PATH
SURE START

Zindagi Aayi Khushiyan Laayi

Sure Start Ke Sang

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Our Partners

Lead partners in Uttar Pradesh

District	Lead partner
Bahraich	BAIF Development Research Foundation
Balrampur	BAIF Development Research Foundation
Barabanki	CARE
Basti	Peoples' Action for National Integration
Gorakhpur	Catholic Relief Services
Hardoi	MAMTA Health Institute for Mother and Child
Raibarelli	CARE

Lead partners in Maharashtra

City	Lead partner
Malegaon	Swaasthya
Mumbai	Society for Nutrition, Education & Health Action
Nagpur	Amhi Amchya Arogya Sathi
Nanded	Shri Samarth Shikshan Prasark Mandal
Navi Mumbai	Navi Mumbai Municipal Corporation
Pune	Project Concern International
Solapur	Halo Medical Foundation

Cross-site partners in Maharashtra

- Institute of Health Management, Pachod provided, technical assistance to Sure Start and supported supervision in Nanded, Navi Mumbai, and Solapur.
- Sampark, Mumbai, built capacities of lead partners in media advocacy.

Sure Start team

Headquarters

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ज़िन्दगी आई
खुशियाँ लाई
श्योर स्टार्ट के संग

Bring home a life, bring home happiness – with Sure Start

For millions of economically disadvantaged women in India, a healthy pregnancy and safe childbirth have been beyond reach. Sure Start's innovative approaches in urban and rural health for disadvantaged communities have addressed specific needs related to maternal and newborn health and given new hope to women and their families.

Birth of a newborn signifies the arrival of new life, which brings joy, happiness, and celebration. The overarching message of Sure Start is this emotion of bringing home a life, bringing home happiness. By giving women confidence that they will see their babies healthy and that their daughters will also be taken care of when it is their time to bring new life into the world, Sure Start has helped these women live their dreams.

A Sure Start Success Story

When Zeenat came to Pune from her village, the problems of coming to terms with the urban environment and the hardships of living in a slum were compounded by another. She was pregnant. This was her first time, and apart from her husband, she had no family to guide her.

Urmila Tai, a link worker from Sure Start, was a godsend. Urmila helped Zeenat register for antenatal care and spoke to her about the need to take care of herself, for her sake as well as for the sake of the unborn child. "I was hesitant at first," says Zeenat, who is 20 years old. "Gradually, I found it easy to talk to her, to confide in her."

"Tai even got me iron supplements and told me what and how much to eat. She taught me how to recognize signs of alarm and what to do during an emergency. She accompanied me to the health post for my first antenatal checkup. She was also there with me for the following two antenatal checkups in the coming months."

One morning, Urmila responded to an emergency call from Zeenat's husband. Zeenat was writhing in pain and bleeding and had to be rushed to a nearby private hospital, which referred her to the nearest government hospital, as both mother and baby were in danger. Urmila asked the couple to gather courage and be strong. She rushed Zeenat to the government hospital, where she was admitted immediately because her condition was deteriorating. Clearly, this was going to be a complicated birth. Zeenat received timely care, including sonography, tests, and a blood transfusion.

Two days later, Zeenat delivered a tiny baby girl, 1.5 kg, with breathing difficulty. The baby was put in the intensive care unit, where specialized care was administered.

Zeenat returned home after 20 days in the hospital. "Munni and I, we owe our lives to Urmila Tai. I cannot imagine what would have happened to us if she had not been there by us all the time and shown us the way," beams Zeenat.

Like Zeenat, millions of expectant and new mothers in the Indian states of Maharashtra and Uttar Pradesh now have able guides like Urmila Tai. Urmila is one of the many community health workers trained under PATH's Sure Start project to equip women like Zeenat with enhanced knowledge of maternal and newborn health, the importance of prenatal care, danger signs during pregnancy, and about birthing and the postpartum period.

Through 2011, PATH's Sure Start, along with our partners, reached 24.5 million people in India, imparting information on pregnancy, childbirth, and available services. These women no longer face motherhood unprepared and alone, and their children have a better chance of a healthy beginning to life.

Frontline health workers as change makers

Accredited Social Health Activists and community health workers/link workers have been the pillars of Sure Start's success in Uttar Pradesh and Maharashtra.

The essence of Sure Start's work was to transform communities from passive onlookers to agents of change through extensive involvement in urban and rural societies.

Sure Start empowered health workers with training, information, and toolkits to go into homes and explain safe birth practices. They addressed myths and misconceptions and advocated good practices, such as institutional delivery and complete antenatal and postnatal care, with ill-informed and reluctant families. They were trained to identify eligible couples and conduct menstrual surveillance, early registration of antenatal care, and follow-up visits for postnatal care, as well as to maintain records.

Sure Start is full of stories of ASHAs, community health workers, volunteers, and link workers who reached out to women among the rural and urban poor, offering information, practical solutions, and emotional support to help women take charge of their own health and that of their children.

"Earlier, people were somewhat suspicious, and some even forbade me from coming into their houses. But now I get a lot of respect. People ask me to sit, offer tea, and actually listen to what I say." *–Sonali Shinde, a link worker in Navi Mumbai.*

"I do this to pay my debt to the country. I understand I can't do big things; I can at least bring about a change in my neighbourhood." *–Shamshad Sheikh, a Sure Start community health worker in Uttar Pradesh.*

ASHAs and other community health workers like Sonali Shinde and Shamshad Sheikh are the true heroes of Sure Start. They formed a network of highly motivated women from the community who were empowered with training, skills, and information to help increase healthy behaviours in maternal and newborn health. It is this network that made Sure Start a success.

Sure Start salutes these women and their spirit.

Maharashtra

In Maharashtra, Sure Start supported city-specific and cross-site (thematic) projects especially designed for cities with large and growing slum populations. Needs-based behaviour change communication through interpersonal communication, in the form of interactions during home visits, was the core intervention strategy.

Sure Start adopted core interventions that formed a **Common Minimum Programme** in seven cities in select slum pockets. Health workers followed a structured schedule of home visits during antenatal and postnatal periods, and strong linkages were built with public facilities. The programme complemented and served as a catalyst for the government's reproductive and child health programme.

Intervention package

Self care (behaviour and demand generation)	Community systems and linkages
Early registration/iron and folic acid intake.	Creating and empowering community groups.
Nutrition.	Linking with public and private service providers.
Birth preparedness and complication readiness.	Developing quality of care platforms.
Institutional delivery.	Facilitating use of government schemes.
Early and exclusive breastfeeding.	Coordinating with government's front line providers.
Thermal care of newborn.	Building the capacity of service providers, and engaging professional bodies.

The project used an innovative system of menstrual surveillance–community–based surveillance of eligible women to identify early pregnancy–to ensure registration of pregnancy within 12 weeks.

The city-specific models implemented by Sure Start to improve maternal and newborn health were:

- Mumbai Model for improving Maternal and Newborn Health status through improved quality of care.
- Navi Mumbai Model for using public-private partnerships.
- Pune Model for convergence of maternal and newborn health and HIV.
- Solapur Model for building social capital for Maternal and Newborn Health through self-help groups and volunteers.
- Nanded Model for implementing community–based health insurance.
- Malegaon Model for improving quality of care by developing client satisfaction norms.
- Nagpur Model for introducing a prepaid card.
- Nagpur Model for introducing an emergency health fund.

Detailed information on the city-specific models is available upon request.

"PATH is proud to have collaborated with its 95 partner organizations in Maharashtra and Uttar Pradesh, which were crucial to Sure Start's success. Sure Start collaboratively strengthened its partners' capacities in areas such as advocacy, financial management, and capacity–building. Sure Start along with its partners has mentored ASHAs and community health workers and revitalized community groups in villages to take out the message of best practices in maternal and newborn health to the women. The strength of this great network demonstrated that simple interventions and mobilizing community action can lead to improving maternal and newborn health in urban and rural settings."

TARUN VIJ | *India Country Program Leader* | *PATH*

Achieving Millennium Development Goals for India

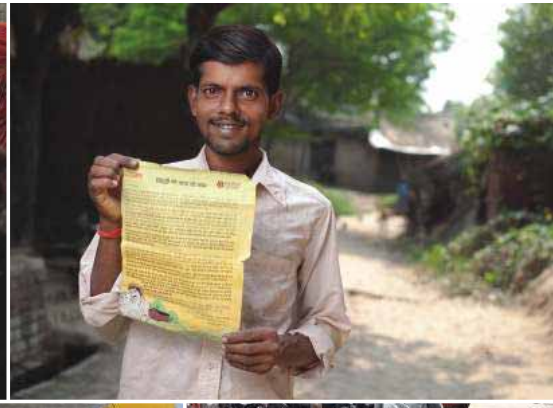
Most women hope to be a mother at some point in their lives. Yet this normal, life-affirming process carries with it risks of death and disability. Maternal mortality and morbidity are sensitive indicators of the functioning of the health system, as well as the degree of equity in public service delivery and utilization and the social status of women. Improving neonatal and maternal outcomes in India is critical to achieving Millennium Development Goals 4 and 5.

The government's **National Rural Health Mission** (NRHM) was launched in April 2005 to provide accessible, affordable, high-quality health care to rural populations, especially poor women and children, with special focus on certain states that have relatively weak public health indicators or weak infrastructure. NRHM was conceived as an umbrella programme subsuming the existing programmes of health and family welfare, including Reproductive and Child Health, Phase II, and National Disease Control Programmes. The goals of NRHM include reduction in infant mortality rates and maternal mortality ratios, universal access to public health services, and decentralization of programmes for district management of health. Key features include making the public health delivery system fully functional and accountable to the community, human resource management, community involvement, decentralization, rigorous monitoring and evaluation, convergence of health and related programmes, innovations and flexible financing, and interventions for improving health indicators (National Rural Health Mission Framework for Implementation, Ministry of Health and Family Welfare, Government of India, July 2006).

Sure Start complemented and strengthened NRHM while offering a scalable model of one-on-one mentoring and support of frontline health workers in rural populations in seven districts of Uttar Pradesh.

Synchronization: Sure Start and the National Rural Health Mission in Uttar Pradesh

National Rural Health Mission	Sure Start
Provision of an incentive-based health volunteer for every 1,000 population.	Mentoring and building the capacity of approximately 7,450 Accredited Social Health Activists.
Decentralized planning and establishment of Village Health and Sanitation Committees (VHSCs).	Facilitating district-, block-, and village-level planning and review. Strengthening VHSCs consisting of village-level elected representatives.
Increased emphasis on public-private partnership.	Strengthening local capabilities and partnerships with nongovernmental organizations and private providers.
Information, education, and communication activities for creating demand.	Systematic evidence-based advocacy and communication activities for community reach and demand for high-quality services.
Two-way flow of data.	Demonstrating a system for two-way flow of information through management information system reporting and feedback mechanisms.



As the name suggests, this campaign featured a letter from an unborn baby to its father. The letter was an emotional appeal from the baby urging its father to ensure necessary care and support for the well-being of both the child and the mother.

PATH is the secretariat for the Uttar Pradesh chapter of the White Ribbon Alliance. The alliance is actively engaged in advocacy and collaboration to build an environment conducive to maternal and newborn health.

Sure Start's innovative and careful communication strategy has results to prove its success, based on the project's endline evaluation:

- 89.7% of women now receive tetanus toxoid vaccine by their third trimester.
- 66.6% of women now consume iron and folic acid tablets during pregnancy.

"By bringing village women together to act on health needs and seek services, Sure Start has played a significant role in improving antenatal and postnatal care, skilled attendance at delivery, and healthy newborn practices in the home. Sure Start's innovative models for mobilizing communities and improving health care for maternal and newborn health are scalable and can build strong linkages between the community and the public health care delivery system."

MARY TAYLOR | *Senior Program Officer* | *Bill & Melinda Gates Foundation*

Mobilizing community action to promote healthy behaviours

The focus of the Sure Start strategy was on community mobilization through needs-based behaviour change communication through interpersonal communication to promote individual-, household-, and community-level behaviour change. Sure Start worked on the premise of community action and involvement. Behaviour Change Communication created a critical link between demand for and supply of services.

Sure Start used creative methods to convey important information to communities about maternal and newborn health. The programme used interactive and entertaining tools–such as dance, music, theater, and games–designed to convey information systematically to target groups. These tools were used at the individual level alongside home visits, at community level for group meetings; and for campaigns to reach greater numbers of people.

Uttar Pradesh

A three-level intervention strategy was adopted for effective reach and coverage:

Level 1. Advocacy and awareness generation.

Level 2. Awareness-raising and reinforcement of behaviour change through community mobilization.

Level 3. Intensive monitoring of behaviours in the first week following delivery, when most newborn deaths occur.

Sure Start mentored 7,450 Accredited Social Health Activists (ASHAs) to improve their functionality, and they in turn facilitated 6,871 mothers' group meetings and conducted effective home visits for one-to-one counselling with pregnant women and their family members. The ASHAs used Behaviour Change Communication tools to share knowledge on birth preparedness, recognition of danger signs, and management of an emergency.

Sure Start built the capacity of platforms such as the Village Health and Sanitation Committees (VHSCs), *Rogi Kalyan Samiti* (Patient Welfare Society), and the District Health Society. Sure Start trained and equipped VHSCs and frontline health care providers with knowledge to mobilize community action and adopt recommended behaviours for maternal and newborn health.

The project undertook an innovative mass media campaign, *Pehla Ek Ghanta* (The first one hour), which included setting up five hoardings (billboards) in each of the seven districts and outfitting 750 rickshaws with messages about health for mothers and newborns. The campaign also organized quizzes, street plays, and mothers' group meetings and screened films.

The purpose of the campaign was to create awareness in the community about the critical importance of the first hour after delivery for maternal and newborn health. The campaign featured messages on birth preparedness and danger sign recognition, chord care, thermal care of the newborn, and immediate and exclusive breastfeeding. A total of 37,677 pregnant women were intercepted through this campaign.

The *Chitti Mere Papa Ke Naam* (Letter from an unborn child) campaign reached out to more than 211,200 fathers-to-be, to sensitize men on maternal and newborn health issues as well as encourage their proactive support during and after pregnancy.

The **National Urban Health Mission** (NUHM) envisaged by the Government of India will address the health care needs of urban dwellers, including the urban poor. It will include institutional arrangements for its implementation, broad norms, financial resources, appraisal and approval processes, a role for community organizations, standards for facilities, and a mechanism for engaging local health care providers (National Urban Health Mission Framework for Implementation, Ministry of Health and Family Welfare, Government of India, June 2010).

In Maharashtra, Sure Start effectively engaged with the issues that the forthcoming NUHM document addresses. Sure Start engaged communities in bringing about positive behaviour change in maternal and neonatal health among people living in the slums of seven urban cities of Maharashtra.

Synchronization: Sure Start and the National Urban Health Mission in Maharashtra

National Urban Health Mission	Sure Start
Promotion of access to health care through community-based groups.	Demonstrated rational utilization of community-based groups.
Increased access to health care through community risk-pooling mechanisms.	Implemented a community-based health insurance scheme in Nanded and emergency health funds in Nagpur.
Capacity-building of stakeholders.	With state government, developed a module for auxiliary nurse midwives in an urban area and implemented standard management protocols and referral protocols. Built the capacities of Navi Mumbai Municipal Corporation link workers in needs-based behaviour change communication.
Strengthening public health through innovative preventive and promotive action.	Implemented community-based surveillance of eligible women to ensure early registration of pregnancy through link workers and community-based health workers. Implemented outreach antenatal clinics to improve access and utilization in Navi Mumbai through involvement of private professional bodies.
Ensuring high-quality health care services.	Developed standard management protocols in Navi Mumbai Municipal Corporation and referral protocols in Mumbai. Developed client satisfaction norms in Malegaon Municipal Corporation.

Better health for mothers and newborns

Community interventions to strengthen health systems, particularly primary care services, hold promise for improving maternal and neonatal outcomes in India. A simple health system design innovation that may help to improve outcomes is integration of previously separate maternal and newborn health care programmes and initiatives.

PATH's Sure Start was a community health intervention project that endeavoured to integrate neonatal and maternal health services. Customized to rural and urban needs, it built a supportive environment for enhancing maternal and neonatal health through an integrated community health solution. The project strengthened community systems to facilitate effective community action.

Sure Start helped to put the health of mothers and newborns first, both in rural communities of Uttar Pradesh and among settlements of marginalized people in Maharashtra's sprawling cities. It had the twin objectives of:

- Significantly increasing individual, household, and community actions that directly and indirectly improve maternal and newborn health.
- Enhancing systems and institutional capabilities for sustained improvement in maternal and newborn care and health status.

To achieve this, Sure Start adopted a fivefold strategy for effective community outreach:

- Mobilizing the community, creating demand, and facilitating an enabling environment for individual, household, and community action.
- Building household skills in essential maternal and newborn care and in promoting healthy behaviours.
- Facilitating access to skilled attendants at birth.
- Strengthening community-level networks to promote collective action.
- Strengthening linkages between communities, health care systems, and public and private service providers.

With funding from the Bill & Melinda Gates Foundation as part of its Community Health Solutions Initiative, Sure Start worked with 95 partners to effect sustainable change in a target population of 24.5 million people in Uttar Pradesh and Maharashtra.

Addressing maternal and newborn health behaviours among urban and rural poor

Sure Start developed scalable models of one-on-one mentoring and support of frontline health workers in rural populations in seven districts of Uttar Pradesh and for urban slum populations in seven cities of Maharashtra, covering a total population of 24.5 million.

In Uttar Pradesh, interventions were planned in rural areas with the highest rates of neonatal mortality and home births and with poor health service delivery systems. Low awareness of healthy behaviours related to maternal and newborn health was a key reason to adopt these rural districts. Sure Start's five lead partners and 55 sub partners led work in Uttar Pradesh, covering a population of 23 million people across seven districts.

In Maharashtra, interventions in urban slums were planned based on factors such as rapid urbanization, a growing migrant population, poverty, and a special need to improve maternal and newborn health among marginalized groups. The benefits of urbanization have eluded this burgeoning urban poor population, most of whom live in slums. Rapid migration of workers from rural areas into big slums in Maharashtra and relatively inadequate urban health infrastructure and poor extension services were key reasons to select these seven cities.

In Maharashtra, PATH implemented Sure Start through six nongovernmental organizations and a municipal corporation. Thematic inputs such as behaviour change communication, management information systems, and media advocacy were provided by two cross-site partners. Sure Start covered a population of 1.6 million people across seven cities in Maharashtra.

"My heartiest congratulations to Team Sure Start–all the volunteers, community health workers, and community groups–for doing this amazing work to improve maternal and newborn health in India. The metrics–such as the increase in registration of pregnancy within 12 weeks from 78% to 90% in Uttar Pradesh and from 41% to 54% in Maharashtra, and the substantial increase in the number of women opting for institutional deliveries from 24% to 57% in rural areas and from 78% to 88% in urban areas–are proof of the very good work done by the team. The project's relentless efforts to raise awareness on maternal and newborn health using innovative models and communications techniques has resulted in positive behaviour change, saving lives of mothers and newborns."

STEVE DAVIS | *Director of Social Innovation* | *McKinsey & Company*

About PATH

PATH is an international nonprofit organization that transforms global health through innovation. We take an entrepreneurial approach to developing and delivering high-impact, low-cost solutions, from lifesaving vaccines and devices to collaborative programmes with communities. Through our work in more than 70 countries, PATH and our partners empower people to achieve their full potential. For more information, please visit www.path.org.

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