

TREADING A NEW PATH

Stories from the Sure Start project in Uttar Pradesh

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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 programs with communities. Through our work in more than 70 countries, PATH and our partners empower people to achieve their full potential.

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Foreword

Giving birth remains one of the most serious health risks for women. Global efforts to reduce maternal deaths from complications related to pregnancy and childbirth have been less successful than have other efforts to promote human health and development. To meet Millennium Development Goals 4 and 5, the Indian government identified maternal and newborn health as one of the main components of the National Rural Health Mission. Improving maternal and newborn health care has thus emerged as a major focus for India, particularly in rural areas.

PATH's Sure Start project catalyzed community action to increase access to services that improve maternal and newborn health care in seven districts of Uttar Pradesh. Sure Start sought to significantly increase individual, household, and community action through enhanced community health governance systems and institutional capabilities for sustained improvement in maternal and newborn care and health status.

Communication is a key component of behavior-change and capacity-building interventions. Working with five lead partners and 55 subconsortia partners, Sure Start applied several innovative communication tools through accredited social health activists, Village Health and Sanitation Committees, and mothers' groups. All three types of change agents played a significant role in changing behaviors at the village level.

This publication shares a number of encouraging stories that have occurred over the life of the project. Each story demonstrates the motivation, dedication, and hard work of those involved. The characters in these stories continue to create new success stories for improving maternal and newborn care in Uttar Pradesh, helping to sustain the work and achievements of Sure Start.

Tarun Vij

PATH's Country Program Leader for India



Preface

Millennium Development Goals 4 and 5 indicate the need to reduce maternal and newborn mortality around the world. The need is especially great in India. More than 70 percent of the population in India lives in rural areas, where health facilities often do not meet the Indian Public Health Standard. About 30 percent of neonatal deaths in India occur in Uttar Pradesh, one of the most underserved states.

The Sure Start project in Uttar Pradesh has helped to promote integrated attention to both maternal and newborn health (MNH) within a broader continuum of health services and programs. Working in seven districts of Uttar Pradesh, Sure Start implemented several core interventions as well as innovative approaches to improving MNH among disadvantaged communities. These interventions have given new hope to women in the seven districts. The project has built confidence among mothers by ensuring their well-being and that of the new life they bring into the world.

Sure Start's journey has been challenging, yet fruitful. Sure Start worked with health workers in Uttar Pradesh to address the myths and misconceptions of reluctant and illiterate families. Among those families, health workers advocated for beneficial practices such as institutional delivery and antenatal and postnatal care. Their untiring spirit to spread these messages was the key to the project's success.

Through this narrative, you will be introduced to the true stories of how Sure Start's community health workers in Uttar Pradesh reached women in rural, impoverished settings, offering them information, practical solutions, and emotional support. Armed with new awareness about safe health practices and birth preparedness, women took charge of their own health and that of their newborns. Many women shared this information with others in their communities.

I appreciate the dedicated efforts of health workers who have worked relentlessly to ensure complete and high-quality health care for communities across Uttar Pradesh. I hope the stories in these pages will inspire others.

W. Sita Shankar
PATH's Director of Maternal and Child Health/Nutrition for India

Acknowledgments

We are grateful to the Bill & Melinda Gates Foundation for the grant that supported Sure Start.

We acknowledge the dedication and concerted efforts of community health workers and Village Health and Sanitation Committee members who reached out to the community, helping to improve maternal and newborn health at the community level.

We thank the Sure Start team in Uttar Pradesh, including its lead and sub-consortia partners. The efforts of BAIF Development Research Foundation, CARE, Catholic Relief Services, MAMTA Health Institute for Mother and Child, and People's Action for National Integration, with support of subconsortia partners, resulted in achieving project objectives in just a couple of years.

We also thank PATH's Sure Start team in Delhi, who helped to compile this information for publication.

All stories in this document have been verified by PATH team members, and photographs have been sourced from partners and subpartner organizations. The names and photographs of community members, community health workers, and any others mentioned have been used with consent obtained in the local language of Hindi.



About Sure Start

Sure Start has been a seven-year project to improve maternal and newborn health in targeted areas in India. It was designed to complement and support the government of India's ongoing initiatives to improve maternal and newborn health, such as the National Rural Health Mission (NRHM) and the second phase of the Reproductive and Child Health Program.

Sure Start covered rural communities in Uttar Pradesh and settlements of marginalized people in Maharashtra's sprawling cities. The project's twin objectives were to:

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

To achieve these objectives, 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 behaviors.
- 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.

Targeting high-need areas in Uttar Pradesh with a unique implementation strategy

In Uttar Pradesh, interventions were planned in rural areas with high rates of neonatal mortality and home births. People in these rural districts tend to have low awareness of behaviors needed to improve maternal and newborn health.

To promote effective and efficient project operations, Sure Start chose a partnership approach to implementation that used “lead partners” to form “consortia” at the district level. The partnership model enabled rapid replication of NRHM support across multiple geographies and grant recipients. It also built the capacity of partners to implement innovative models to improve maternal and newborn health projects. Sure Start's five lead partners and 55 subpartners in Uttar Pradesh led work covering a population of 23 million people across seven districts.

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

- **Level 1** focused on advocacy and awareness generation. This level of intervention included mass media campaigns, advocacy and awareness events, and educational street theater. It covered 100 percent of the district population.

- **Level 2** built awareness of behaviors to improve maternal and newborn health and reinforced behavior change through community-mobilization activities. This level of intervention reached 40 percent of the population.
- **Level 3** focused on intensive monitoring of behaviors in the first week following delivery, when most newborn deaths occur. This level of intervention reached about 15 percent of the population (a subset of the population receiving the level 2 intervention).

Sure Start focused on behavior change communication based on the individual needs of each woman and family. This communication was intended to increase demand for needed health services. Various stakeholders and beneficiaries—such as the pregnant woman’s mother-in-law, her husband, mothers’ groups, and the Village Health and Sanitation Committee (VHSC)—were engaged to increase community understanding of maternal and neonatal health. The intervention was intended to challenge deeply entrenched myths about harmful practices and behaviors related to pregnancy, childbirth, and newborn care.

Key building blocks for implementation

Accredited social health activists (ASHAs) played a key role in engaging the community and facilitating behavior change. Through rigorous mentoring spread over multiple phases, Sure Start helped to build the capacity of ASHAs to conduct mothers’ group meetings, maintain records of pregnant women and their families, and conduct home visits with the assistance of a Sure Start supervisor. ASHAs reached out to neglected hamlets and women identified as having critical health needs.

Sure Start provided intensive training to 2,891 ASHAs from seven districts for the level 3 intervention. This training focused on ensuring effective monitoring of behaviors and practices through home visits during the first week postpartum, as well as intensive reinforcement of key behaviors during the antenatal period. Sure Start mentored a total of 7,450 ASHAs during the course of the project.

Sure Start used low-cost, interactive tools to communicate with target beneficiaries. These tools were effective in raising awareness of health issues and bringing about desired behavior changes. ASHAs used the tools during home visits and mothers’ group meetings. An interpersonal communication toolkit developed by the Sure Start team contains 16 tools on maternal and newborn health. The accompanying usage booklet helped frontline health workers use appropriate communication materials during home visits and group meetings to dispel myths and promote healthy behaviors.

VHSCs also played a crucial role. The Sure Start project activated and catalyzed the VHSCs to plan and monitor maternal and newborn health services at the village level and ensure delivery of provisions under NRHM by sensitizing and empowering committee members. The efforts have immensely enhanced the ownership of VHSCs in finding and mobilizing solutions and resources to meet local health needs as well as in monitoring and supporting frontline service providers. The VHSCs helped to ensure continuity of interventions and provided speedy remedies for issues related to maternal and newborn health

care in the community. The innovative work with VHSCs and the solutions identified have led to a series of transformations in community systems and household practices.

Mothers' groups served as a key behavior change platform for Sure Start. These groups provided an opportunity for pregnant women, their mothers-in-law, and village-level frontline health workers (such as ASHAs and auxiliary nurse midwives) to come together and talk about maternal and newborn care. Each meeting focused on a specific self-care behavior, as well as related sub-behaviors. Various participatory tools and exercises were used to deliver messages about birth preparedness, recognition of danger signs, immediate and exclusive breastfeeding, newborn care, and emergency transport.

Rogi Kalyan Samiti (RKS; Patient Welfare Society) plays a vital role in improving the quality of health services at the block level. Sure Start's consistent efforts and advocacy led to regularization of RKS meetings with participation of various block-level officials. Sure Start facilitated the process of decision-making on maternal and newborn health issues, and in most of the blocks, RKS members were keen to use available funds for repairing labor rooms, maintaining primary health centers, maintaining ambulance service, and other activities.

Engaging fathers in the effort

The *Chitthi Mere Papa Ke Naam* campaign reached out to more than 211,200 fathers-to-be to sensitize them to issues related to maternal and newborn health as well as encourage their proactive support during and after pregnancy. The centerpiece of the campaign was a letter from the unborn baby to its father



urging him to ensure necessary care and support for the well-being of both the child and the mother.

Sure Start also held sensitization meetings for men. Although the meetings were informal, they were organized to reinforce male involvement and to promote sharing of experiences and difficulties. These meetings also provided a space to understand the myths and misconceptions of male involvement.

Innovative communications campaign

Sure Start used creative methods to disseminate important information about maternal and newborn health to communities. The project undertook an innovative 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 the critical importance of the first hour after delivery. The campaign also featured games, street plays, mothers' meetings, flip books, film screenings, and jingles intermingling core behavioral messages. It included messages on birth preparedness, danger sign recognition, cord care, thermal care of the newborn, and immediate and exclusive breastfeeding.

These interactive and entertaining methods were designed specifically to attract men, pregnant women, nursing mothers, and mothers-in-law. The campaign reached an estimated 37,677 pregnant women.

Sustaining partnerships

The Sure Start team worked very closely with lead partners and their consortia members to build their capacity and help them develop strong linkages with government and potential donors. PATH engaged the Resource Alliance to train partners and provide support for finalizing their fundraising plans.

Most of the partner organizations did not have very strong institutional capacity in term of human resources, finance, and administrative systems. PATH worked closely with People's Action for National Integration (PANI) and their consortia partners to strengthen overall institutional capacity.

There has been a remarkable increase in the funding base of consortia partners. From a consortia funding level of ₹40 lakhs (US \$75,000) in 2007, before Sure Start began to provide support, the funding base has increased to ₹3 crores (\$565,000) in 2011.

Scaling up efforts

PATH has served as the secretariat for the Uttar Pradesh chapter of the White Ribbon Alliance for Safe Motherhood since 2007. The alliance is an international coalition of individuals and organizations formed to increase public awareness of the need to make pregnancy and childbirth safe for all women. The coalition organizes activities every year based on themes relevant to maternal and child health, thus providing a unique platform to spread the lessons of Sure Start in the state.

Sanjhi Sehat is a public-private partnership initiated under the NRHM in 2007 in Uttar Pradesh that acts as a “watch dog” for NRHM implementation. Under



Sure Start, in the Basti and Hardoi districts, the consortia partners were members of *Sanjhi Sehat* at the district level. In Bharaich, subconsortia partners were members at the block level. Because of the concerted efforts of Sure Start partners in districts such as Basti, Hardoi, and Bharaich, the *Sanjhi Sehat* was able to:

- Strengthen its relationship with the health department.
- Increase the visibility of Sure Start efforts in the districts.
- Establish a partnership for implementation of NRHM.
- Help in accessing government data.

Success in changing health-related behaviors

Project areas in Uttar Pradesh saw substantial improvements in behaviors related to maternal and newborn health during the intervention period. For example, the percentage of women receiving complete antenatal checkups, the proportion of institutional deliveries, and the percentage of mothers breastfeeding the baby within one hour of birth all increased substantially from 2007 to 2011.



Stories of change

New hope for safe birth

"I am willing to give up all conservative, traditional beliefs of society to have a safe delivery, to save the life of my child."

– Sanmani Devi, Surjaipur village of Shahbad block in Hardoi district

Although Sanmani Devi had been afflicted by polio, she was always positive and hopeful about life. Expecting her third child, she reflected on two consecutive deliveries where she had lost both children. Although she experienced much pain with the loss of her children, she did not lose hope. For the third delivery, she promised herself it would be safe.

Around this time, the Sure Start team initiated its intervention in Surjaipur village. The Sure Start supervisor and the auxiliary nurse midwife visited Sanmani's home. The information they passed to her piqued Sanmani's interest, and she decided to attend Sure Start mothers' group meetings. At the meetings, she gathered information on danger signs, birth preparedness, and safe delivery. She felt the flash cards used in the meetings were very valuable for learning.

Inspired by the meetings, Sanmani went for monthly checkups at the nearest hospital, received timely tetanus shots, and took iron and folic acid tablets. With an institutional delivery, she gave birth to a healthy baby girl.

She thanks the Sure Start team for helping her and showing her the way to a healthy pregnancy and childbirth. "Sure Start has been my pillar of strength and guiding force when I was holding my hope together for my third child," she said.

Confronting entrenched attitudes

"I used to attend Sure Start meetings when I was pregnant myself. In the third month of pregnancy, I experienced vaginal bleeding. I immediately remembered the information provided to me during one of the mothers' group meetings. I was sent for immediate treatment. This helped to save my life and my child's life."

– Sushma Devi Vishwakarma, an accredited social health activist

The story of Sushma Devi Vishwakarma is about determination to find the best way forward for the benefit of a mother and child. Sushma is from Obaridih village in the remote district of Balrampur. She completed her education through standard 12 and became an accredited social health activist (ASHA) in 2005. She attended 7- and 12-day trainings under the National Rural Health

Mission and a 10-day training under the Comprehensive Child Survival Program. She also attended ASHA mentoring training under Sure Start.

Sushma always shared information she gained through Sure Start meetings with other women in her village. It was during one such interaction that she learned about Momina, a woman in her first trimester. The other women in the village informed Sushma that neither Momina nor her mother-in-law attended any of the mothers' group meetings and that Momina planned to deliver her baby at home due to her family's traditional beliefs.

During Momina's ninth month of pregnancy, she experienced labor pains for almost 12 hours, but she was unable to deliver. When Sushma learned of Momina's condition, she rushed to her house and told the family that delaying the delivery was dangerous. She advised Momina to go to a hospital, but Momina's mother-in-law refused to take her, although Momina's condition was critical. Momina's mother-in-law told Sushma that "in my family, including myself, all births have taken place within the confines of our home. Giving birth at home is not new for me."

After Sushma persisted, the mother-in-law finally agreed to send Momina for care. Sushma took Momina to the primary health center, where she was referred to the Mahila Hospital. Because the doctor for the hospital was traveling, Sushma rushed Momina to a private facility for specialized care. Momina delivered a healthy, 3-kg baby girl through a cesarean section. Sushma ensured that Momina had a safe delivery and that she received all the required information on postnatal and newborn care.



With a smile, Sushma shared her experience: “When I returned home that night unable to convince Momina’s mother-in-law to allow Momina to receive care at the hospital, I was feeling restless. I knew that Momina’s condition was critical and that Momina and her child’s lives were at stake. I again got up and met the mother-in-law and was able to convince her to take Momina to the hospital. I am happy to see that Momina and her daughter are doing well.” Sushma saved Momina and her daughter.

Sensitizing village leaders to maternal and newborn health issues

“If Pradhans and Village Health and Sanitation Committees are sensitized and active, there will be no fatal delivery in any of the villages.”
– *Shiva Kumari, a mother*

“It is not for men to look after women during pregnancy,” said Ramkumar Singh, Gram Panchayat Pradhan of Barawan village. These were his words before his introduction to Sure Start.

As a result of Sure Start—and the impact of a significant event—the Pradhan changed his opinions about a man’s role during pregnancy. The event involved a father-in-law in his village who had experienced a maternal death in his family. The mourning father-in-law refused to participate in a Village Health and Sanitation Committee (VHSC) meeting. “She would not have died if they were prepared and careful during her pregnancy,” said the father-in-law.

Motivated by the father-in-law’s grief and a sense of responsibility, the Pradhan decided to take action. Through the efforts of the village ASHA, the Pradhan found a way to support the community in matters of pregnancy and childbirth: by making his presence a part of home visits to inquire about health and provide support. The Pradhan now realizes the significance of male participation and VHSC support in improving maternal and newborn health.

In the same village, Babulal, a washerman, had a life-changing experience. When Babulal’s wife, Shivkumari, was pregnant, he did not look after her. Instead, he overburdened her with work. When Pradhan Singh learned about his behavior, he confronted Babulal and discussed Shivakumari’s need for care during pregnancy. He detailed the possible danger situations during this time. Babulal then stopped imposing on his wife.

During Shivkumari’s seventh month of pregnancy, she fainted on her way back from the field. A worried Babulal met with the Pradhan, who promptly arranged to use his own vehicle to take Shivkumari to the nearest primary health center. Shivkumari’s condition was critical, and she was referred to the district hospital, where she was admitted for four days.

After recovering, Shivkumari went in for an institutional delivery, as advised by the Pradhan. She delivered a healthy child, and both parents were grateful to the Pradhan and the VHSC for their good fortune. The Pradhan thanked the Sure Start staff for sensitizing him to issues that he had never considered important.



Empowering villages to recruit accredited social health activists

"ASHA, your support has immensely increased my family's prosperity. It is due to your guidance that I insisted on an institutional delivery for my daughter-in-law." – Matol, a mother-in-law from Makrandhpur village

Before Sure Start, Gorakhpur district's Badhalganj block did not have any ASHAs. The community was unaware of the procedure for ASHA appointments, and women in the villages had no information about health facilities.

Sure Start trained and empowered VHSC members to recruit ASHAs. VHSC members wrote petitions and applications and followed up with relevant medical health officers to seek the appointment of ASHAs for their villages. Soon, Sarita, Imiritiya, and Sajida were posted as ASHAs in the villages of Makrandhpur, Vahsuaa, and Mohanpuwaria, respectively.

Sure Start mentored the new ASHAs to conduct home visits, maintain records, conduct meetings, and provide counseling on issues pertaining to maternal and newborn care, including institutional deliveries. All three ASHAs have been doing their best to provide health services. Today, the community is pleased with its greater access to health services. Every pregnant woman in the community has an opportunity to have a safe delivery.

Transforming attitudes about blood donation

In the Gram Panchayat of Ithar, of Bankati block in Basti district, the VHSC formed a blood donor group to help expectant mothers who are severely anemic. The process helped to dispel myths about blood donation and set an example for others to follow. When VHSC member Parmatma Prasad volunteered to become a blood donor, it was a victory for Sure Start, which had worked to dispel myths. The victory was not easy, however.

Sure Start had first approached the local village head, Sona Devi, about the need to set up a blood donor group to help expectant mothers who were severely anemic. She was receptive to the idea and indicated that maternal and newborn care was a high priority for the VHSC. At one VHSC meeting, a case of maternal mortality in a nearby village was discussed. Members were surprised to learn that the death was caused by anemia and the unavailability of a blood donor.

VHSC members realized that they needed to take action to avert a similar situation in the future. They discussed many questions, such as What if one of the expectant mothers in Ithar is diagnosed as anemic? Who would donate blood? Noticing the members' grim faces, an ASHA named Sushila suggested that the VHSC prepare a list of prospective blood donors from the village. She also suggested that the initial donors should be from the VHSC itself, setting an example for the rest of the community.

When Parmatma Prasad volunteered to become a blood donor, he said that he had donated blood earlier and that blood donation does not weaken the body, a myth that many in his community believe. He explained that a blood donor must be older than 18 years and weigh more than 45 kilograms.

Sona Devi asked that potential donors' names, phone numbers, and addresses be listed in the VHSC register and written on walls at designated places in the village to ensure the community has ready access to the service. The Ithar villagers were relieved that, with this service, no mother in need of blood would go without it.

By donating blood, Parmatma Prasad became a "champion" who may save a young mother from a potentially fatal delivery.

Pinky's story

Pinky was pregnant for the first time. Twenty-two years old, she lived with her husband and her in-laws. When she learned about her pregnancy, she worried that no one in her house could guide her. Her grandmother-in-law was blind, and her grandfather-in-law was very old.

An ASHA named Sunita registered Pinky's care and invited her to a mothers' group meeting. Pinky declined, saying she was not allowed to leave her home alone. Sunita visited Pinky's home when her husband Luv-Kush was available and tried to convince him to allow his wife to attend meetings, but he refused.

Sunita then took the *Chitthi Mere Papa Ke Naam* (letter to my father) from her bag and read it to Pinky's husband. She also told him about incidents in his village when families had lost a baby due to lack of knowledge. Finally, Sunita convinced Luv-Kush to send Pinky to the meetings, and she became a regular participant. Meanwhile, Sunita ensured Pinky received timely vaccinations and checkups.

In her sixth month of pregnancy, Pinky suddenly felt pain in her lower abdomen, when her husband was away for work. Pinky informed Sunita, and she was quickly rushed to the district women's hospital. After treatment, she felt relieved. The following day, her father brought her to her maternal home.

Pinky complained of similar pain during her seventh month. She again reached out to Sunita, who immediately asked her to visit a doctor. Because Pinky was very far away from Sunita at that point, Sunita could not go with her to seek medical care. Pinky returned to the village to meet with Sunita, who took her to the hospital. During their journey, Pinky's water bag broke. There was no other option but to operate to ensure the safety of both mother and child. With consent from the family, the doctor operated, and Pinky delivered her baby. Because of the baby's low birth weight, the baby was kept under medical observation for three days.

Sunita remained at the private hospital with the baby for three days and monitored Pinky and the baby for eight days, even after they came home. On the ninth day, Pinky and the baby were discharged. Pinky's grandparents-in-law, pleased with the ASHA's efforts, gave her a reward of 150 rupees. Pinky's baby is now 11 months old, safe and healthy.

Saving lives through determination and will

"I honestly don't mind being condemned by the villagers if it is for the sake of saving the lives of pregnant women and children." – *Chandravati, an ASHA*

Chandravati is a strong woman. She is an ASHA from Pipra Basant village in Pipraich block, Gorakhpur. It was her will and determination that helped to save the life of Sunita, a pregnant woman in her village.

Sunita regularly attended mothers' group meetings organized by Sure Start, where she learned about pregnancy and childbirth. When she started bleeding, she was reminded of the danger signs that she had seen on the flash cards shared at meetings. When she informed her family about her situation, they did not acknowledge the danger and refused to take her to the hospital. When Chandravati found out about Sunita's health, she rushed to her home and tried to explain the danger of the situation to the family. Sunita's mother-in-law insisted that bleeding was normal during pregnancy.

Sunita's condition began to deteriorate, but the family refused to budge. Chandravati informed them of dire consequences that would follow if Sunita did not receive medical attention. She told them that if something happened to Sunita, they would be held legally responsible. Chandravati and a fellow ASHA

kept putting more pressure on the family until they conceded. Sunita was admitted to the hospital for a day, and soon her condition improved.

Chandravati then took Sunita for her regular check-ups, and she gave birth to a healthy baby. The family, including the mother-in-law, expressed regret for their behavior. They were grateful to the ASHAs, especially Chandravati, for guidance and support, and they were thankful that Chandravati was able to save the precious lives of Sunita and her child. Chandravati's tireless and invincible spirit helped overcome barriers to a normal delivery and ensured a happier and more informed family.

Better birth preparedness brings a bundle of joy

In most rural settings, women do not seek support unless a very dire situation arises. Suman, a resident of Goira village in Rae Bareilly district, had two babies die soon after birth. The deaths had left Suman emotionally hurt and physically exhausted. Although Suman did not have any medical support during her pregnancies, she thought the deaths were her own misfortune. Then she became pregnant a third time.



Suman shared her grief with Shobha, an ASHA. Shobha advised Suman to go to the primary health center each month for a checkup, to get a tetanus vaccination, and to receive iron tablets. Shobha also invited Suman to attend mothers' group meetings organized by Sure Start so she could interact with other women and learn about health practices. As advised, Suman attended meetings and went for monthly checkups. In due time, Shobha and the Sure Start supervisor informed Suman's husband, Deendayal, about birth preparedness during home visits—information that was shared with Suman during mothers' group meetings. Both Suman and Deendayal followed what they had learned about birth preparedness.

When Suman experienced labor pains, Deendayal immediately contacted Shobha, who took them to the hospital for delivery. The couple was blessed with a healthy baby girl. As advised by Shobha, Suman gave her baby colostrum, followed instructions for neonatal care, and waited for seven days after birth to give her daughter a bath.

An unborn child changes a father's heart

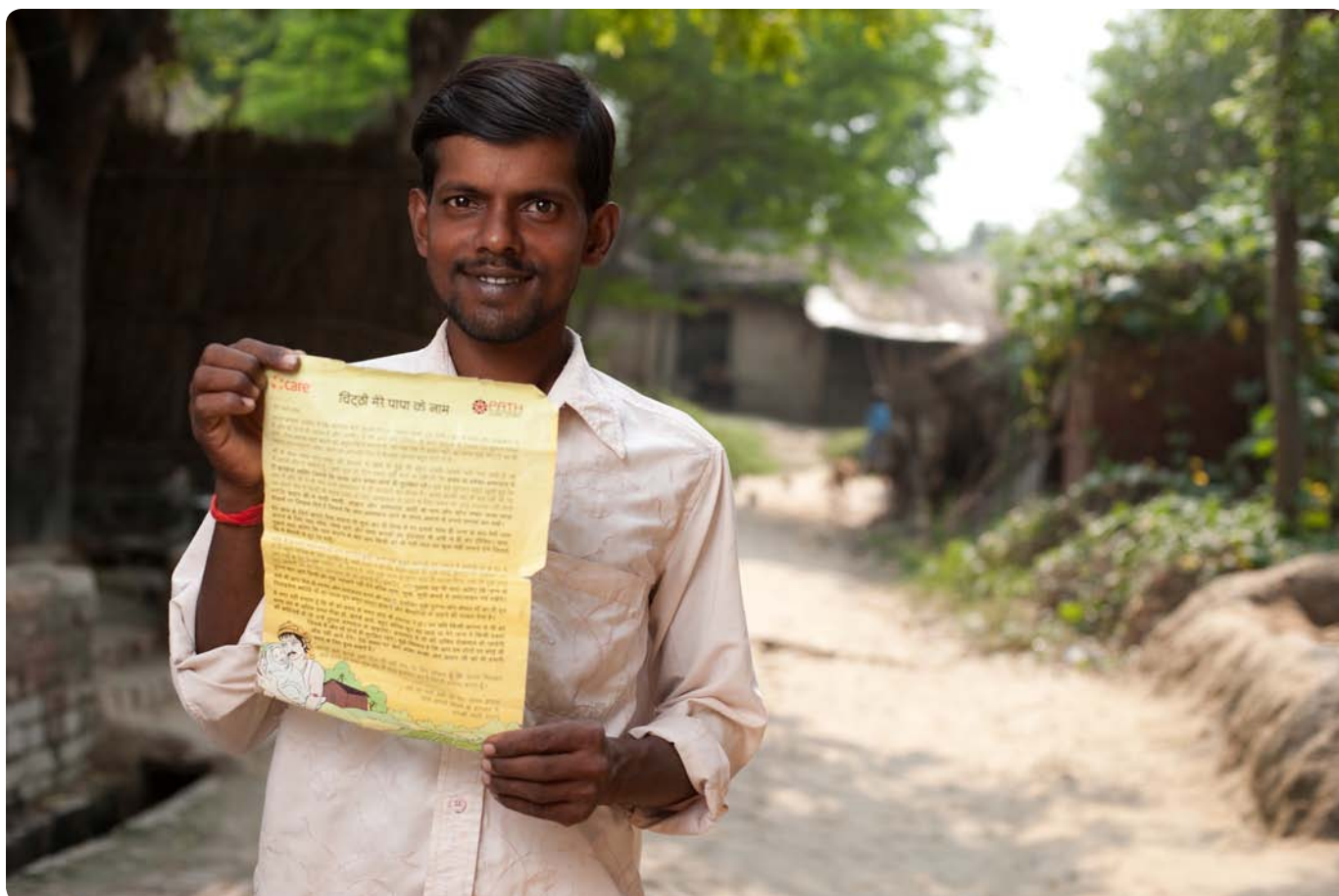
"The ASHA helped me understand my responsibilities as a husband and father by reading out *Chitthi Mere Papa Ke Naam* (letter to my father) and motivated me to return to my village to look after my wife."

– Om Prakash of Mudhadhia village, Basti district

Om Prakash worked as a daily wage laborer in Mumbai. His wife, Islawati Devi, lived in Mudhadhia village alone. When Islawati was pregnant with their first child, ASHA Gudiyadevi regularly visited her. Realizing that Islawati was alone, Gudiyadevi called Om Prakash and read him Sure Start's "letter to my father" *Chitthi Mere Papa Ke Naam*. On hearing the letter, Om Prakash was speechless.

"The letter reminded me of my responsibility toward my wife and our unborn child. It inspired me to return to my village and look after my wife," said an emotional Om Prakash.

Upon returning to the village, Om Prakash took very good care of his wife. He followed all of the ASHA's instructions. He ensured that all important information, such as phone numbers for the ASHA, Pradhan, and the emergency vehicle, was readily available. He also followed through with required care for an expectant mother, including monthly checkups, medication, and nutrition. He saved money and identified the referral institution, regularly kept in touch with Gudiyadevi, and gathered information on birth preparedness and safe birth practices. One day, when Islawati fell unconscious, Om Prakash immediately contacted Gudiyadevi and took Islawati to the hospital. Islawati was diagnosed with anemia. After being treated in the hospital for two days with good follow-up care, she soon gave birth to a healthy baby boy.



Today, Om Prakash's heart fills with gratitude for Gudiyadevi, and he thanks Sure Start for alerting him to danger signs. By recognizing those signs, he was able to take his wife to hospital in time. He also is grateful for the valuable contents of the “letter to my father,” which inspired him to return to his wife. Today, he is proud to be a father and caring husband who stood by his wife when she most needed him. He also passes on the valuable messages he learned to other men in his village.

Paving the way toward health and happiness

Bhanu and his wife, Sita, lived in Badhsara village, in Kothawa block of Hardoi district, where Sure Start educated the families of pregnant women. When Sure Start approached Bhanu and advised him to write down the numbers of the emergency vehicle, he did not listen. He felt there was no need to seek help from an ASHA or to use the emergency vehicle.

When Sita started experiencing contractions, Bhanu ignored them for eight hours. Finally realizing Sita needed emergency support, he eventually approached the ASHA and midwife. They rushed Sita to the nearest primary health center, but it was too late. Sita had a miscarriage. Bhanu was embarrassed for putting his wife's life at risk by ignoring the danger signs. His ego had led her to lose their child.

In the same village, there was another couple, Ramesh and Ramrani. Ramrani was in the seventh month of her pregnancy. When the Sure Start team visited their home, Ramesh refused to participate in the discussion and, just like Bhanu, declined to note the important phone numbers. The Sure Start supervisor, Poonam Shukla, realized it was pointless to talk to Ramesh about the topic. What he needed to hear was Bhanu and Sita's story, which the supervisor told to Ramesh. It immediately shook him. He realized that he did not want to be in Bhanu's shoes and was not willing to lose his child or to risk his wife's health.

Ramesh agreed to record the important phone numbers and started sending his wife, Ramrani, to mothers' group meetings. He became very involved in looking after his wife. Other men in the village even began to mock him. Not paying attention to their derisive comments, he focused on doing what was best for his wife and unborn child.

Ramrani eventually had a safe institutional delivery. Ramesh was glad he had changed his approach and looked after his wife. He reaped the rewards of his changed attitude by being blessed with a healthy child. He thanked Sure Start for guiding him on the right path. He has promised to address the men of his village in upcoming meetings and to educate them on their critical role during pregnancy and childbirth.

Changing a midwife's attitudes about institutional deliveries

A midwife plays an important role in sensitizing her community to issues related to maternal and child health. Women look to her for advice during pregnancy and for assistance during delivery. In the village of Ajahi, a midwife named Ramrati performs her role with great zeal and passion.

Before working with Sure Start, she was a very different person. Extremely headstrong and negative with unyielding views, she promoted home deliveries as the best method. She often discouraged women in the village from going to the hospital, telling them that the hospital workers were uncooperative and rude, and that an institutional delivery would cost a lot of money. She also said institutional deliveries would lead to side effects. She thought these false rumors would dissuade people from going to the hospital and would instead lead them to come to her for help. She also discouraged women from attending mothers' group meetings.

When Ramrati's daughter-in-law was pregnant, the Sure Start team counseled her on the benefits of institutional delivery. They cited the example of a woman from a neighboring village who had developed severe complications at the time of delivery. Her placenta had not emerged completely, and she experienced severe blood loss. She was saved after being taken to a nearby hospital. The Sure Start team explained to Ramrati the benefits of institutional delivery and the safe practices involved.

For Ramrati, the discussion sparked bad memories about some past deliveries. Ramrati remembered instances where she was unable to save lives during



severe circumstances, a burden she could not easily shake. For her daughter-in-law, she changed her views to suggest an institutional delivery.

Ramrati is extremely happy with her decision. Holding her grandchild, she remarked, “My beautiful grandchild was born in a hospital.” Ramrati has become an active supporter of Sure Start, encouraging institutional deliveries and safe health practices.

Newfound confidence, courage, and zeal

ASHA Najubban Nisha believed that “work for a good cause always gets respect” and will earn admirers one day. Her belief came true through her involvement with Sure Start.

As dawn breaks in the village of Kajipur Taliyani (Chhatoh block, Rae Bareli district), a confident young woman dressed in a blue suit can be seen knocking on doors in the village. Two years ago, this woman, Najubban Nisha, was extremely shy and timid. Working as an ASHA has developed her interpersonal skills, and she has learned to be tough from her personal experiences.

When Najubban was younger, she suffered from temporary paralysis, and she was divorced by her husband and shunned by her relatives and society. As a single mother, she knew she had to learn to take on challenges to feed

her children. She aspired not only to lead a healthy life and provide a good education for her children but also to contribute to society by helping women and children. She firmly believed what her parents taught her as a child: “where there is a will there is a way.”

Najubban learned about a vacancy for an ASHA and decided to apply. She was unsure whether she would be selected, especially because she was not very educated. Much to her surprise, she was chosen to become an ASHA, although this work proved to be difficult. Initially, Najubban worried about being able to answer questions from villagers and about losing respect from her community when seen returning home late after work. She was at first confused about her roles and responsibilities. Even after a seven-day training at the health center, she did not fully understand her role.

One day, she attended a meeting for service providers organized by Sure Start. The Sure Start supervisor explained the program and stressed the importance of community involvement to save the lives of mothers and children. Najubban was inspired. When she first took a pregnant woman to the health center for delivery and received an incentive, she could not control her emotions. “I cannot tell you how I felt that day. I had a great sense of satisfaction after receiving the result of my work. I was happy that both the delivery and my efforts paid off well,” she said.



Najubban participated regularly in Sure Start mothers' group meetings. "The participation in mothers' group meetings helped in building my confidence level. My knowledge on various aspects like technical issues related to maternal and child health, effective home visits, counseling skills, documentation skills, and dissemination of messages through community meetings gradually increased. It helped me to change as an individual and increased my ability to do my tasks more efficiently."

Najubban also spread messages about the importance of breastfeeding. She realized through her work that many mothers-in-law did not allow their daughters-in-law to breastfeed. "I feel ashamed that I belong to a society where women do not want the well-being of other women. In my view, a mother is the only source for the health and well-being of the newborn. After the efforts of educating the community, I feel delighted to see mothers providing immediate and exclusive breastfeeding to their newborns," said Najubban.

Najubban is most happy when she taps into her knowledge of danger signs to save the lives of mothers and newborns. She hopes to continue her work with the same zeal, spreading messages of health and well-being for the mother and child.

New thinking for new times

Although times have changed, certain pockets of India still believe in myths related to pregnancy. In Mashid village, in Mashid block of Bahraich district, Nankoo Devi, an older woman, would not allow her younger daughter Sunder Kala, expecting her first child, to attend a mother's group meeting. Nankoo Devi also refused to allow Sunder Kala to get any checkups or vaccines. Very firm in her beliefs, Nankoo Devi said, "There was no reason for my daughter to get involved in these new practices; I have delivered children myself when such support and medications were unavailable!"

During a visit to Sunder Kala's house, Pampadevi, a local ASHA, and Suman Devi, a Sure Start supervisor, explained danger signs using flash cards. Both of them noticed that Sunder Kala's body had swelled and that she showed signs of anemia. Sunder Kala confessed that she was not vaccinated or taking iron or folic acid tablets, which were frowned upon by her mother. She said that her mother was very traditional and followed some superstitions.

To get Sunder Kala needed care during her pregnancy, the ASHA and supervisor decided to change Nankoo Devi's mindset. They sought help from Nankoo Devi's peers, who regularly attended mothers' group meetings, and an auxiliary nurse midwife who lived near her house. The women began to visit Nankoo Devi regularly to make her realize that things are now different than they were in the past and that facilities are now available to ensure the safety and well-being of everyone. After initial resistance, Nankoo Devi listened quietly and softened. She was invited to attend a mothers' group meeting, where she learned about the importance of vaccination and receiving a shot to protect against tetanus toxoid.



With the ASHA's consistent persuasion, Nankoo Devi took her daughter to the local primary health center, where she was vaccinated and began taking iron and folic acid tablets regularly. Nankoo Devi and Sunder Kala now participate in mothers' group meetings on a regular basis and have learned about birth preparedness and danger signs. With the determination of Nankoo Devi, Sunder Kala had an institutional delivery and was blessed with a healthy baby boy. After delivery, Sunder continued to follow the practices prescribed by the ASHAs, such as avoiding any application on the infant's cord stump and waiting for seven days to bathe the baby.

Nankoo Devi has been most thankful to the mothers' group and Sure Start for showing her the right path forward and ensuring her daughter a safe and healthy pregnancy and delivery. Nankoo Devi now advocates for the mothers' group in her own village and encourages mothers like her to change with the times.



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