



Providing comprehensive maternal health services in tribal villages of rural Bilaspur

Jan Swasthya Sahyog

The community maternal health programme at JSS was formally established in 2000 with the aim to ensure registration of all pregnant women of the chosen villages, early identification of high risk pregnancies, providing safe delivery services including surgical intervention where necessary, and capacity building of local traditional birth attendants. Our goal is to ensure best possible outcomes for all pregnancies in these remote rural villages and eliminate all maternal & newborn mortality and minimize maternal morbidity. Over the last 15 years, we have been able to enroll and care for 95% of all pregnancies (hospital & home delivery).



Objectives and strategies

1. To ensure early registration of all pregnancies by village health worker (VHW) & maternal child health worker (MCHW)
2. To provide ante natal check-ups for maintaining health of mother and for early identification of high risk pregnancy
 - a. Run ante natal clinic at 11 different locations, each serving 3-4 villages
 - c. Distribute mosquito nets to prevent malaria in this endemic area
 - d. Provide nutritious food to pregnant women who come for ANC checkups
3. To build capacity of local Traditional Birth Attendants for conducting safe delivery
 - a. Conduct monthly training on aspects of ante & post natal care and safe delivery management
 - b. Distribute safe delivery kits
 - c. Provide incentives for conducting safe deliveries and monthly honorariums for motivation
4. To provide institutional safe delivery services
 - a. Provide clinical services at JSS referral centre
 - b. Ensure referral of high risk cases by VHW, MCHW & Local TBA to JSS referral centre
 - c. Ensure 24/7 referral transport is made available at doorstep of expecting mothers
5. To provide affordable and accessible contraception
6. To advocate for the health and safety of mothers living in rural Chhattisgarh
 - a. Use Maternal Death Reviews to improve quality at district and state level ensuring that each mother counts

Currently in 2015, we hold monthly Antenatal care clinics at 11 different sites in our 54 community programme villages, located in forest and forest fringe areas. Women come from surrounding villages to attend these clinics, during which a team of competent providers perform clinical examinations and conduct a series of tests that look for infections such as HIV, hepatitis B and Syphilis as well as for diabetes, hypertension and anemia. Mothers deemed to be at high risk are counseled about the necessity of hospital delivery and any special care or medications. They are also put in touch with the local traditional birth attendant (TBA), who has been trained by JSS in emergency obstetric care for deliveries that may take place at home. The skills of a TBA can be lifesaving in cases of torrential post-partum hemorrhage, when rapid transport to a hospital is impossible.

Due to our bridging of services from community to clinic, about 30% of all pregnancies in the catchment area are referred for care to the Ganiyari referral centre. Out of these, about 15% require a cesarean section. Approximately 5% of all pregnant women develop an obstetric complication that could be potentially life threatening.

No one should die from childbirth. Through our maternal health programme, we attempt to provide expert care to ensure that no woman dies a preventable death.

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“Rajeshwari, the Sarpanch of our village delivered last week,” reported Milki Bai and Jaymati, TBAs from Atariya village. “A boy baby, and then she started bleeding and it would not stop, and she was feeling faint and cold. We remembered what we had learnt here and compressed the uterus with one hand fisted in the vagina and another on her abdomen. We held it like that for 15 minutes, and the bleeding stopped. She recovered after that and is fine now. This was something we would not have been able to manage a year ago.”

How you can contribute

To run this comprehensive programme, financial support is needed. The provision of pre and postnatal care requires significant organization, manpower, and equipment. Emergency care services require even more. Yet when it comes to saving the lives of mother and child, a little goes a long way:

\$100 will provide comprehensive care through an entire course of pregnancy. We expect to support about 1000 such pregnancies each year.

\$150 will provide care for the natal services for those requiring hospitalization, particularly for cesarean section. We expect about 100 such birthing complications every year.

\$500 will be adequate to manage life threatening maternal complication and thus avert a maternal death. And we expect 50 such obstetric emergencies additionally each year.

Other needs of our maternal health programme can be seen to the right. Support for any and all of these projects go a long way in ensuring the health of women in rural Chhattisgarh. We would be delighted if you commit multi – year support, with a minimum of three years.

Annual Requirement for Providing Ante Natal Care Services at Village Level		
	INR	USD
Ante Natal services		
• Distribution of bed nets		
• Lab investigations		
• Medicine	900000	\$13,846
Logistics of arranging Ante Natal Clinic in villages		
• Food for pregnant women		
• Travel expenses of JSS team	180000	\$2,769
Capacity building of TBAs for safe delivery & post natal care		
• Organizing training sessions		
• Distribution of delivery kit		
• Traveling allowance		
• TBA honorarium		
• Development of training manual		
• Computer with LCD projector		
• Communication costs	1440000	\$22,154
Providing safe delivery services		
• Health worker support for monitoring and supervision of Antenatal period and birth at home		
• Health worker support for monitoring and supervision of Antenatal period and birth at hospital		
• Incentive for conducting safe home delivery (to the birth attendants - TBAs/VHWs) and for monitoring and care in post partum period		
• Partial support for subsidy in referral of high risk cases to JSS		
• Clinical services for high risk at JSS	1050000	\$16,154
Personnel Costs		
• Senior doctor (1)		
• Program Coordinator (1)		
• Junior field coordinators (2)		
• Village cluster managers (4)		
• Laboratory technician (1)		
• Laboratory assistant (1)		
• Community nurses (2)		
• Pharmacist (1)		
• Driver (1)		
• Accountant (1)		
• Data entry operator (1)		
	2700000	\$41,538
Total	78,90,000	\$96,462