

From Home to Hospital

Encouraging Institutional Deliveries and Lowering the Risks of Home Births

The Journey of Two Villages in District Shahjahanpur, Uttar Pradesh





“It takes a village to raise a child,” the saying goes. But what does it take to bring a child into the world safely and healthily? The story of two villages in District Shahjahanpur—Gadhiya Rangeen (Block Jaitipur) and Nabichi (Block Banda)—provides a compelling answer. Through their experiences, we see the critical role of community action, awareness, and accessible healthcare in ensuring not just survival but a healthy start to life.

According to the National Family and Health Survey (NFHS), Shahjahanpur reported the highest rate of home births (37%) among all the districts in Uttar Pradesh. Two of its 15 blocks, Jaitipur and Banda, accounted for nearly 50% of the district's home births. However, over the past year, these blocks have made significant strides towards safer, facility-based deliveries.

This progress reflects a collaborative effort between the Uttar Pradesh Technical Support Unit (UP TSU), the National Health Mission (NHM), district and block level officials, frontline workers, and community influencers who joined forces to advocate for institutional deliveries. Their united efforts fostered a culture of trust, strengthening the community's confidence in public healthcare facilities and paving the way for safer childbirth practices.

A GLIMPSE INTO THE PRESENT MOMENT

Upon entering the corridors of the Primary Healthcare Centre (PHC) in *Gadhiya Rangeen*, an ASHA worker guides a pregnant mother to a well-equipped labour room where she safely delivers a healthy baby. Acting as a birth companion, the new grandmother beams in joy at the sight of her grandchild. Meanwhile, the Auxiliary Nurse Midwife (ANM) carefully records the weight and vitals. Located just six kilometres from the village, this PHC offers round-the-clock delivery services with a 24/7 staff nurse and ANM on hand to provide dedicated care to mothers.

In *Nabichi*, a village in Block Banda, a traditional midwife (*dai*) made a pivotal decision to bring her daughter-in-law to the Community Health Centre (CHC) for safe institutional delivery. Experiencing the comprehensive medical care available at the Community Health Centre (CHC), she became an advocate for institutional deliveries in her community. Her leadership and influence have reassured many families, showing them that institutional delivery offers the best possible care for both mothers and newborns.



HOWEVER, JUST A YEAR AGO

These villages faced a very different reality, with numerous challenges hindering safe childbirth:

Gadhiya Rangeen

The nearest CHC was 15 kilometres away, accessible only by rough, potholed roads. These poor conditions often delayed ambulance services, leaving expectant mothers with little choice but to give birth at home, far from the safety and support of medical care.

The nearest PHC was largely inactive due to a shortage of skilled healthcare professionals and essential medical equipment leaving the community without a reliable facility for safe childbirth.

In Nabichi, a substantial knowledge gap existed regarding the childbirth services available at public health facilities, including CHCs, PHCs, and District Hospitals. Rumours and misconceptions about the quality of care and alleged disrespectful treatment at these facilities further fuelled hesitancy among expectant mothers, discouraging them from seeking institutional care.

Although nearby PHCs had the necessary infrastructure, equipment, and medical supplies, they struggled with a shortage of skilled staff; which prevented them from delivering essential childbirth services.

Nabichi

In response to these challenges, UP TSU played a crucial role in promoting institutional deliveries. They collaborated closely with district and block-level authorities, engaging local leaders (Pradhans) and influential community members to support this initiative. Through a multifaceted approach of community sensitisation, outreach programs, and targeted counselling, UP TSU effectively encouraged a shift towards safer, facility-based childbirth.

ACTIVATION OF 2 PHCS

“When I first took charge of PHC Gadhiya Rangeen, I was shocked by its condition. It hardly looked like a hospital. The facility needed a thorough cleaning, and the labour room was not ready. The entire PHC required a complete transformation,” recalls the Medical Officer-In-Charge (MOIC) of PHC Gadhiya Rangeen. The urgency was underscored by alarming data from UP TSU, showing a high rate of home deliveries in the area.

Under the guidance of the Chief Medical Officer (CMO), UP TSU’s district and block level staff, along with the MOICs of Jaitipur and Banda blocks, convened a strategic meeting to evaluate the state of both PHCs. Through a collaborative assessment, they identified the key challenges affecting the facilities: infrastructure deficiencies, shortages of skilled staff, medical supplies, and cleanliness issues. The team developed a comprehensive action plan with specific measures to:

Upgrade infrastructure and essential equipment

Ensure a consistent supply of medical resources



Strengthen staffing and provide training

Implement rigorous cleanliness and hygiene protocols

Within just 15 days, through the dedicated efforts of all involved, the PHC Gadhiya Rangeen was officially reopened on April 10, 2023. A few weeks later, on May 16, 2023, the facility celebrated its first successful delivery, providing a safe and positive experience for both mother and newborn under the care of skilled healthcare professionals.

Meanwhile, in the village of Nabichi, through regular mentoring visits and interactions with ASHAs and AWWs, PHC Devkali was identified as the nearest healthcare facility with the potential to become an active delivery point. While the facility had adequate infrastructure, equipment, and medication, it faced a critical shortage of skilled personnel necessary for safe childbirth services. In response, the district initiated a strategic staffing process for PHC Devkali. Until this process is complete, CHC Banda will continue to provide essential care for expectant mothers, ensuring that no gap in services interrupts their access to medical support.



THE ROADS THAT LEAD TO THE FACILITY

Relocation of ambulances

Previously, a limited number of ambulances were stationed at distant hotspots, resulting in inadequate coverage and delayed response times due to poor road conditions. This situation was especially critical for high-risk pregnant women needing urgent access to First Referral Units (FRUs) for delivery.

In response, the CMO, in collaboration with EMRI Green Health, conducted a thorough reassessment of ambulance hotspots and devised a strategic relocation plan. As part of this plan, one ambulance was permanently stationed at PHC Gadhiya Rangeen, ensuring 24/7 availability for emergencies and significantly improving accessibility for remote villages.

Repairing the roads

The roads connecting the village and health facilities were in poor condition, creating significant risks for pregnant women being transported for delivery. During the monsoon season, the situation worsened as ambulances struggled to reach homes, forcing many families to opt for home deliveries. ***“During the monsoon season, the ambulances could hardly reach the women’s home, making safe transport nearly impossible.”*** – shared the Gram Pradhan, Gadhiya Rangeen

To address this urgent need, the Gram Pradhans of Gadhiya Rangeen and Nabichi took proactive steps. They convened meetings with junior civil engineers from the Gram Sadak Yojana (Village Road Scheme), stressing the critical need for road repairs to ensure safe access to healthcare facilities. Meanwhile, the CMO sought support from the local MLA to expedite resources for road maintenance.

Through their combined efforts, the CMO and Gram Pradhans successfully addressed the critical infrastructure gap. The repaired roads and newly designated hotspots drastically reduced travel time. ***“This has brought a sense of relief and security to the community, knowing that timely medical help is now within reach,”*** said Gram Pradhan of Nabichi.



MOBILISING THE COMMUNITY

“Every time I reported a home delivery in my monthly report, I felt a sense of guilt and responsibility” - reflects an ASHA worker from Nabichi.

The frontline workers (FLWs), ASHA and AWWs serve as a vital links between communities and the healthcare system. Entrusted with the essential task of community mobilisation, they worked to educate and encourage mothers and their families to choose institutional deliveries for safe and quality healthcare. In both villages, ASHAs and AWWs collaborated closely with community influencers like Gram Pradhans to engage with communities, understand their concerns, and address the barriers to institutional deliveries.



Gadhiya Rangeen

In Gadhiya Rangeen, various initiatives were undertaken to educate the community on the benefits of institutional deliveries. These included rallies, home visits, informative posters, and even traditional communication channels like *dugdugi* (a hand drum played during announcements). The impact was soon evident when the PHC celebrated its first institutional delivery. The mother's positive experience - from receiving timely medical care to accessing Janani Suraksha Yojana (JSY) benefits - became a turning point. She became a vocal advocate for hospital births, inspiring others in the village. Since then, Gadhiya Rangeen has seen a notable increase in institutional deliveries, marking a significant shift in birthing practices.

“There has been a lot of awareness about the importance of institutional deliveries. Now, beneficiaries themselves come to us, asking for our assistance with the delivery”.

– Staff Nurse, PHC

Nabichi

In Nabichi, the entire community was mobilised to address the prevalent issue of home deliveries. Recognising the importance of engaging the entire family - especially men, who were often absent during the day - the team devised an innovative strategy. A meeting was held with FLWs, Block Community Process Managers (BCPM), the MOIC, and the Gram Pradhan and the UP TSU team to develop a comprehensive plan to tackle this challenge.

Working together, the team embarked on door-to-door campaigns that extended into evening hours. By staying overnight at the local Anganwadi centre, they could meet families when men were present, fostering a collective understanding of the benefits of institutional deliveries. This strategy allowed the team to emphasise the importance of timely medical care for both mothers and newborns, ultimately driving a shift in the community's approach to childbirth.

“When the community questioned who would be responsible in case of a mishap, we took responsibility, assuring the families of the best treatment at the government facilities. The first institutional delivery at CHC Banda was the daughter-in-law of a traditional midwife (dai), which created a ripple effect. Since then, there has been no looking back,” says ASHA Worker Sangini from Nabichi.



RESPONSE - VOICES OF THE COMMUNITY

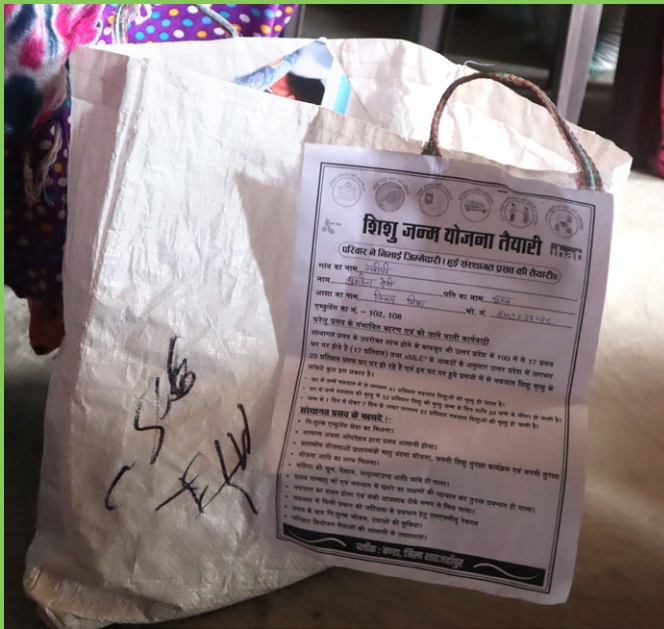
The activation of the PHC brought a transformative shift for the communities and women of Nabichi and Gadhiya Rangeen. Women who had previously relied on home deliveries now felt empowered to seek medical care, sharing stories of timely interventions, compassionate staff, and better health outcomes. These shared positive experiences created a ripple effect, breaking down long-standing barriers and renewing the community's trust in the public healthcare system.



An experienced *dai* expressed her own shift on institutional childbirth. ***“With time and experience, I realised that the best place for a new life to begin is in a well-equipped hospital,”*** She said. When her daughter-in-law became pregnant, she ensured the delivery took place at a hospital. ***“I was so happy to hold my healthy grandchild and see the support my daughter-in-law received from the hospital staff,”*** she added. Inspired by this experience, she now actively encourages neighbours and community members to opt for institutional deliveries, sharing her positive experience and the benefits she experienced firsthand.

A mother-in-law from Nabichi reflected on how her family's approach to childbirth has changed. After losing her eldest daughter-in-law's first child due to complications from home delivery, she decided that all future births in her family would be at a hospital. ***“My eldest daughter-in-law had her second child in a government facility, and my other two daughters-in-law also delivered there. They received proper treatment, care, medication, and support,”*** she shared, emphasising the benefits they received under the Janani Suraksha Yojana (JSY). Now, she is a strong advocate in the community for institutional deliveries, encouraging others to prioritise safe births in hospitals.





Community members also expressed appreciation for the improved healthcare facilities now available to them. A resident of Gadhiya Rangeen, recalled, *“When I had my first child, the hospital was too far, and I couldn’t reach in time. For my second baby, I was able to benefit from a government scheme. I received excellent treatment, nutritious food, and wonderful support from the ANM and ASHA workers. Throughout the process, I felt very safe.”*

An expectant mother from Nabichi, currently in her third trimester and preparing for her first delivery, shared her excitement and nervousness, especially with senior family members absent. She found strength in the support provided by ASHA didi. *“With her help, I have prepared a Prasav Potli with all the essential items needed during delivery. I am looking forward to my delivery in the hospital, knowing that both my baby and I will be well cared for,”* she said.



LOOKING BACK, MOVING FORWARD

The transformation of childbirth practices in Shahjahanpur district is a powerful example of the impact of community engagement and data-driven decision-making. Chief Medical Officer (CMO), credited the joint efforts of the National Health Mission Uttar Pradesh (NHMUP) and UP TSU for the significant reduction in home deliveries across the district. ***“The insights from the NFHS 5 UP and Shahjahanpur Factsheet, revealed the high percentage of home deliveries in the district. With UP TSU’s technical expertise and support, and we left no stone unturned in shifting home deliveries into institutional ones.”*** he said.

The success stories of Gadhiya Rangeen and Nabichi are proof of the power of community involvement. Dr. Gautam expressed his confidence in the ongoing process: ***“We are proud that PHC Gadhiya Rangeen is now fully operational, and we are also working to deploy staff at CHC Devkali to make it an active delivery point for Nabichi.”***

Dr. Gautam emphasised that the transformation was a result of collective action: ***“The synergy among frontline workers, proactive MOICs, ANMs, Gram Pradhans, community influencers and UPTSU district and block level staff has been instrumental in driving this change. Their combined efforts, guided by data-driven insights and technical expertise, have significantly improved healthcare practices in our district.”***





The MH Consultant, CMO office, reflected on the journey: ***“We visited CHCs to assess their facilities and staff, and we found that many people still preferred home births. Together, we worked to address these challenges and promote institutional deliveries. Our goal is clear: to eliminate home deliveries in Shahjahanpur and ensure everyone has access to safe, quality healthcare.”***

The BCPM of Banda, attributed the change in community practices to the collaborative efforts: ***“During the AAA meetings, we prioritised the issue of high home birth rates. The coordinated efforts of FLWs, community leaders, and district authorities along with UP TSU, helped drive this change.”***



The DPM spoke about maintaining the momentum: ***“With the guidance and support of all stakeholders, we have not only sustained the progress made at the activated PHCs but also intensified our efforts to tackle the remaining challenges that contribute to home deliveries. Our collaborative approach has allowed us to directly address these issues, and activate additional facilities, reinforcing our commitment to institutional deliveries.”***

KEY WINS

UP TSU's approach to facilitating a shift towards institutional deliveries was both systematic and targeted. By harnessing data-driven insights, technical expertise, and collaborative stakeholder engagement, TSU's strategic approach drove a remarkable shift toward institutional deliveries.”:

Data-Driven Insights:

UPTSU field team, DSCH (District Specialist Community Health) along with BoC (Block outreach coordinator) worked closely with Shahjahanpur district officials i.e. CMO, DCPM, DPM and MH consultant presenting compelling data to advocate for policy changes and resource allocation. Insights from the NFHS 5 UP and Shahjahanpur Factsheet provided a comprehensive understanding of the issue, helping the government functionaries to build the case for action.

Technical Expertise:

Through village mentoring visits and community interactions with ASHA, AWW, ANM, and gram pradhan, the UPTSU district team identified and analysed challenges such as staff shortages/unavailability, inadequate medical supplies, and the need for better ambulance access. This support helped district officials to develop actionable plans to address these gaps.

Collaboration and Capacity Building:

DSCH and BoC strengthened the skills of ASHA, ANM and AWW through cluster, Sector, AAA, and ANM meetings, focusing on community mobilization for institutional deliveries. Additionally, the field team facilitated community-level meetings, bridging gaps between local authorities and community leaders to promote institutional deliveries.



60 SECONDS SUMMARY

Fact:

The Uttar Pradesh Government's efforts to activate PHCs as delivery points has improved safe delivery care access for hard-to-reach populations, enhancing maternal health and safety.

Impact:

- Reduced maternal and neonatal mortality
- Increased access to skilled birth attendants
- Enhanced newborn care
- Increased institutional deliveries

Why it matters:

Rural areas often face challenges such as poor infrastructure, limited health facilities, and lack of skilled medical practitioners, all of which restrict access to initial healthcare services. The PHC activation addresses these barriers, ensuring safe child birth and improved maternal and neonatal health outcomes.

In practice:

UP TSU provided crucial technical support and evidence-based feedback to promote institutional deliveries. By collaborating with the UPNHM and local authorities, the program effectively met the healthcare needs of rural communities, driving better maternal and child health outcomes.



Uttar Pradesh Technical Support Unit

Uttar Pradesh Technical Support Unit (UP TSU) was established in 2013 under a Memorandum of Co-operation signed between the Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) to strengthen the Reproductive, Maternal, Newborn, Child, Adolescence Health and Nutrition (RMNCAH+N). University of Manitoba's India-based partner, India Health Action Trust (IHAT) is the lead implementing organization.

Copyright: India Health Action Trust

Disclaimer: This report may be used for dissemination of information on public health programs. Parts of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or any information storage and retrieval system, with permission in writing from IHAT. The photographs used in this report have been included after receiving consent from the individuals. All the photographs published in this report are copyrighted.

Uttar Pradesh Technical Support Unit

India Health Action Trust
404, 4th Floor Ratan Square No. 20-A,
Vidhan Sabha Marg
Lucknow-226001 Uttar Pradesh, India
Phone: +91-522-4922350 / 4931777

India Health Action Trust

S&S Elite, 2nd Floor, No. 197, 10th Cross, CBI Road,
Ganganagar, Bengaluru – 560032, Karnataka
Phone: +91 80 2340 9698
Email: contactus@ihat.in
Website: www.ihat.in

