

# Improving access to emergency medical care for new mothers and newborns in India

## THE BIG PICTURE

In the Indian state of Uttar Pradesh (UP), where infant and maternal mortality rates are high, one of the major barriers facing mothers and newborns is transportation to a hospital. Through a process of information gathering, cultivating internal champions, and creative approaches to the policy change process, advocates worked with the Government of UP (GoUP) to develop an emergency medical transport policy framework that resulted in a comprehensive statewide ambulance program that is saving the lives of women and children today.

## IDENTIFYING THE POLICY CHALLENGE AND OPPORTUNITY

Across India, and especially in poor states, maternal and newborn mortality rates are high, and many women and children die at home or in transport before they can reach skilled care. India's national government has increasingly recognized the need to address maternal and neonatal mortality across the country, and has launched a number of country-wide entitlement schemes in recent years, including Janani-Shishu Suraksha Karyakram and Janani Suraksha Yojana, which guarantee health services to poor women and children. Individual states are responsible for implementation of these schemes and also have the authority to create and implement state programs.

As a poor state with high density population and a high maternal mortality rate, the state of UP publicly identified lack of emergency transport for mothers and newborns as a critical gap in services in 2011. To demonstrate increased commitment, the state purchased 2,000 ambulances to be deployed for an emergency ambulance service that would serve poor women and newborns. However, no comprehensive plan for the program was yet in place.

PATH, a long-time implementer of maternal and newborn health programs in the state, supported the government's initiative to build the service. However, they recognized that the program must be backed by an official policy framework and informed by considerations beyond transport to be sustainable. For example, how would women access the service? What sort of care would be provided en route to the facility? And how would the facilities need to be equipped in order to refer or receive the ambulances?



PATH/Cabe Blenczycki

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They also knew that, based on its stated commitment and early investment, the GoUP had an opportunity to count itself among the country's leaders in emergency transport programs. However, this would require translating high-level commitment into sustainable, well rounded plans, policies, and systems that could establish a service that would be driven by a focus on quality, accountability, and longevity. Policy advocates interested in influencing this program faced a host of other challenges. At the time, the health and infrastructure sectors within the UP government were not well aligned. In addition, the evidence base surrounding the field of emergency transportation was limited, and only few models for similar programs existed.



## IMPLEMENTING THE STRATEGY

PATH convened international and local partners that had credibility with key GoUP health decision makers, such as including the Mission Director of the National Rural Health Mission for the state of UP and the General Manager and nodal officer referral transport in the State Program Management Unit. Partners included the National Health System Resource Centre, Population Foundation of India, MANTHAN Project (Intrahealth), and UNICEF. This group first advocated for formation of an institutionalized task team, or “seva,” which provided input into the policy recommendations and offered expertise to the project. The Mission Director of the National Rural Health Mission served as Chair, while PATH undertook a practical leadership role as Secretariat of the group.

Reaching out to experts in various fields, the seva gathered information on a set of five topics identified by PATH and MANTHAN as critical to expanding the program beyond transportation alone. Both organizations had programmatic experience related to maternal and newborn health and recognized that the policy environment was creating a barrier to service provision. Drawing on their experiences, the research resulted in a dossier of background papers focusing on the following areas: the scope of services during transit as opposed to scope of program; vehicle technical specifications and deployment; human resources and management structure for the service; monitoring and evaluation; and information, communication, and education strategies to ensure utilization of the service.

Over a two-year process, the background papers became the basis of the guidance for a comprehensive emergency medical transport program based on evidence and best practices and supported by key stakeholders. During that time, as the seva built the evidence base and deliberated myriad issues surrounding the program, advocates consulted and gained buy-in from numerous national and local health and infrastructure officials. One strategy included conducting interviews and gathering input from Indian health, infrastructure, and emergency service officials at the national level and in various states. Advocates also organized a unique study tour for various stakeholders to Tamil Nadu, another Indian state leading on emergency transport and referral. As the process progressed, having a wide range of national- and state-level champions helped advocates to maintain momentum in the face of inevitable bureaucratic delays and changes in leadership. In addition, bringing together officials from various sectors increased cooperation and brought multiple perspectives, which in turn helped to improve the quality of the framework that would ultimately guide the program.

Throughout the process, advocates thought creatively about how to achieve their policy goals. Instead of focusing only on one policy directive, their strategy aimed to influence a set of key documents, each of which would play an important

## PATH's 10-Part Approach to Advocacy Impact

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH's ten-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue.
- State the policy goal.
- Identify decision makers and influencers.
- Identify the interests of the decision makers and influencers.
- Clarify opposition and potential obstacles facing your issue.
- Define your advocacy assets and gaps.
- Identify key partners.
- State the tactics you need to reach your goal.
- Define your most powerful messages.
- Determine how you'll measure success.

*For more information and resources, and to find out how we can help, visit <http://sites.path.org/advocacyimpact>.*

role in solidifying and establishing a high-quality program backed by sufficient political will. The first government action they focused on influencing was the “government order,” which served as an important initial endorsement and commitment by the government to the issue. Then the group began creating a “roadmap,” which would provide the policy framework that would underpin the entire program.

Drawing upon the recommendations in the roadmap, the GoUP drew up the request for proposal (RFP) that would solicit vendors to operate the program. Advocates viewed the RFP as a critical document because its content would determine the scope and activities of the program for years to come.

### ACHIEVING THE POLICY GOAL

In 2013, officials issued the government order that would establish the emergency transport program in UP. Also, in 2013 the government released its RFP outlining the key components of the new program and soliciting bids from ambulance companies. The RFP included specific language and recommendations from the draft roadmap, which was developed by the seva and ensured the new program would provide comprehensive services that aligned with standard practices and guidelines to support high-quality emergency medical care. Key requirements incorporated into the RFP, resulting from the advocacy process, included behavior change communication and information, communication, and education activities; community incentives; and integrated call-in numbers to ensure the ambulances were used efficiently. In addition, the RFP required that skilled patient attendants staff all vehicles during transit, which was a major change from original plans for the program.

In early 2014, the roadmap, which included all the major recommendations from the set of background papers, was formally endorsed by the GoUP and preceded the formal launch of the emergency transport program—called the 102 Ambulance Service. The comprehensive initiative is the largest public sector ambulance service in the world and operates based on the policy recommendations of the working group. Today, any pregnant woman in UP can dial a toll-free 102 number and expect an ambulance in 20-30 minutes, depending on location. As urged by the working group’s recommendations, all ambulances provide basic life support services for emergencies and are staffed by skilled patient attendants.

### FACTORS FOR SUCCESS

While each context requires unique tactics and approaches to accomplish their goal, advocates in India learned key lessons that played a role in success:

- **Cultivating a wide range of government champions across sectors was key to shoring up support and maintaining momentum.** Even through leadership changes and bureaucratic delays, having a broad base of support across sectors allowed the advocates to move the process forward.
- **Thinking creatively about policy change was instrumental in development and implementation of a multi-faceted ambulance program.** Instead of simply focusing on one type of policy or document, advocates focused on several key documents—including the government order, guidance document or “roadmap,” and RFP—that ultimately resulted in advocacy success.



PAT/Case Blenczycki

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- By **combining persistent, day-to-day effort with the ability to respond quickly in the face of opportunity**, advocates were able to continue the daily work necessary to keep the issue at the top of the agenda.
- **The advocacy process provided an opportunity to build the body of knowledge around the issue.** Compiling expertise from health and infrastructure officials, as well as non-governmental experts, meant that in addition to influencing policies, advocates were able to add to the knowledge base around emergency medical transport services for women and newborns in India.



PATH/Gabe Blenczycki

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PATH is the leader in global health innovation. An international nonprofit organization, we save lives and improve health, especially among women and children. We accelerate innovation across five platforms—vaccines, drugs, diagnostics, devices, and system and service innovations—that harness our entrepreneurial insight, scientific and public health expertise, and passion for health equity. By mobilizing partners around the world, we take innovation to scale, working alongside countries primarily in Africa and Asia to tackle their greatest health needs. Together, we deliver measurable results that disrupt the cycle of poor health. Learn more at [www.path.org](http://www.path.org).

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