



Project – Child-Delivery and Maternal Care

AN INITIATIVE BY:

SHRINIVAS SARVAMANGALAM SOCIETY

Under Society Act – 21 of 1860

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Context

Access to health is a fundamental right. However, almost 50% of the world's 7.5 billion people is forced to live without access to basic healthcare and public health measures, due to a multitude of reasons. This results in accumulation of diseases among the most vulnerable segment, delayed presentation, consequent need of speciality treatment at high cost and health-related poverty shocks. 100 million people globally have to choose between food and medicine every day. 39 million people fall below poverty line in India every year due to health-related expenses. This vicious cycle needs to be broken.

Access to reliable and affordable quality primary care is a great challenge for the rural population in India. Primarily, this is due to shortage of doctors, nurses and healthcare workers; lack of availability of affordable yet reliable diagnostic technologies, administrative constraints and lack of essential resources for healthcare delivery. As a consequence, we have failing societal health indices – High mortality rates among pregnant women, increase in infant mortality rates, high incidence of anaemia among women of child-bearing age, under-nutrition among children, rampant diarrhoea and gastro-intestinal diseases, other deficiency diseases (vitamin and minerals) and ill-managed non-communicable diseases such as diabetes, renal failure and hypertension.

Maternal Mortality in Rural India

Though there have been several government schemes and regulations adopted to reduce the maternal mortality rate in India, rural areas still remain the most affected part of the population.

India accounts for **12%** of world maternal deaths, second only to Nigeria (23%), as per the latest data available from WHO/UNICEF (2017). In March 2022, the Special Bulletin on MMR released by the Registrar General of India showed a 10-point decline in MMR –from 113 in 2016-18 to 103 in 2017-19.

The MMR of the country still shows a grim picture and needs improvement to meet the SDG goal. Though the State of Jharkhand has showed improved in MMR over the years but still it is far from meeting the goal. Even now, the report reveals 61 maternal deaths per one lakh live births.

In a recent article by a journalist, the failure in healthcare system was brought to forefront. Adivasis, often believed to be "resistant", have made attempts to engage with the modern healthcare system. But it is the health system which has failed to provide credible services to them

National Family Health Survey NFHS-3(2005-06) highlighted that maternal health indicators of vulnerable communities, such Scheduled Castes, Scheduled Tribes and those belonging to the lowest wealth index, are much poorer as compared to that of the general or wealthier population. The survey, for instance, show that only 63.6 per cent of SC and 54.1 per cent of ST women received two or more tetanus toxoid injections in that year as opposed to 84.7 per cent of the general population. While 13.1 per cent of the poor women were assisted by health personnel during delivery, 94.3 per cent of the wealthy women got similar assistance during their delivery. This trend is seen in other indicators such as receiving three or more ante-natal care check-ups, taking iron folic acid for 90 or more days, pregnancy with one ultrasound check and a post-natal check-up.

Key Factors

Maternal deaths are more in numbers in the rural areas as compared to the urban regions. Moreover, huge disparities persist between States.

Why mothers die in rural areas more – The question itself leads us to introspect and scrutinize the causes and the loopholes for such devastating consequences.

Major Factors include:

1. Geographical barriers in rural areas
2. Lack of knowledge and awareness
3. Inappropriate belief system and prejudices on child-birth
4. Lack of access to proper healthcare facilities
5. Lack of infrastructure support like transport and roads
6. Highly unaffordable cost of treatment and point-of-care support
7. Unskilled health professionals
8. Poor socio-economic development of the region
9. Inadequate advocacy and policy formation
10. Gap between govt policies and knowledge about the same in local population

Our Organisation

The failure in healthcare facilities in various interior parts of the State- Jharkhand and lack of skilled healthcare professionals where most inhabitants are either poor adivasis or tribals of the State and lives in the remotest parts is our most primary concern.

Shrinivas Sarvmangalam Society, a society registered under Society Registration Act 1860, has been contributing in various development activities along with it's Units – Hazaribag College of Dental Sciences and Hospital, Shrinivas Hospital, Shrinivas Institute of Paramedical Sciences, Shrinivas Diagnostics and Shrinivas Blood Centre.

The Society has been dedicated to holistic development of rural tribal population in healthcare sector with its unit Shrinivas Hospital. It is a multi-specialty 70-bedded state-of-art hospital located in Demotand, Hazaribag.

The hospital is also empanelled under **“Ayushman Bharat Yojana” (ABPMJAY) and Star Health & Allied Insurance Company”**.

The Hospital is having healthcare infrastructure in various specialties such as:

- ✓ General Medicine
- ✓ General Surgery
- ✓ Ophthalmology
- ✓ Gynaecology & Obstetrics
- ✓ Paediatrics & Neonatology
- ✓ Orthopaedics, Oral & Maxillofacial Surgery
- ✓ General Pathology (Molecular, Microbiology, Histopathology, Cytology, Pathology),
- ✓ Blood Bank & Components, I.C.U, H.D.U, N.I.C.U

The hospital have fully equipped operation theatre and ultra-modern pathological laboratory equipped with fully automatic biochemistry analyser and fully automatic immunoassay system etc.

Our objective

To provide intensive-care health support and benefit to all at low affordable cost for both rural and urban population of the district. Free of cost treating “Birhor” tribe of the district.

Under specialised professionals, the hospital has undertaken more than 150 successful delivery cases since its inception.

Our Schemes

The Society has over the years trained rural women from different self-help groups (*Sahelis*) as community healthcare workers or caregivers who assist pregnant women from the remotest parts of the district.

Sukanya Swasthya Yojana was introduced by Shrinivas Sarvmangalam Society in 2018 with the objective of correcting regional imbalances in the availability of healthcare services and also to augment facilities for quality medical treatment and education to female child. This program has been undertaken to specifically empower women and female child health.

Sukanya Beneficiary Card is provided to all the female children born in our hospital covering all the following benefits.

The card is renewed annually to monitor the vaccination program, health observation of the mother and above all parent’s healthcare behaviour towards female child.

The program caters to overall health benefits provided to all girl children born under the roof of our hospital which includes –

- Free health consultation of all Sukanya girl children till the age of 18 years.
- Free distribution of medicine for all health treatment to the Sukanya beneficiaries till the age of 18 years
- All pathological tests related to any health problem is provided without any charges to all the female child born in our hospital till 18 years.

- All surgeries (if needed) are undertaken free of cost for the Sukanya beneficiaries coming under our scheme.
- Free nursing and bed-charges during medical admission provided to all Sukanya females till 18 years.
- Normal delivery of girl child comes free of cost for the mothers where all expenses are undertaken by Shrinivas Sarvmangalam Society.

Free vaccination provided to the girl child born under Sukanya Swasthya Yojana.

Project Financials

Caesarean Delivery		
Sr.no	Variables	Cost/patient/delivery (INR)
1	Doctor	5000
2	Anaesthetist	2000
3	OT Assistant and OT expenses	1000
4	Bed Charges @Rs. 300/- per day (5 days)	1500
5	Nursing Assistance @Rs. 300/- per day (5 days)	1500
6	Medicine	1900
7	Child Care (to be paid to patient)	2000
8	Sukanya Swasthya Yojana Registration (one-time charges)	100
Total		15000

Normal Delivery		
Sr.no	Variables	Cost/patient/delivery (INR)
1	Doctor	2000
2	Nursing+Bed Charges	500
3	Medicines (sutures, saline, injectibles, oral medicines)	2400
4	Child care (paid to patient)	2000
5	Sukanya Swasthya Yojana Registration (one-time charges)	100
Total		7000

A. Caesarean Delivery cases (month)	Cost/Month (INR)	Cost/Year (INR)
60	900000	10800000
B. Normal Delivery cases (month)	Cost/month (INR)	Cost/year (INR)
120	840000	10080000
Total (A+B)	Total Cost/Month (INR)	Total Cost/Year (INR)
180	1740000	20880000

Monthly Cost

No. of Normal Delivery cases in a month = ~ 120

No. of Caesarean Delivery cases in a month = ~ 60

Cost per Normal Delivery = Rs 7000

Cost per Caesarean Delivery = ~ Rs 15000

Total monthly cost of both Normal and Caesarean Deliveries = ~Rs 17, 40,000/-

Annual Cost

Total cases (Normal Delivery) per year = ~1440

Total cases (Caesarean Delivery) per year = ~ 720

Cost per Normal Delivery = Rs 7000

Cost per Caesarean Delivery = ~ Rs 15000

Total Annual cost of both normal and caesarean deliveries with ~ 2160 cases is approx. INR 2,08,80,000/-

Benefits under the Scheme

- All pregnant women with child deliveries under Shrinivas Hospital shall receive an amount of Rs 2000 per delivery (both Normal and Caesarean)
- All girl-child born in Shrinivas Hospital shall directly come under Sukanya Swasthya Yojana and receive all free-of-cost hospital and healthcare facilities till 18 years of age
- All boy-child born in Shrinivas Hospital shall receive all the free-of-cost hospital and healthcare facilities (except NICU) till 5 years of age.

Type of Beneficiary

Direct: All rural female populations who are below the poverty level (BPL) or entitled to a Red Ration Card or Antyodaya Yellow Card (for the poorest of poor household) can be our direct beneficiaries.

Indirect: Rural women from self-help groups trained as ‘Sukanya Swasthya Sahelis’ or community health workers.

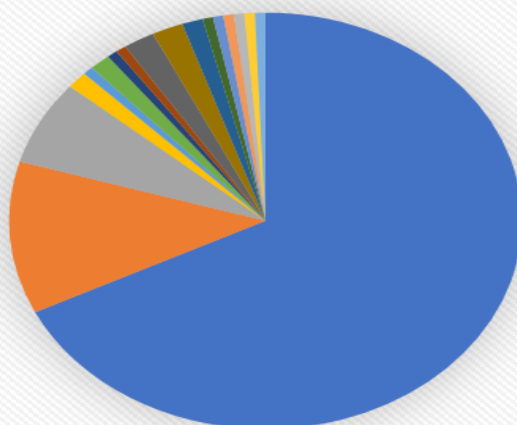
Immediate families of direct beneficiaries who are thus made aware of such policies and exempted from higher cost of surgical/normal deliveries.

Data and Details

1. Area of the Sukanya Swastha Yojna(SSY)

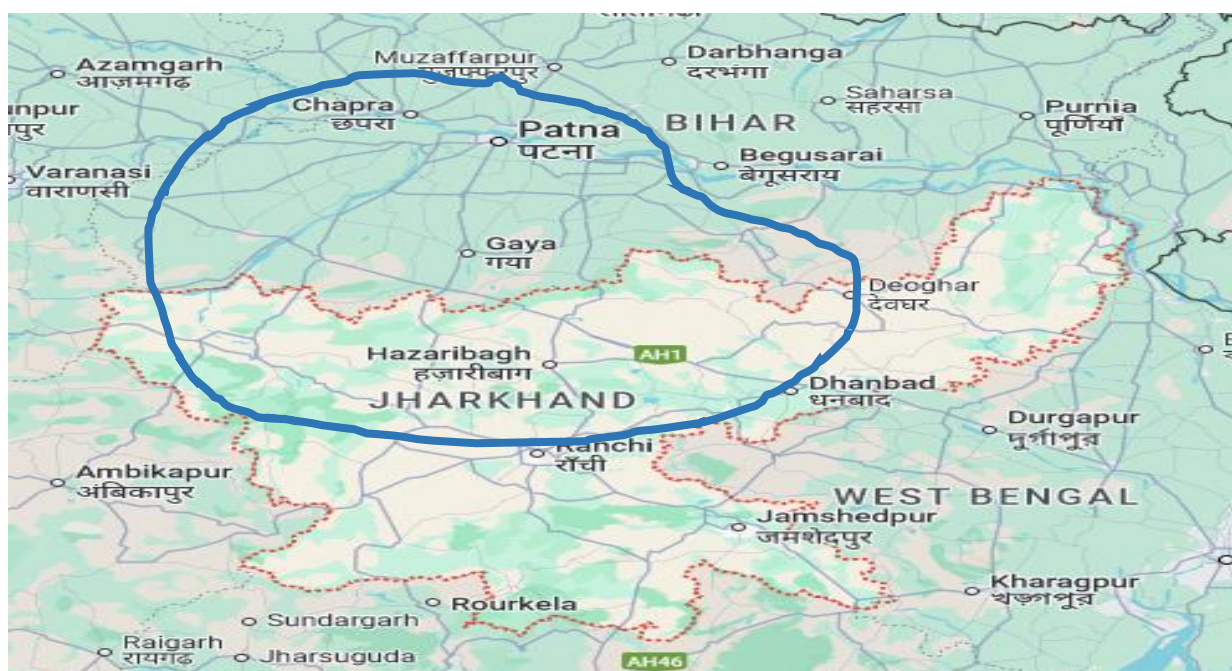
A broad area has covered by the scheme diligently. Continuous and active participation of Swastha sahelis make the change in the sector of health – child and Maternity care. The places from where beneficiaries belong to these areas Hazaribagh, Chatra, Giridih, Palamu, Dhanbad, Latehar, Gaya, Bhojpur, Ramgarh, Ranchi, Koderma, Bokaro, Rajouri, Kargil, Anantnag and West Delhi. Not only in Jharkhand, if we see the data, Bihar, West Bengal, Delhi, these states are come under in the scheme.

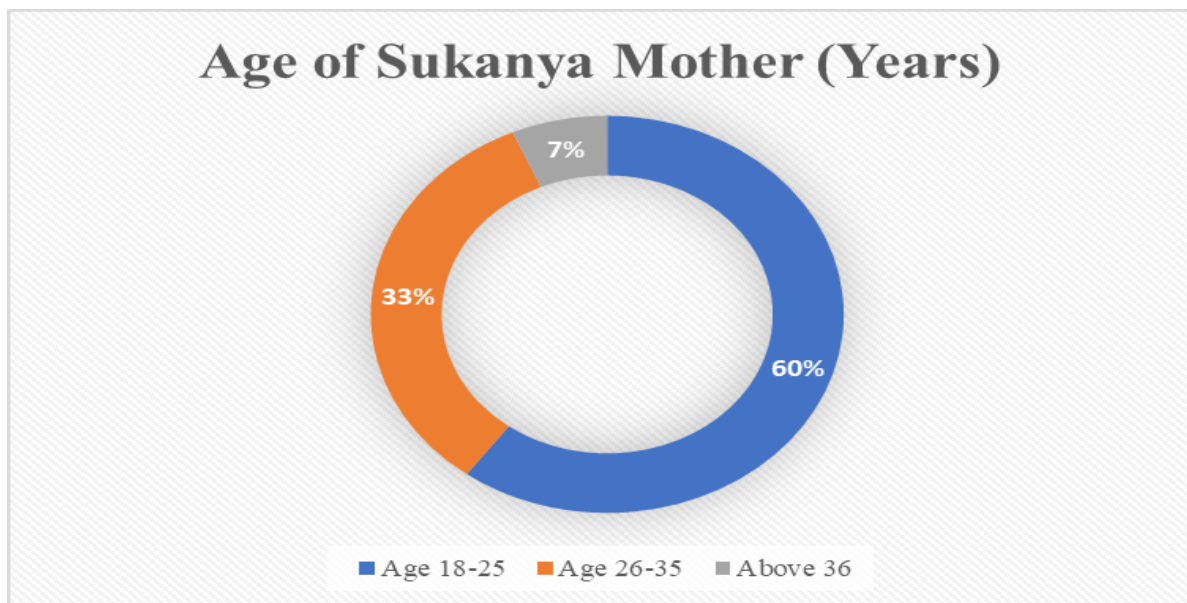
Areawise Distribution of SSY



■ Hazaribagh	■ Chatra	■ Giridih	■ Palamu	■ Dhanbad	■ Latehar
■ Gaya	■ Bhojpur	■ Ramgarh	■ Ranchi	■ Koderma	■ Bokaro
■ Kargil	■ Anantnag	■ West Delhi	■ Garhwa	■ Patna	

Area Coverage (most) of the scheme





We see the data , it represented that most of the mothers about 60% are under the age group of 18-25 years, which is the highly reproductive age of women, & in this age pregnancy risk & complications are very low & mothers give birth mature and healthy babies. Data represents 33% of Sukanya mothers come under the category of age 26-35 years, where mothers can face minimal amount of complication during pregnancy which can lead to a major problems & only 7% mothers are above 36 years old but they were facing no issue during pregnancy and childbirth. Shrinivas Hospital provides all the medical facilities to mothers that help during child birth so risk can minimum during delivery.

Experienced gynaecologists are appointed for pre-post treatment and delivery. Shrinivas Hospital and St. Columba's Mission Hospital are the responsible campuses which provides the services.

This scheme is very obliging for the unprivileged people who are belonging from rural and urban areas. It's a blessing for the child and mother. If it can spread to whole country it can be a good attempt to improvise the maternity health care system and also decrease the rate of Infant Mortality Rate (IMR) & Maternal Mortality Rate (MMR). Still birth can also decrease by this attempt.

Maternal Care and child Health in India

Maternal Mortality Ratio (MMR): India's MMR has declined from 384 in 2000 to 103 in 2020, which is a decline of 6.36% and three times higher than the rate of global decline.

Maternal Health Services: The Government of India has implemented several schemes and initiatives to improve maternal health care, including the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and the Janani Shishu Suraksha Karyakaram (JSSK).

PMSMA: This scheme provides fixed-day, free of cost, assured, comprehensive and quality antenatal care on the 9th day of every month, universally to all pregnant women in their 2nd / 3rd trimesters of pregnancy.

JSSK: This scheme entitles every pregnant woman to free delivery, including for caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, other consumables, diet and blood (if required).

Stillbirth Rate: The stillbirth rate in India has declined from 4 per 1,000 births in 2016 to 3 per 1,000 births in 2020.

Government Initiatives: The Government of India has also launched other initiatives, such as the Surakshit Matritva Aashwasan (SUMAN) and the LaQshya (Quality Improvement Initiatives), to improve maternal health care.

SUMAN: This initiative aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility.

LaQshya: This initiative aims to improve the quality of care in labor rooms and maternity operation theaters.

Child health in India is a significant public health concern. Here are some key facts and challenges:

- Infant Mortality Rate (IMR): **33** deaths per 1,000 live births (2020)
- Under-5 Mortality Rate: **39** deaths per 1,000 live births (2020)
- Stunting (height-for-age): 38.4% of children under 5 years (2019-20)
- Wasting (weight-for-height): 20.8% of children under 5 years (2019-20)
- Underweight (weight-for-age): 33.4% of children under 5 years (2019-20)
- Immunization coverage: 76.4% of children aged 12-23 months (2019-20)

- Childhood diseases: Diarrhea, pneumonia, and malaria are leading causes of child mortality
- Malnutrition: A significant contributor to child morbidity and mortality
- Access to healthcare: Disparities in access to healthcare services, particularly in rural and marginalized areas
- Sanitation and hygiene: Inadequate access to safe water, sanitation, and hygiene facilities
- Awareness and education: Limited awareness and education among parents and caregivers regarding child health and nutrition

The Indian government has launched several initiatives to address child health challenges, including:

- ✓ **Integrated Child Development Services (ICDS)**
- ✓ **National Health Mission (NHM)**
- ✓ **National Nutrition Mission (NNM)**
- ✓ **Universal Immunization Programme (UIP)**
- ✓ **Rashtriya Bal Swasthya Karyakram (RBSK)**

These programs aim to improve access to healthcare, nutrition, and sanitation, and promote awareness and education among parents and caregivers.

(Data Source: NFHS, UNICEF, MoHFW, MoCWD)

Future Directions

India is a country rich in culture, wealth and prosperity but some of dewy negligence cut out our pride of healthcare, so average to hype it should take few steps to lend a hand to for upright the system. Some of them are:

1. Increase access to prenatal care and education
2. Improve healthcare infrastructure and facilities
3. Train and deploy more midwives and obstetricians
4. Enhance emergency obstetric care services
5. Promote evidence-based practices and guidelines
6. Support research and development in maternal health
7. Encourage community engagement and participation
8. Address social determinants of health and inequality
9. Implement effective referral systems and transportation
10. Leverage technology and innovation (e.g., telemedicine, mobile apps)
11. Foster a culture of respect and dignity for women
12. Support breastfeeding and new born care
13. Address mental health and well-being
14. Develop and implement effective policies and legislation
15. Encourage collaboration and partnership among stakeholders

By taking these steps, we can work towards:

- Reducing maternal mortality and morbidity
- Improving maternal and new-born health outcomes
- Enhancing the overall quality of care
- Promoting equity and accessibility
- Empowering women and communities

Conclusion

Maternity care and child health are crucial public health areas that require investment and attention. India has made significant progress in improving these outcomes, but challenges persist. To further improve maternity care and child health in India, it is essential to increase access to quality antenatal, intrapartum, and postnatal care, strengthen healthcare infrastructure and services, enhance awareness and education among parents and caregivers, address social determinants of health and inequality, promote evidence-based practices and guidelines, support research and development in maternal and child health, encourage community engagement and participation, and foster collaboration and partnership among stakeholders.

By prioritizing maternity care and child health, India can reduce maternal and child mortality and morbidity, improve health outcomes and quality of life, empower women and communities, support economic growth and development, and achieve the Sustainable Development Goals (SDGs) related to health and well-being.

To build on the progress made, India must increase access to quality healthcare services, particularly in rural and marginalized areas, strengthen healthcare infrastructure and services, enhance awareness and education among parents and caregivers, address social determinants of health and inequality, promote evidence-based practices and guidelines, support research and development in maternal and child health, encourage community engagement and participation in health initiatives, and foster collaboration and partnership among stakeholders.



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Shrinivas Hospital , a unit of Shrinivas Sarvmangalam

St. Columba's Mission Hospital , a collaborative unit with Shrinivas Sarvmangalam

Shrinivas Medicals for providing all types of medicines and injectable.

Shrinivas Diagnostics, for providing essential diagnosis in time and provide support in emergency also.

Ms. **Saheli Naskar** for Project Documentation.

THANK YOU

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Annexure: Photos

