more experienced staff could speak to her without being intimidating.

The counselor at the Deep Griha Society centre explained to Samina about her ailment and also told her about all the care that she should take henceforth. The counselor emphasized, “It is most important that you go to the hospital in time and take proper medication and injections so that the baby is born healthy.”

It became clear to Chhaya now as to why Samina’s mother-in-law was reluctant to show her the medical reports earlier.

Samina discovered on returning that almost everyone in the city knew that her husband was HIV-positive, and since no one would marry him, her in-laws had cheated her by keeping this matter a secret. They had clearly taken advantage of her parent’s poor financial status; since Samina was the eldest among five sisters, her labourer parents were happy to see her married off. But now, she didn’t have much of an option but to continue to live with this truth, in the same house.

This had remained a secret between Chhaya and Samina, and they decided not to let Samina’s in-laws realize Chhaya knew the family’s secret. Samina only wanted to focus

on safeguarding her baby's health and safety. She started antiretroviral therapy (ART) and took extra care of her diet, with iron and calcium supplements and adequate rest. Chhaya also kept a close watch on Samina's progress and ensured she went to the hospital for regular check-ups.

Samina saw a marked improvement in her haemoglobin level and her overall health became better. She insisted on a hospital birth and her in-laws had to give in. Soon, she gave birth to a healthy 3.5 kg baby at the city hospital. The project health worker ensured that she received the necessary intranatal and postnatal care in the hospital. The patient was also counselled on breast feeding.

Chhaya's patience and Samina's courage are exemplary. Samina says, "I felt confident after meeting the counselor at Deep Griha Society. I received tablet Nevirapine during my pregnancy. Now I regularly visit Deep Griha centre and have learned to take care of myself. My CD4 count is normal."

Today, despite being vulnerable due to the HIV infection, Samina is empowered to look after herself and her children.



Malaria in pregnancy combated with proper referral

Shivering, suffering with malaria, Anjali was in her eighth month of pregnancy. Despite having registered with the hospital, her hope of recovery seemed bleak. Everything had been alright until now. But would she be able to see the face of her baby? Would she survive?

Anjali, a resident of Vikhroli Park site, Mumbai, was in her eighth month of her second pregnancy. When Anjali contracted malaria in her last trimester, her haemoglobin levels dipped drastically and her white blood cell and platelet count dropped alarmingly, causing low resistance in the body. The danger of heavy bleeding remained. Anjali and her baby were at a high risk owing to her being in the final stage of her pregnancy. The doctors at Ramabai Maternity Home, where Anjali was registered, recommended that she needed to go to the Rajawadi Hospital. This was a bigger hospital with better facilities. A referral was made detailing her complete medical history and details of her current ailment.



As a result of the referral, Anjali was immediately admitted to the Rajawadi Hospital and her treatment began. She was given dual treatment for malaria and increasing her platelet count. A feedback slip with Anjali's progress was sent back to the Ramabai Maternity Home (the referring medical centre), as per protocol. It is desired and necessary for the doctor from the referred hospital to ensure the doctor from the referring medical centre is fully aware of the treatment given to, and progress made by, the patient referred.

Lapses have been witnessed before, in the absence of a proper referral system. With the setting up of this referral system, under the Sure Start project, there is better coordination now between the hospitals and health centres. Through the referral system, Society for Nutrition, Education & Health Action (SNEHA) made protocols for every public health care centre in the project area.

The treatment was successful. Anjali recovered from malaria. Once better, she was sent home for the remaining period of her pregnancy. A few days later she delivered a healthy baby weighing 3 kg.

REFERRAL SYSTEM

Referrals, which is a common practice in hospitals, are frequently made for higher level of clinical care required for managing a serious condition. The referral is done in order to prevent and manage complications. However, lack of clear instructions to the relatives, miscommunication or lack of communication with the referred center, lack of case papers documenting the clinical status etc. affects the outcome of the referrals, very frequently resulting in the woman arriving at the center too late or even at the wrong facility. The issue was addressed by developing standard referral protocols with the coordination of all stakeholders. Referral slips for use between health facilities was developed, distributed, and explained. All the necessary stakeholders were oriented in the protocols.

Appendix A

CITY MODELS

In Maharashtra, besides the Common Minimum Programme that was implemented in all the intervention cities, the Sure Start project has worked on eight innovative models in maternal and newborn health in urban slums of seven cities (Nagpur has two innovative models – Emergency Health Fund and Prepaid Card). The project has partnered with NGOs, medical educational institutes, public health training institutes, and municipal corporations to operationalize the program strategies. These city-specific interventions in the areas of health financing, quality of care, volunteerism, convergence and public-private partnership had a positive impact on maternal and newborn health (MNH).

MALEGAON

MODEL: QUALITY OF CARE

PROFILE

Malegaon has a high population density, and 50 percent of the population lives in slum areas and depends on the public health system for health care. This city has a huge migration of Muslims population from northern states of Uttar Pradesh and Bihar seeking employment opportunities. Because the Malegaon Municipal Corporation (MMC) was established only recently, its health infrastructure is yet to be developed. The crowded and unstructured housing and inadequate civic amenities lead to health and especially MNH issues. Only 250 hospital beds are available for a population of 3,00,000, and outreach services do not reach the slum population. Implementing client satisfaction norms was aimed at improving quality of care, which would increase utilization of health services by the community, leading to improved MNH status.

LEAD PARTNER

Swaasthya, a nongovernmental organization based in Delhi, implemented the Sure Start project in Malegaon.

Objectives

- Ensure better quality of services in public health facilities.
- Build capacities of MMC staff for high-quality MNH services and community mobilization.
- Develop mechanisms to facilitate a continuous dialogue between the community and service providers by institutionalizing “Client Satisfaction Norms.”

Model

MMC established a Quality of Care (QoC) platform under the project purview with active representation from community members, service providers, and project partners. The aim was

to bridge the gap between the service providers and the community to ensure high-quality of health services at public health facilities. The MMC with lead partner Swaasthya implements the Client Satisfaction Norms (CSN) developed in consultation with the community, partners, and service providers. MMC now displays the CSNs in local dialect (i.e., Urdu and Marathi) at all MMC facilities and health posts.

MUMBAI

MODEL: QUALITY OF CARE

PROFILE

Mumbai, the financial capital of India, is the capital of Maharashtra state. It is a metropolitan city with a population of over 16 million (2001 census). More than 50 percent of Mumbai's population lives in slums. Though Mumbai has large public and private health care institutions, they fall short in catering to the health needs of the poor. There is no rational utilization of primary and secondary services, resulting in apex and tertiary centres being overloaded.

LEAD PARTNER

Society for Nutrition, Education & Health Action (SNEHA), a nongovernmental organization based in Mumbai, implemented the Sure Start project in Mumbai.

Objectives

- Increase the availability, accessibility, appropriateness, and acceptability of public and private health services for pregnant women and newborns.
- Reduce maternal and neonatal mortality through appropriate and timely referrals.

Model

This model worked on improving the quality of maternal and newborn care through a three-pronged approach:

- Introducing clinical protocols.
- Establishing a referral system.
- Creating community resource centers.

SNEHA worked with the Municipal Corporation of Greater Mumbai (MCGM) to initiate setting up of antenatal, postnatal, and neonatal clinics at health posts. In collaboration with MCGM, protocols were developed for referral that included public institutions and private practitioners. Community resource centers were established, wherein the community could access information on various government schemes, hospitals, and blood banks.

NAGPUR

MODELS: EMERGENCY HEALTH FUND AND PREPAID CARD SYSTEM

PROFILE

Nagpur city is in Vidharba, east Maharashtra, and is the third largest city in Maharashtra. As per the 2001 census, the population of the city was 2,129,500, of which 726,000 people lived in slums, making Nagpur the second-most slum-populated city in Maharashtra after Mumbai. Affordability and accessibility of health care services is a major challenge for the people living in the urban slums. Although public facilities are available for MNH care, the urban poor are not able to access needed care. Because of low incomes they often need to borrow money to avail health services or sell assets during medical emergencies.

LEAD PARTNER

Amhi Amchya Arogyasathi (AAA), a nongovernmental organization based in Kurkheda, District Gadchiroli, and two consortium partners implemented the Sure Start project in Nagpur. Mure Memorial Hospital (MMH) is one of the consortium partners.

Objectives

- Develop a sustainable financing mechanism for improvement of health among mothers and newborns in the slum by creating an “Emergency Health Fund.”
- Provide quality MNH services at affordable rates by introducing a “Prepaid Card System.”

Model

The city slums have a number of community-based organizations (CBOs) such as self-help groups (SHGs) involved in microcredit activities that, at times, provide small amounts of money to residents to meet health-related expenses. To take advantage of the existing system, an Emergency Health Fund (EHF) using the microcredit system was introduced with SHGs. The formation of EHF was facilitated by the lead partner, and the members were trained to manage the fund effectively. Fifty community members formed a group and established an EHF, and seven members were selected as the board of directors on a rotation basis for a tenure of one year. A joint account was established, wherein each member contributed between ₹20 to 50 per month towards the fund. The savings were collected during the monthly meetings. Any member who needed money to meet a health emergency was given a loan after submitting an application. The range of assistance provided was between ₹500 to 5,000 per case. The EHF improved timely referral of complicated cases by providing emergency financial support for transportation of patients and purchase of medicines, as well as increasing the number of institutional deliveries, thereby overcoming barriers to health care access resulting in improving the status of MNH in the city.

MMH introduced another model known as the “prepaid card system” to provide affordable/subsidized MNH services. MMH is a 165-bed multispecialty hospital covering a slum population of around 50,000. The prepaid card package was developed in consultation with experts. The cost of the card is ₹10 and the card holder is eligible for availing treatment at a subsidized cost at the MMH.

NANDED

MODEL: COMMUNITY-BASED HEALTH INSURANCE

PROFILE

As per the 2001 census, the Nanded city population was 430,733, and nearly 150,000 people lived in slums and had limited access to health facilities. Nanded has a huge inflow of migrants from both Andhra Pradesh and Karnataka. Mostly unskilled labourers and daily wage earners, these migrants work in the unorganized sector and have low financial resources to access health care. Nanded is a relatively new Municipal Corporation and has limited and inadequate health facilities. The inadequacy of public health facilities leads slum dwellers to approach private facilities. Because this is expensive, the slum dwellers often prefer home deliveries. A few financing mechanisms were tried to make health care more affordable to the slum dwellers and, in turn, improve their health-seeking behaviour for MNH.

LEAD PARTNER

Shri Samarth Shikshan Prasarak Mandal (SSSPM), a Parli-based nongovernmental organization, implemented the Sure Start project in Nanded.

Objective

- Introduce community-based health insurance (CBHI) for MNH in the identified slum population of Nanded city.

Model

The design of the Community-Based Health Insurance Scheme was based on the findings from a feasibility study conducted by the Institute of Public Health, Bangalore. The project was implemented in collaboration with SSSPM project lead partner, National Dawakhana, and local community-based organizations [Indira Gandhi Mahila Sevabhavi Gat (IGMSG) and Refai Falai Anjuman (RFA)] called ‘Apani Sehat’ (our health) for nearly 30,000 population. The project focuses on developing a community-based health financing mechanism and also strengthening the existing community-based systems to provide financial accessibility to MNH services. A network of service providers was established to provide services at subsidized rates. The Institute of Public Health (IPH) and PATH provided technical support for this scheme. Under the scheme, a premium of ₹250 was collected from community members for providing cashless services from hospital networks at subsidized rates for mothers and newborns. Rational usage of appropriate health facilities (e.g., public and private health facilities) was ensured through a quality check. The CBHI scheme aimed at reducing out-of-pocket expenditure for hospitalization and increasing institutional deliveries.

NAVI MUMBAI

MODEL: PUBLIC-PRIVATE PARTNERSHIP

PROFILE

Navi Mumbai is the world's largest planned city. Navi Mumbai Municipal Corporation (NMMC) is spread over 162 sq km; the population is over 7 million (2001 census). With 10 percent of the population consisting of migrants and 20 percent residing in slums, NMMC was at the outset served by one health post at Belapur run by the state government. NMMC accorded priority to developing health infrastructure, and now there are 20 health posts, four maternity centres, and a 300-bed general hospital with two mobile clinics.

LEAD PARTNER

Navi Mumbai Municipal Corporation's Health Department implemented the Sure Start project in Navi Mumbai.

Objectives

- Enable public-private partnership for improving and strengthening the quality of MNH services at the facility and outreach levels.
- Achieve NGO participation in community mobilization and supportive supervision for NMMC outreach MNH services.

Model

Under Sure Start, NMMC covered close to 600,000 slum residents and low-income people. It initiated outreach antenatal clinics through an innovative approach, which led to increased utilization and better coverage of MNH services. Nutrition and yoga sessions were also part of antenatal service provision at the clinics. NMMC has developed a standard protocol for the facility as well as for the outreach clinics. NMMC implemented the public-private partnership model through professional bodies including the Indian Academy of Paediatrics (IAP), Indian Dietetic Association (IDA), Federation of Obstetric and Gynaecological Societies of India (FOGSI), and NGOs such as Yog Vidya Niketan and the Social Advancement Through Health Initiative (SAATHI). Specialized maternal and neonatal services were provided once a month by gynecologists and pediatricians. Recognising that critical behaviour change can be brought about by community volunteers, NMMC implemented the Sure Start project in partnership with a local NGO that built the capacity of link workers appointed through the reproductive and child health (RCH) Project by training them on MNH services. Specialists were made available at the health posts by partnering with doctors' associations. NMMC is advancing the public-private partnership by involving the community through their CBOs at the health post level.

PUNE

MODEL: CONVERGENCE OF MATERNAL AND NEWBORN HEALTH AND HIV

PROFILE

Pune city in western Maharashtra is considered an education hub of India. The total population of Pune city is 2.7 million (2001 census), and over 25 percent of the city's population lives in slums.

LEAD PARTNER

Project Concern International (PCI), US-based international nongovernmental organization, implemented the Sure Start project in Pune. It has four consortium partners.

Objectives

- Raise awareness of HIV amongst pregnant women and motivate them to undergo HIV testing.
- Test the feasibility of convergence of HIV/AIDS and MNH for synergy in impact.

Model

In Pune, PCI implemented the project to cover a population of 416,257 in 29 slum clusters. Because PCI was already implementing a home-based HIV care project (PATHWAY), which covered 12 slum clusters, PCI proposed convergence of HIV/AIDS and MNH in this city-specific initiative, which included a Monitoring Maternal and Newborn Health status (MOMS) committee and birth preparedness and complication readiness (BPCR) card. Through the convergence model, Sure Start, aimed to increase awareness of HIV among pregnant women and their families and improve early detection of HIV in pregnant women. Strong referral linkages helped pregnant women access appropriate health services over time. Field-level activities ensured more community participation and sensitization on the issue.

SOLAPUR

MODEL: VOLUNTEERISM

PROFILE

As per the 2001 census, the population of Solapur city was 0.8 million, and approximately 30 percent of the population lived in slums. Solapur city shares borders with the adjoining states of Karnataka and Andhra Pradesh. With communities that speak three languages, it is very challenging to extend information and build awareness about MNH issues and mobilize a diverse, multilingual community to seek MNH care.

LEAD PARTNER

The HALO Medical Foundation (HMF), a nongovernmental organization based in Andur, implemented the Sure Start project in Solapur.

Objective

- Develop and try a strategy of volunteerism in mobilizing the multilingual communities of Solapur to ensure MNH care.

Model

The model in Solapur looked at developing and motivating several cadres of volunteers who would build their own knowledge base and adopt pregnant women to ensure adequate antenatal, postnatal, and newborn care. HMF worked with the Municipal Corporation, colleges of social work and medicine, and the National Social Service wings of junior colleges to implement the volunteerism strategy. To generate demand for MNH services, the project team identified and trained youth and community-based volunteers, who engaged with the community for intensive and extensive community mobilization activities.

Appendix B

GLOSSARY

Aapa – A respectful term in Urdu, meaning ‘elder sister.’

Basti – An Urdu word meaning a ‘habitation of poor people.’

Beedi – A thin, often flavored Indian cigarette made of tobacco wrapped in a tendu (*Diospyros melonoxylon*) leaf. Beedi workers, largely in the unorganized sector in India, suffer from various health problems due to poor working conditions and long working hours.

BPL card - Below poverty line is an economic benchmark used by the Government of India to indicate economic disadvantage. Individuals and households in need of government assistance and aid are eligible for a BPL card to claim entitlements.

Chapati – An unleavened Indian flatbread made of whole wheat flour and cooked on a flat skillet.

Dai – Untrained traditional birth attendant.

ICDS – The Integrated Child Development Services scheme was launched in 1975 with the objective of improving the nutritional and health status of children in the age group of 0 to 6 years to lay the foundation for proper psychological, physical, and social development of the child; to reduce the incidence of mortality, morbidity, malnutrition, and school dropouts; and to enhance the capability of the mother to look after the normal health needs of the child through proper nutrition and health education. ICDS provides services of supplementary nutrition, immunization, health check-ups, referral services, pre-school non-formal education, and nutrition and health education

Jananai Suraksha Yojana (JSY) – It is a safe motherhood intervention under the National Rural Health Mission, covering all pregnant women belonging to households below the poverty line, above 19 years of age, and up to two live births. JSY’s objective is to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. JSY is a centrally sponsored scheme and integrates cash assistance with delivery and post-delivery care.

National Rural Health Mission (NRHM) – NRHM is a flagship programme of the Government of India and is operational in 18 states (2005–2012). It is basically a strategy for integrating ongoing vertical programmes of the Ministry of Health and Family Welfare.

National Urban Health Mission (NUHM) – Towards addressing the health concerns of the urban poor, the Ministry of Health and Family Welfare had proposed in 2008 to launch a National Urban Health Mission.

PAN Card – Permanent Account Number is a ten digit alphanumeric number, issued in the form of a card by the Income Tax Department. It is an identification card valid for Indian citizens for tax purposes. It enables the income tax department to link all transactions of the person with the department.

Ration card – Ration Card is a document issued under an order/authority of the state government as per the public distribution system for the purchase of essential commodities from fair price shops. It aids in the procurement of essential commodities at a subsidized rate. It also acts as an identification document.

Self-help group (SHG) – A self-help group is a small voluntary association of economically marginalised persons, preferably from the same socio-economic background. They come together to solve their common problems through self help and mutual help. There are many women SHGs that are successful in establishing a corpus of funds to meet members' requirements. The SHG promotes small savings among its members and these savings are kept with a bank in the name of the SHG. An SHG typically has between 15 and 20 members.

Slum – As defined by the United Nations Human Settlements Programme (UN-HABITAT), a slum is a run-down area of a city characterized by substandard housing and squalor and lacking in tenure security. Although their characteristics vary between geographic regions, they are usually inhabited by the very poor or socially disadvantaged. Slum buildings vary from simple shacks to permanent and well-maintained structures. Most slums lack clean water, electricity, sanitation, and other basic services.

Tai - Term of respect in Marathi meaning 'elder sister.'

Ward – The geographical division within an urban area acting as territorial constituencies of a Municipality. Wards are urban administrative units within a town or city.

Appendix C

SURE START MAHARASHTRA PARTNERS

Sure Start Maharashtra had seven lead partners, seven sub-consortia partners, and two cross-site partners.

LEAD PARTNER

Amhi Amchya Arogya Sathi (AAAS), Nagpur, was established in 1984 in Gadchiroli district of Maharashtra. The organization works for a ‘health revolution’ by addressing the issues of livelihood and water, among others.

HALO Medical Foundation, Solapur, is an NGO founded in 1992, working in the areas of health and development through empowerment of women in the villages of Latur and Osmanabad districts, an underdeveloped area in the Marathwada region of Maharashtra.

Navi Mumbai Municipal Corporation established its Health Department in 1993. The health infrastructure comprises twenty urban health posts (UHP), four maternity hospitals and a general hospital. The corporation is known for good governance.

Project Concern International/India (PCI/India), Pune, is a registered nonprofit health and humanitarian aid organization dedicated to preventing disease, improving community health, and promoting sustainable development. It is an affiliate of Project Concern International, which has 45 years’ experience.

SNEHA (Society for Nutrition, Education & Health Action), Mumbai, is a voluntary, secular, nonprofit organization founded in 1999 by a group of neonatologists and social workers from Mumbai. Urban health, vulnerable populations, and women are central to SNEHA’s mission.

Shri Samarth Shikshan Prasarak Mandal (SSSPM), Nanded, is a nonprofit voluntary organization, established in 1987. The main objective of the organization is providing quality education and health to disadvantaged communities.

‘Swaasthya,’ Malegaon, is an NGO established in 1994. Swaasthya works on reproductive and sexual health issues. It specializes in innovative community-based programming that is replicable and scalable.

Sub-Consortia Partners

NAGPUR

Indian Social Service Unit of Education (ISSUE) is a nongovernmental human-development organization based in Nagpur. It aims at ensuring rights for education, health, survival, protection, and sustainable development for underprivileged children and the poor in urban,

rural, and tribal areas in and around Maharashtra. ISSUE has been working in the Vidarbha region since January 1993.

Mure Memorial Hospital is a 113-year-old institution founded by Dr. Agnes Henderson, a Scottish missionary in 1886 in Nagpur. It is now a 165-bed hospital offering comprehensive and specialized medical care. It has also developed its faculty as a centre for health education, research, and development. Since 1934, it has been running a Training College of Nursing.

NAVI MUMBAI

Indian Academy of Pediatrics - Navi Mumbai Branch- It is an association of child specialists practicing in Navi Mumbai. The members of this association provide specialist services to children at urban health posts.

Indian Dietetic Association- The nutrition experts are the members of this association and they provide nutrition counseling services to the pregnant women in the Navi Mumbai.

Navi Mumbai OBGY Society- It is an associations of obstetricians & gynaecologists practicing in Navi Mumbai. The members of this association provide specialist services to pregnant women at urban health posts.

SATHI- It is a non government organisation. The members of the organisation provided support for supervision of the project.

Yog Vidya Niketan- The organisation imparts yoga education to the pregnant women in Navi Mumbai. They have trained health workers in Navi Mumbai in yoga

PUNE

Bahujana Hitay has been working in Pune and Pimpri Chinchawad Area for the last 20 years in the health sector. They work in family planning and organize free health check-ups, crèche services, mobile clinics, etc.

Deep Griha Society (DGS) is an independent charitable organization working to better the lives of people living in the slums of Pune, Maharashtra. Through a range of family welfare programmes encompassing education, health, awareness building, and self-help projects, DGS helps thousands of beneficiaries within Pune and several nearby villages.

Sevadham Trust was registered as a public charitable trust in August 1978. Over the years, Sevadham has been actively working in the entire state of Maharashtra. The Trust has various projects in the field of health, such as hospitals, static & mobile clinics, primary & intensive health care, leprosy eradication, TB control, AIDS prevention, and care and support projects.

Snehdeep Jankalyan Foundation is a voluntary registered organization working for community development since 1986 in different slum areas of Pune city.

Cross-Site Partners

Institute of Health Management Pachod (IHMP), established 30 years ago, strives for the health and development of communities through the implementation of programs at grassroots level, as well as training, research, and policy-advocacy activities

Sampark, Mumbai, is a nongovernmental organization working in the area of advocacy and communication. It works primarily as a consultant for NGOs in the fields of development, health, and livelihood. Sampark helps NGOs advocate with government, provides relevant information to the NGOs, and helps build their advocacy skills.



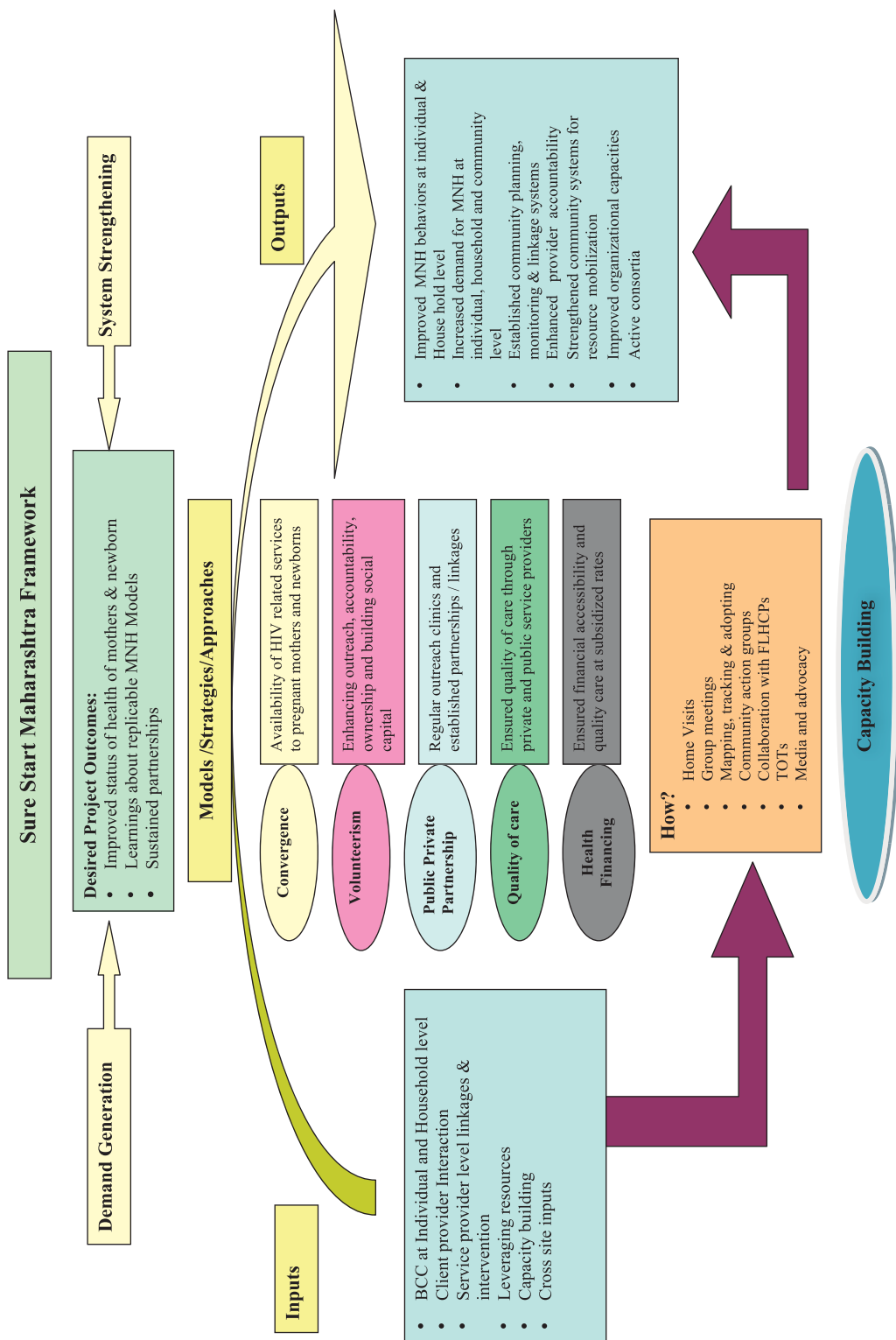
“ Thanks to Sure Start, pregnant women have started coming to the hospital in greater number to register their names. They are so aware that they ask about blood pressure, weight, and hemoglobin. The behavior change communication done by Sure Start has really changed the attitude of community as well as the family towards health issues of pregnant woman and newborn infants”

Dr Asha Advani
Family Welfare Officer,
Municipal Corporation, Greater Mumbai

“Sure Start has provided structured inputs to ANM on ANC/PNC care and check up for the first time in Malegaon. The training on hemoglobin test, measuring weight, and blood pressure has enhanced their skills.

Field workers and volunteers of Sure Start increased the awareness level through regular home visits and meetings. As a result, the percentage of institutional deliveries, immunization and ANC check up has also increased”

Dr Bharat Wagh
Medical Officer of Health,
Municipal Corporation, Malegaon





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