

# HEALTHY START CAMPAIGN

To ensure safe and adequate water, sanitation and hygiene services in healthcare facilities



WaterAid/Ronny Sen

## THE CHALLENGE

With 167 maternal deaths per 1,00,000 live births and 28 newborn deaths per 1,000 live births<sup>1</sup>, India has one of the highest rates of maternal and infant mortality in the world. Studies have shown that many deaths in the first month of life result from diseases and conditions that are preventable. Sepsis, a leading cause of infection in newborns, is associated with unclean practices at and after birth. One in five newborn deaths within the first month of birth, could be prevented by ensuring access to clean water and providing a clean birthing environment<sup>2</sup>. Evidence also suggests that poor water, sanitation and hygiene in health care facilities is associated with high in-hospital maternal mortality<sup>3</sup>.



Though the link between lack of safe water, sanitation and hygiene (WASH) and disease was established in the last century, most of India’s healthcare facilities continue to have inadequate WASH facilities. Almost 1,40,000 children under the age of five die every year in India from causes linked to lack of clean water and adequate sanitation, and poor hygiene practices<sup>4</sup>.

## THE POLICY PARADIGM

The government’s National Rural Health Mission (launched in 2005 as NRHM) brought the issues related to newborn healthcare into limelight. Since then, there have been several programmes and schemes launched to promote maternal and neonatal healthcare with an emphasis on institutional delivery ensuring a safe and professional birthing environment for the expectant mother and the newborn. For example, the Janani Suraksha Yojana (implemented in 2005) has led to an exponential increase in institutional delivery, currently estimated at 80 per cent of all deliveries. The Janani Shishu Suraksha Karyakram (started in 2011) introduced a special provision for both facility based and home based newborn care to ensure neonatal care in Primary Health Centres, Community Health Centres and District Hospitals. Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) approach introduced in 2013 places an emphasis on ensuring a continuum of care from pre-pregnancy to childhood with specific components<sup>5</sup> for each segment.

The Swachh Bharat Mission (SBM), launched in 2014 with an aim to make India open defecation free by 2019 has increased its ambit to address healthcare facilities as well. The specific national initiative programme ‘KAYAKALP’ launched by the Ministry of Health and Family Welfare in May 2015 as a part of SBM promotes cleanliness, hygiene, infection control, and sustainable practices related to WASH in healthcare institutions. This offers a unique opportunity to ensure that every newborn and mother is protected from preventable diseases and thereby enable that every start of life is a **Healthy Start**.

WaterAid, globally, envisions everyone, everywhere to have access to clean water, sanitation and hygiene by 2030. In India, WaterAid assessed the situation of WASH in 343 healthcare facilities across 12 districts in six<sup>6</sup> states. The findings draw attention towards the poor status of WASH in healthcare facilities. There is not only severe lack of WASH facilities in the healthcare institutions but wherever present, most of them are either dysfunctional or inconveniently situated for the expectant or lactating mother.

## WATERAID INDIA'S ROLE

Healthy Start is a campaign by WaterAid India with an overall goal to contribute towards preventing a significant number of neonatal and maternal deaths through safe WASH in healthcare services. The campaign has three main objectives:

- a. Influence change in neonatal and maternal healthcare for a shift from curative to preventive health services;
- b. Strengthen the health delivery system to ensure adequate and safe WASH in healthcare facilities; and
- c. Increase demand for safe WASH services by communities in healthcare facilities.

The broad focus under each objective will be on:

### Moving from curative to preventive

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- Increasing awareness and understanding amongst decision makers and health care professionals on the role that safe WASH equipped health facilities could have in reducing neonatal and maternal deaths
- Challenging the perception that curative should take precedence over preventive healthcare

### Strengthening the system

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- Strengthening national, state, district and local level policies, standards and systems to ensure effective delivery of WASH in healthcare facilities
- Influence change in existing government training modules and programmes to include the critical role of WASH in healthcare facilities

### Increasing demand

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- Recognition of the crucial role of communities, care givers and sanitation workers in increasing demand for WASH in health care facilities
- Establish community monitoring of WASH in healthcare facilities by users, care givers, elected representatives and the community at large, with a view to improving them

## KEY STAKEHOLDERS

The campaign aims to work with the following stakeholders to achieve the above-defined objectives:

**Ministry of Health & Family Welfare, State Health Departments, Parliamentary Standing Committee on Health, Chief Medical Officers, ASHA workers, Auxiliary Nurse Midwives, Trained birth attendants, Health Training Institutes, Indian Medical Association, Indian Paediatrics Association, Health networks and Civil Society Organisations, National Neonatology Forum for India, Healthcare providers, State health training resource centres, Rogi Kalyan Samitis, District Collectors, Panchayati Raj Institutions (PRIs), MLAs and MPs, Sanitation workers and cleaners, Patient groups, Media, Local communities, Pregnant women and their families...**

# HEALTHY START CAMPAIGN IN INDIA – A CALL TO ACTION

- 1** To ensure effective implementation of Kayakalp guidelines in all primary, secondary and tertiary healthcare centres
- 2** To ensure WASH secured and infection free birthing environment in all places - home, community and institutions
- 3** Doctors, nurses, midwives, support staff, pregnant women and care givers to be informed and empowered to practice adequate hygiene measures
- 4** Appropriate and adequate provision and utilisation of budget by the government to ensure access to adequate and safe WASH in all healthcare facilities at all levels
- 5** No new healthcare facilities to be commissioned without adequate access to safe and sustainable water, sanitation and hygiene services
- 6** Healthcare providers are trained and equipped to include good hygiene practices in their professional training, plans and actions

## WHAT WILL SUCCESS LOOK LIKE?

The campaign aims to facilitate WASH secured neonatal and maternal healthcare and aims towards achieving the following in the next five years:

- 1,00,000 people demand for WASH secured healthcare services in the first year of the campaign
- To ensure that the government guidelines on WASH in healthcare facilities are implemented across all schemes pertaining to neonatal, maternal and child health
- To incorporate a module on the importance of WASH secured healthcare in all training programmes of healthcare providers conducted by the government
- To facilitate implementation of appropriate policy and delivery mechanisms including adequate financial resources.
- WASH secured healthcare facilities improved in 50 districts that WaterAid India works in

<sup>1</sup> Sample Registration Survey. Maternal Mortality Ratio. Available at: [http://www.censusindia.gov.in/vital\\_statistics/mmr\\_bulletin\\_2011-13.pdf](http://www.censusindia.gov.in/vital_statistics/mmr_bulletin_2011-13.pdf) Accessed on 27 June 2016

<sup>2</sup> [http://files.unicef.org/publications/files/APR\\_2014\\_web\\_15Sept14.pdf](http://files.unicef.org/publications/files/APR_2014_web_15Sept14.pdf)

<sup>3</sup> Benova, Cumming, and Campbell (2014). Systematic review and meta-analysis: association between water and sanitation environment and maternal mortality. *Tropical Medicine and International Health*, Volume 19 (4).

<sup>4</sup> <http://www.commonhealth.in/neonatal%20health%20in%20india.pdf>

<sup>5</sup> [http://nrhm.gov.in/images/pdf/RMNCH+A/RMNCH+A\\_Strategy.pdf](http://nrhm.gov.in/images/pdf/RMNCH+A/RMNCH+A_Strategy.pdf)

<sup>6</sup> Uttar Pradesh, Madhya Pradesh, Odisha, Andhra Pradesh, Telangana and Karnataka