

Safe Motherhood & Child Survival:

Maternal & Child Health

Baikunthapur Tarun Sangha(BTS), a non-profit, non-government organisation was established in one of the remotest parts of India, amidst the largest mangrove vegetation and the largest delta of the world, the Sundarbans. With over three decades of service towards socio-economic development of vulnerable communities through entirely participatory and unconventional methods of intervention, the organization has been successful in addressing its mission.

While working in the Health and Nutrition thematic area, Baikunthapur Tarun Sangha(BTS) found that the condition of pregnant women is truly deplorable and that they are largely subject to risks of unscreened pregnancy in the land of marginal facilities. The risks, trends, magnitudes of various determinants of safety of mothers and neonate-infants - are largely unknown. Access to safe institutional delivery is hard-to-reach or hardly available in these target coastal villages without any proper available healthcare services.

Thus, BTS requesting **AID-The Netherlands** to raise and extend their help to Baikunthapur Tarun Sangha(BTS) to implement the project titled - ***Safe Motherhood & Child Health*** in Sundarban Islands with an objective to minimise risks of motherhood in Sundarban islands - through proper dissemination of universal Optimum Service Package and simultaneous monitoring. The effort is for an area where there is no Govt. Primary Health Centre(PHC)...hence, support treatment by qualified doctor is highly expected to save the mothers & children through timely & proper ANC/PNC interventions..!

The **specific objective** is to create a demonstrable & replicable model which ensures safe motherhood & child healthcare(to check IMR & MMR) in remote island villages of Sundarbans. ***Identification of at-Risk – mothers & lactating mothers*** from the 10 selected /target remote but neighbouring villages under 2 GP areas under 1 CD Block (Kultali) in the district of South 24 Parganas, West Bengal.

The key activities include training of potential field paramedics (women from village community), refresher trainings. Village mapping, home visits, village Camp Services, awareness camps and integration of village health service with hospital services.

The following activities are decided under the most needed project to minimize the crucial problem of the area-mothers in need:

- Selection & Training of the 5 Gramin Swastha Sevika(GSS) for the 10 target villages
- Village Mapping by the GSS to identify/point out the huts/homes of the risky mothers in need
- Conduct regular home-visits and door-step-services by the GSS & collect necessary information for further needed services for the risky mothers/lactating mothers.
- Conduct Village Screening Camps by qualified doctors & trained sisters to have door-step check-up facilities for the needy –risky mothers living in the distant villages not possible for them to success the services at the Central Service Point(BTS-Rural Community Hospital Maternity Unit).
- Provide necessary Medicinal Supports as well as Clinical Investigation-related Medical Tests free of cost to the vulnerable family-mothers or poor BPL /SC/ST category-mother usually unable to pay for the same purposes and do not do the tests but create risks in the near future..!
- Ensure providing emergency Ambulance/Referral support-services(to & fro) service for transporting at-risk-mothers(Screening Camp recommendation) /lactating mothers for safe institutional delivery
- Prepare & Provide(at cost basis) nutritional supports(Nutri-Mix type food) to those needy mothers & children under severe malnutrition before & after delivery(during ANC/PNC).
- Frequent(quarterly basis) Capacity Building Training(CBT) of Rural Medical Practitioners(RMPs) to ensure providing quality door-to-door services(emergency treatment)to the suffering community mothers & Children in absence of the qualified doctors.
- Conduct TBA(Dai) Skill training to promote safe delivery in a safe & hygienic manner or to refer critical cases to govt. service points(Sub-Centres) or PHC/BPHC.
- Introduce an innovative Medicine Exchange Bank to have scientific collection(necessary training for safe-keeping & Exchange Process) of homebased excess medicines or exchange of emergency available medicines before expiry so as to check loss of huge excess medicines at home-level vis-à-vis to save national wastage.

Duration of the Project: Initially for 5 years ...maximum 10 years

Budget Plan for the Project:(Running & Non-Recurring Cost): Project Ma-O-Sishu (Maternal & Childhealth)

Sl. No	Activity Head/Items	Unit	Unit Cost	Sub-Total (Rs.)	Total (Rs.)
A.	Programme Activity Cost:				
i)	Awareness Meeting on MCH(ANC/PNC/Breast Feeding/KGs/BCC/Nutri-mix/Low-cost Nutritional Diet preparation etc)	4	5,000.00	20,000.00	
ii)	Capacity Building of DAIs (2 /Village x 10Vill =20 Nos.)	2	10,000.00	20,000.00	
iii)	Support of Delivery-Kits to 10 TBAs(Dais) for 10 village	10	1,000.00	10,000.00	
iv)	Capacity Building(2 days/Unit) of RMPs by expert physicians <u>For better knowledge & practice in the community</u>	4	15,000.00	60,000.00	
v)	Capacity Building of Community Cadres(CBHCs)- 10 villx1/2 Villages	2	15,000.00	30,000.00	
vi)	Support of Kits to CCs(Community Cadres)Mobile,Cycle etc	5	5,000.00	25,000.00	
vii)	Initial Start-up support for Nutri-Mix(Foods) to mothers	4400	25.00	110,000.00	
viii)	Convergence Meeting with Govt Line Deptts (Quarterly)	1	15,000.00	15,000.00	
ix)	Publication of IEC(Poster/Leaflet/Banner) development			20,000.00	310,000.00
x)	Cental & Village ANC/PNC(Neo-Natal) Check-up Camps(2 Spots) (2 Clinics/week x 4 weeks/month x 12=96 Camps) (2 Dr/Clinic@2500 x 2 + Drugs/Diagnostic Tests-USG & other required tests for Pregnant mothers @1500/Clinic)	96	6,500.00	624,000.00	
xi)	Emergency Referral Cost (Ambulance / SpeedBoat hire Cost including Driver's daily /monthly duty cost	1	5,000.00	60,000.00	
xii)	Incentives(Honorarium) to Community Cadres(CBHCs))	5	25,000.00	300,000.00	
xiii)	Sister(ANM/GNM/Trained Sister)	1	15,000.00	180,000.00	1,164,000.00
B.	Personnel Cost:				
i)	Project Co-Ordinator (PCO)	1	10,000.00	120,000.00	
ii)	Accounts Officer(AO)	1	8,000.00	96,000.00	216,000.00
C.	Other Overhead/Admin Cost:				
i)	Travelling & Conveyance		2500.00	30,000.00	
ii)	Printing & Stationary		1500.00	18,000.00	
iii)	Telephone & Internet		1000.00	12,000.00	
iv)	Refreshments for Dr & guests/officials/project personnels		5000.00	60,000.00	
v)	Audit of Accounts			16,000.00	
vi)	Contingencies(Unforeseen expenses)		2000.00	24,000.00	160,000.00

****Total requested running cost for a year=Rs. 18,50,000.00**

\Organizational Capacity/Experience in MCH care:

Baikunthapur Tarun Sangha(BTS) , the implementing Organisation has its experience in running CDC(Community Delivery Centre) for institutional safe delivery of more than 922+ rural pregnant mothers at its Maternity Unit i.e. BTS-Rural Community Hospital as recognized by the H & FW Deptt., Govt of West Bengal since June 28, 2010.

BTS has its sufficient infrastructural facilities like OPD Clinics for mother & children, ANC-PNC ,Referral Units(2 Ambulance , Speed Boat & Boat for Mobile Dispensary in coastal/island areas),Diagnostic facilities(X-Ray,USG,Patho-Lab),Oxygen Support Units,Village based Clinics at local youth clubs, Trained paramedical personnels etc.

Previously before running the CDC/Maternity Home, BTS has successfully organized several Medical Camps, Mobile Boat Dispensary in different coastal/island villages , TBA(DAI) Training for rural DAIs(Untrained Birth Attendants)and so on.

