

# Healthy Start Campaign in India



WASH in HCF Global Learning Event

Kathmandu, Nepal  
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Photo: WaterAid | Ronny Sen



*“Once, I was sitting with my hands covered in blood, fresh after delivering a baby, and the district collector walked in. What could I tell her? That we did not have water to wash up, let alone deliver babies?”*

Midwife, Telangana

# The Indian Context

- 0.76 million neonates die every year in India, the highest for any country in the world <sup>1</sup>
  - Sepsis among the leading causes of death
- Infant mortality rate continues to be high at 41 (per 1000 live births) <sup>2</sup>
- The National Health Policy 2017 sets the following targets:
  - Reduce infant mortality rate to 28 (per 1000 live births) by 2019
  - Reduce neonatal mortality to 16 (per 1000 live births) by 2025
- Political will to strengthen WASH in health care:
  - Swachhta (Cleanliness) Guidelines for Health Care Facilities, Kayakalp awards
  - Swachh Swasth Sarvatra



1. State of India's Newborns Report 2014  
2. National Family Health Survey 2015-16

# The Healthy Start Campaign

GOAL

Prevent a significant number of neonatal and maternal deaths through safe and functional water, sanitation and hygiene in Healthcare services

OBJECTIVES

Change the narrative on health amongst health decision makers and other stakeholders

- Health promotion, disease prevention
- WASH a critical determinant of health

Strengthen the health delivery system to ensure adequate and safe WASH in healthcare facilities

- Policies, standards and systems
- Training modules, program guidelines, communication materials

Increase demand for WASH in healthcare facilities

- Community monitoring of WASH in HCF
- Status of sanitation workers in HCFs

# Targets

<b>Level</b>	<b>Health Care Services</b>	<b>Stakeholders</b>
Village Level	Primary Health Centres Rogi Kalyan Samitis (Hospital Development Committees)	Village Health Sanitation Nutrition Committees Communities
Block Level	Community Health Centres Rogi Kalyan Samitis (Hospital Development Committees)	
District Level	District Hospitals Rogi Kalyan Samitis (Hospital Development Committees)	District administration Members of Parliament People's Health Movement
State and national level		Department of Health and Family Welfare Members of Parliament Civil society organizations People's Health Movement

# Healthy Start Campaign's Multi-Pronged Approach

<b>Evidence Generation and Analysis</b>	<ul style="list-style-type: none"><li>- Evidence generation based on existing research and pilots</li><li>- Collecting best practices</li><li>- Creating a hub for campaign coordination and to draw inputs for strategic messaging</li></ul>
<b>Programs</b>	<ul style="list-style-type: none"><li>- Activating patient welfare committees (Rogi Kalyan Samitis) and Village Health Sanitation Nutrition Committees through trainings and development of supporting material and leveraging them to allocate and utilize funds to address WASH related gaps in HCFs at all levels.</li><li>- Monitoring and evaluation of WASH in HCF and advocating for the inclusion of relevant indicators into the data collection processes.</li><li>- Influence the District government and health officials to improve monitoring systems and work with independent mechanisms to publish independent monitoring of services</li></ul>

# Healthy Start Campaign's Multi-Pronged Approach

<b>Mobilization and Public Campaigning</b>	<ul style="list-style-type: none"><li>- Building the narrative on WASH in Healthcare and sanitation workers to advocate for preventive healthcare<ul style="list-style-type: none"><li>a. Urban middle class through public actions and massive awareness generation</li><li>b. Youth through social and electronic media</li><li>c. Marginalised people through direct mobilization</li></ul></li><li>- Forging alliances with organizations and networks working on maternal and child health, associations of health care professionals (e.g., doctors, nurses, midwives), and importantly, the communities themselves</li></ul>
<b>Policy Advocacy</b>	<ul style="list-style-type: none"><li>- Mobilizing decision makers from the health sector (in the Ministry of Health and Family Welfare, as well as the State Departments of Health and Family Welfare, district level officials, Members of Parliament in WaterAid states)</li><li>- Mobilizing Parliamentarians through signature campaigns and dedicated sittings</li><li>- Motivating the Health sector actors to be proactive in decentralized planning and implementation</li></ul>
<b>Communication and Media Action</b>	<ul style="list-style-type: none"><li>- Media actions on WASH in HCF</li><li>- Photo exhibitions and video advocacy on WASH in healthcare</li><li>- Social media mobilization</li><li>- Public Stunts</li><li>- Signature Campaigns</li><li>- Radio programs</li></ul>

# Healthy Start Campaign's Collaborative Approach

- Ministries and Ministers
- Parliamentarians
- Bilateral agencies
- Health sector agencies, civil society agencies, campaigns networks, social media platforms
- Communities

## *Some of the Key allies*

**Minister of State for Health And Family Welfare**

**SATHI – member of People's Health Movement in India**

**Peoples Health Movement in India**

**World Health Organisation**

**UNICEF**

**Youth Ki Awaaz – social media platform for youth**

# Expected Outcomes

Objective	Indicators
<b>Changing the Narrative</b>	Increased reference to the importance of preventive healthcare, in particular the importance of WASH in healthcare, by our key targets (measured by making a note of mentions by our key targets at various occasions during a financial year).
<b>Strengthening the System</b>	WaterAid is able to build strong relationships and influences at least 5 health agencies, government departments (1 central and 6 state), 5 health institutes and 3 INGOS and key CSOs working with a focus on public health to integrate and highlight WASH in their work.
	The purview of Kayakalp is increased from only Tertiary care to Primary and Secondary healthcare and the scheme is implemented to assess WASH in healthcare in PHCs, CHCs and sub-centres.
	Robust monitoring systems are put in place at state, district and block level
<b>Increasing Demand</b>	Increased confidence and understanding of duties and rights among the cleaners and patients
	Increased healthcare facilities with WASH provisions
	PRIs and elected body taking part in monitoring the facilities
	Improved complaint redressal measures that is accessible by the pregnant women

# Strengths & Achievements

- Campaign design
  - Participatory - Public consultation involving relevant stakeholders
  - Evidence based
- Unique Campaign launch
  - Across five Indian cities simultaneously
  - Synchronised actions
  - Involvement of government stakeholders, health sector players, civil society organizations
  - Media engagement and social media presence



# Strengths & Achievements

- Exclusive interaction with Members of Parliament on WASH in HCF post launch
- Signature campaign demanding hand hygiene facilities in HCFs supported by more than 80,000 people and 10 key agencies
  - Submitted to Cabinet Minister for Health and Family Welfare
- Partnering with SATHI to strengthen Patient Welfare Committees (Rogi Kalyan Samitis) in WAI intervention states through advocacy, capacity building, budget analysis and informed budget allocation
- Focussed social media campaign to reach out to a vast number of people

# Challenges

- WASH recognized as a determinant of health, but few examples of integrating WASH into health
  - Focus tends to be on WASH infrastructure, less on functionality, O&M of infrastructure and hygiene behaviors
- Health sector still has a curative focus
- Lack of robust data on WASH in HCFs
- WASH interventions are focussed more on infrastructure and minimal attention is on systems strengthening/institutional strengthening and behaviour change
- Difficulty demonstrating the impact of improving WASH on maternal and neonatal health outcomes

# Reflections on the Campaign thus far



- Recognition of the critical role of WASH in health care
- Structural analysis of root causes of issues, challenges important for effective strategizing and engagement
- Need for a nuanced understanding about the roles and responsibility of the private sector in health care in India
- Need to understand how issues of functionality, and O&M, rights of sanitation workers can be brought into the policy and program dialogue of WASH in HCF

# Next steps & Recommendations

<b>Strengthen the public positioning of the campaign with key agencies joining hands</b>	<ul style="list-style-type: none"><li>• Activate the Rogi Kalyan Samiti (RKS), support monitoring of services and dissemination of results, create spaces for the RKS and communities / patients to meet</li><li>• Mobilise 100 Parliamentarians to join hands to ensure WASH secured Healthcare Facilities</li><li>• Case build, demonstrate and forecast achievable outcomes of prioritising preventative healthcare over curative healthcare</li><li>• Influence community approach to healthcare from curative to preventive</li></ul>
<b>Building community monitoring system of WASH in healthcare facilities using Kayakalp guidelines as well as the most recent SSS framework.</b>	<ul style="list-style-type: none"><li>• Carrying out assessments of WASH in HCF in all WAI intervention areas (pre and post intervention)</li><li>• Prepare briefs for advocacy and community mobilization</li><li>• Disseminate the assessments findings with stakeholders</li></ul>
<b>Increasing public awareness and change in behavior on importance of WASH in Healthcare in five WAI districts</b>	<ul style="list-style-type: none"><li>• Mobilise peoples' state report cards on WASH in health - Hundred thousand people demand for WASH secured Healthcare services</li><li>• All India study on understanding the functioning of RKS and pattern of expenses</li><li>• Key targets are mobilised – Ministry of Health and Family Welfare, Indian Medical Association, Indian Nursing Association, Indian Public Health Association, Health departments in the states</li></ul>

# Further Information



<http://wateraidindia.in/healthystart/>

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