

# Sure Start

## *Helping Mothers and Newborns Thrive*



Each year, an estimated 78,000 women in India die from pregnancy- and delivery-related complications, and a million babies die during the neonatal period.<sup>1</sup> Sure Start—a five-year initiative based at PATH and supported by the Bill & Melinda Gates Foundation—is working to reduce these numbers by helping mothers and newborns survive and stay healthy.

Because no one set of interventions will work everywhere, Sure Start is based on the idea that maternal and neonatal health should be prioritised within primary health care programmes and by communities themselves. The project is reducing barriers to accessing lifesaving maternal and newborn health (MNH) services by mobilising village-, block-, and district-level government, nongovernmental, and community-based organisations. Working with 95 local partners—15 lead partners and their 80 consortia—Sure Start is focusing on the states of Uttar Pradesh and Maharashtra, working to improve MNH amongst a combined population of 24.5 million residents.

In Uttar Pradesh, Sure Start works in seven districts, collaborating with both the state government and the National Rural Health Mission. Across these districts, Sure Start is activating Village Health and Sanitation Committees (VHSCs), establishing mothers' groups, and working with community health workers. These efforts have produced concrete community actions in at least 12,000 of Uttar Pradesh's villages, improved access to needed funds for MNH, increased the number of health providers delivering services, and promoted healthy practices that save the lives of mothers and their babies.

In Maharashtra, Sure Start works with municipal corporations in several urban areas of seven cities and has been invited to contribute to the Government of India's forthcoming

National Urban Health Mission. To support Maharashtra's urban population, Sure Start is harnessing the value of innovative health financing models, volunteerism, convergence, and public-private partnerships. The project has already achieved tangible results at the community level; examples include a documented increase in the number of women giving birth in hospitals and an increase in early registration of antenatal mothers.



### Empowering communities

Sure Start's approach is based on extensive engagement with rural and urban communities.

#### Uttar Pradesh

- Sure Start has built the capacity of 7,540 government-recognised Accredited Social Health Activists (ASHAs) who work at the village level, enabling them to share MNH knowledge within their communities.
- The project also establishes mothers' groups to facilitate meetings at the village level to help increase women's



<sup>1</sup> UNICEF. *State of the World's Children 2009: Maternal and Newborn Health*. New York: UNICEF; 2008. Available online at: <http://www.unicef.org/sowc09/>.

awareness of MNH issues. Since January 2008, 68,000 group meetings have taken place with approximately 150,000 expectant mothers and their mothers-in-law.

- In addition, Sure Start establishes and strengthens VHSCs. These committees are democratic, community-level forums charged with implementing government health schemes and ensuring that better MNH services are provided. Since September 2007, Sure Start has helped 30,000 committee meetings take place.

*Sure Start has worked with VHSCs in Uttar Pradesh to ensure that 100 percent of committees have functional plans for providing transport for expectant mothers and that 94 percent have plans to improve the quality and reach of maternal and child health services. Sure Start has also assisted VHSCs in accessing government funding. As a result, some US\$147,000 in discretionary funds has been released to these committees.*

## Maharashtra

- In Nagpur, Sure Start is working to build the capacity of 35 community health groups, enabling them to effectively address MNH issues.
- In Navi Mumbai, the project is helping create 20 community support groups that facilitate interaction between communities and health service providers.
- In Solapur, 1,210 self-help group members, 208 college volunteers, and 216 community members are now participating in a volunteer programme to work with the residents of informal settlements and help raise awareness of MNH amongst antenatal mothers, their families, and other community members.
- In Pune, Sure Start has helped form 30 committees of residents from informal settlements. These Monitoring of MNH Status (MOMS) committees are trained and charged with improving MNH in their neighbourhoods. Work at the community level in Pune also aims at converging MNH with HIV voluntary counselling and testing services.
- In greater Mumbai, the project is improving the quality of care available to communities by forming community action groups that facilitate the extension of better MNH services. Community resource centres have also been established to provide information about relevant government plans.



- In Malegaon, client-satisfaction norms are being developed by working with communities and aiding their interaction with public-service providers. This work is based on establishing a shared platform for bringing about an overall improvement in the quality of care.
- In Nanded, Sure Start has allowed 200 families to take charge of their health by establishing a community-based health insurance scheme that has a special provision for MNH.

## Raising awareness

Sure Start employs a range of innovative communication techniques to ensure that the right messages about MNH reach communities effectively.

## Uttar Pradesh

- An extensive mass media campaign entitled Pehla Ek Ghanta (The First One Hour) has been rolled out in all districts where Sure Start operates. The effort includes setting up five hoardings (billboards) in each of the seven districts and outfitting 750 rickshaws with messages, in addition to organising quizzes and screening films with embedded MNH messaging.
- Messages on MNH have been disseminated in village melas (fairs) for maximum impact.
- Innovative interpersonal communication tools—including games, songs, and demonstrations—have been developed and rolled out in mothers' group meetings.
- Materials have been developed to facilitate home visits for behaviour change. ASHAs have been trained in their use and are now using them in their work.
- Communication materials to engage husbands of expectant or new mothers have been prepared and distributed, reaching more than 40,000 fathers in all.
- A vast programme of wall writings has been undertaken in most villages where Sure Start is active. These writings share information on different aspects of MNH.



*Ensuring that expectant mothers are vaccinated against tetanus toxoid and take iron and folic acid tablets is essential to maternal and newborn health. Sure Start's efforts have helped 94 percent of all women in Uttar Pradesh receive the tetanus toxoid vaccine by their third trimester and 75 percent receive iron and folic acid tablets.*



## Maharashtra

- As in Uttar Pradesh, Sure Start has developed materials to facilitate home visits for behaviour change. Community-level personnel have been trained in their use and are using them during their visits.
- The project has received substantial coverage in the press, in part because of its regular engagement with the media at the state and district levels.
- Sure Start has produced information, education, and communication (IEC) materials that are being broadly used. For example, all of the Navi Mumbai Municipal Corporation's (NMMC's) health posts and maternal and child health centres prominently display the project's materials.
- In Pune, street theatre, music performances, and other folk media are being used to increase awareness of MNH.

## Managing change

Working in two states and collaborating with 95 partners requires Sure Start to use innovative management approaches.

## Uttar Pradesh

- **Collecting data.** Sure Start established a management information system (MIS) after rigorous design, pretesting, field testing, and partner feedback. The MIS allows Sure Start partners to collect data on several indicators for MNH behaviours and access to services. The project supports in-depth training of Sure Start personnel in use of the MIS, site visits to mothers' groups and VHSCs to ensure data accuracy, and monitoring of ASHA's records. The MIS can be accessed by relevant government personnel and is designed to continue well after the project concludes.
- **Partnerships and trainings.** Sure Start works with partners with specialised knowledge of the project areas. Throughout 2008, training, mentoring, and supervision activities enhanced partners' capacity. The project has focused on strengthening institutional, financial, and technical capabilities and planning for increased sustainability of project activities. As a result, there has been remarkable growth in the institutional and programmatic capacities of all six lead partners.



*System improvements and enhanced credibility allowed 42 of the 55 consortium partners in Uttar Pradesh to receive program funding from the government and private donors.*

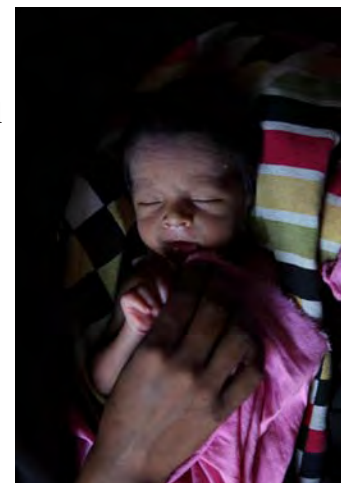
## Maharashtra

- **Collecting data.** Sure Start also established an MIS in Maharashtra by incorporating rigorous design, pretesting, field testing, and partner feedback. The system tracks approximately 22,000 pregnant women across seven cities, collecting data on MNH behaviours and access to services through indicators such as the number of home visits conducted, the number of antenatal mothers contacted for behaviour change communication, percentage of antenatal mothers who have received tetanus toxoid vaccine, and the percentage of deliveries taking place in institutions. The project has trained field staff, community health workers, and supervisors to use the MIS, and the team monitors data quality across the seven cities in Maharashtra where Sure Start works.
- **Partnerships and trainings.** Sure Start is collaboratively building the capacity of its partners across project areas. The team regularly trains partners in all seven cities in advocacy, financial management, and capacity-building. Sure Start has facilitated three-day trainings for frontline government health workers in the seven cities, effectively building their capacity to provide antenatal care. The project is also developing partnerships with private practitioners for improved MNH services to the community.

## Improving financial models

In Maharashtra, Sure Start employs innovative models of improved MNH financing for communities.

- **Community-based health insurance.** In Nanded, 200 families have enrolled in a community-based health insurance plan by providing a premium of Rs. 250 (US\$5). Sure Start was able to keep this premium low by obtaining a subsidy from the local State Legislative Assembly. Through the plan, families receive maternal care (including antenatal checkups), newborn care, hospitalisation for general illness, and reimbursement of transportation expenses. Six hospitals have enrolled in the plan.
- **Emergency fund.** In Nagpur, Sure Start has established 35 emergency health funds (with a special provision for MNH care) that allow the urban poor to access resources for health needs. To date, 176 users have been briefed on how and when to use these funds. The project has also initiated a prepaid card system that improves the urban poor's access to essential health services.



- **Public-private partnerships.** In Navi Mumbai, Sure Start facilitated a partnership between the NMMC and local nongovernmental organisations, community-based organisations, professional bodies, institutions, and private hospitals to provide improved MNH services. The NMMC collaborates with professional associations of obstetricians, gynaecologists, paediatricians, dieticians, and yoga trainers. Decentralised antenatal care has since been provided on a monthly basis through specialised clinics at 20 urban health posts. The services address complications during pregnancy and the postnatal period for mothers and newborns. Since March 2008, 213 newborns and 303 pregnant and postnatal women have received care through this system.



*Institutional deliveries make the process of giving birth much safer. In Navi Mumbai, the percentage of women delivering in hospitals has increased from 79 percent in 2007 to 85 percent in 2008.*

## Supporting government mechanisms

From the outset, Sure Start has aligned with national-level government activities to ensure that its contributions to MNH will be sustainable.

## Working with the National Rural Health Mission in Uttar Pradesh

In 2005, the government announced the launch of the National Rural Health Mission, which aims to make substantial improvements to the lives of villagers

in communities across the country. Sure Start has been well integrated with this programme from the beginning and works to support its objectives in many ways: by providing support to ASHAs, helping establish and strengthen VHSCs, undertaking extensive IEC activities, and establishing an effective MIS that ensures a two-way flow of information.

## Working with the National Urban Health Mission in Maharashtra

In June 2008, the Government of India announced that it would launch the National Urban Health Mission to improve health in India's urban areas. Since Sure Start is already working on this issue, the team has been invited to participate extensively in planning the mission for Maharashtra. Like Sure Start, the mission will focus on strengthening public health delivery systems, improving the capacities of local municipal bodies, and working to collect accurate data and strengthen client-provider linkages. Sure Start is also well integrated with the government's Reproductive and Child Health Programme, Phase II.



## For more information

To learn more about the Sure Start project or PATH's MNH activities in India, please contact:

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Photos: Laxman Anand



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