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PROJECT BROCHURE • FEASIBILITY REPORT

Saiban-e-Maa

– Maternity Home Sindh –

Safe Motherhood, Within Reach

Establishing Maternity Homes in Remote Areas of Sindh — Annual Target: 5 Homes per Year

PROJECT LEADER

Ghulam Mujtaba Qadri

President, Sindh Ajrak Welfare Trust

SINDH CHARITY COMMISSION
Government of Sindh

Registered with PCP

Project Summary

Saiban-e-Maa (“a shelter for mothers”) is a maternal healthcare initiative of the Sindh Ajrak Welfare Trust that will establish small, community-based 3-bedded maternity homes in underserved rural union councils across Sindh — providing antenatal care, skilled-attended delivery, emergency obstetric first response, postnatal care, and referral linkages to district hospitals.

The Trust's target is to establish 5 maternity homes annually, prioritising districts with the weakest maternal health infrastructure — beginning with a pilot cluster of 3 homes in Year 1 to validate the operating model before scaling.

5
Maternity homes targeted per year

3
Beds per maternity home

24/7
Skilled-attended delivery coverage

The Problem: Maternal Health in Remote Sindh

Sindh has one of the highest maternal mortality ratios among Pakistan's provinces, with the burden falling disproportionately on rural and remote populations — far from the nearest facility offering skilled delivery care.

220+

Maternal deaths per 100,000 live births in Sindh — above the national average

~2 in 5

Births nationally attended by a skilled birth attendant

1–2 hrs

Typical distance to the nearest delivery-capable facility over poor roads

Figures drawn from UNFPA Pakistan, the Pakistan Maternal Mortality Survey, and peer-reviewed research on rural Sindh; presented as indicative context for project design.

Structural Barriers in Remote Communities

1

No Nearby Facility

The nearest hospital or Basic Health Unit offering delivery services is often 1–2 hours away, with no ambulance or affordable transport.

2

Shortage of Skilled Attendants

Most deliveries are managed by untrained traditional dais, with no qualified midwife, LHV, or doctor if complications arise.

3

Financial Barriers

Private hospital charges are unaffordable for daily-wage and landless farming households, pushing families toward risky home deliveries.

4

Delayed Emergency Referral

Post-partum haemorrhage, obstructed labour, and eclampsia are frequently fatal simply due to time lost travelling to a functional facility.

5

Weak Antenatal Follow-Up

Without a local facility, routine check-ups are skipped, so warning signs of high-risk pregnancies go undetected until too late.

The result: a preventable, recurring cycle of maternal deaths concentrated in the communities least able to absorb the loss of a mother.

Our Solution: The Saiban-e-Maa Model

A small, permanently staffed maternity facility placed inside the community it serves — close enough to reach on foot, simple enough to operate sustainably.

CORE SERVICE PACKAGE

- Round-the-clock skilled birth attendance by trained midwives/LHVs, supervised by a Lady Medical Officer and a visiting gynaecologist
- Free antenatal check-ups and risk screening for early identification of high-risk pregnancies
- Basic emergency obstetric first response — haemorrhage management, newborn resuscitation, stabilisation
- A functioning referral pathway and transport arrangement to the nearest tehsil/district hospital
- Postnatal care, newborn check-ups, and family health/nutrition counselling

WHY A 3-BEDDED MODEL

Sized to match realistic daily caseloads in a single union council, keeping capital and recurring costs low enough to be sustainably funded — and simple enough to replicate quickly.

Every home runs on a standard design, staffing structure, and supply chain — so lessons from one facility carry directly into the next, and a single lean team can oversee multiple sites.

Potential Long-Term Impact

1

Reduced Mortality

Shifting deliveries to skilled-attended births addresses the leading preventable causes of maternal death.

2

Stronger Antenatal Coverage

A permanent local facility normalises routine check-ups, flagging high-risk pregnancies early.

3

Reduced Catastrophic Spending

Free/low-cost local care removes the need to borrow or sell assets in an emergency.

4

Shifted Health-Seeking Behaviour

A trusted local presence moves preference away from unqualified traditional attendants.

5

A Replicable Model

A proven, low-cost, standardised design that can scale across every under-served district.

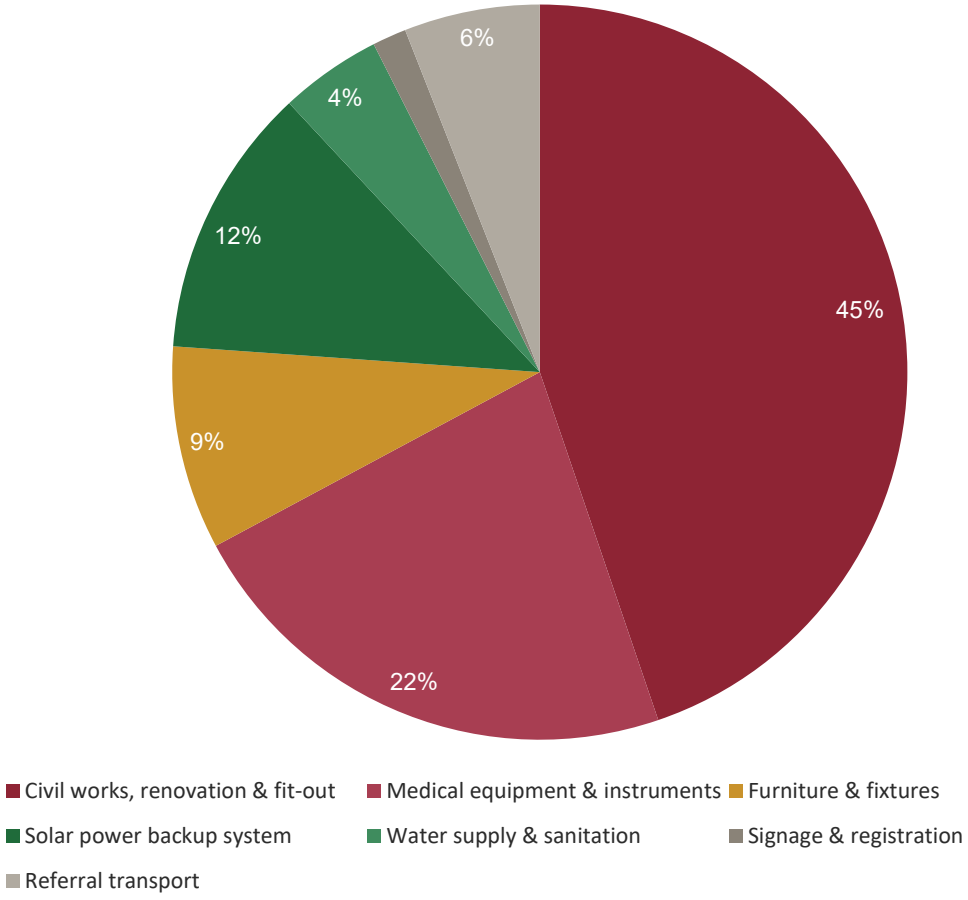
6

Local Employment & Skills

Each home creates stable jobs, building a cadre of trained midwives embedded locally.

Sustained at 5 new homes per year, the network reaches 25 remote communities within five years.

Capital Cost — One 3-Bedded Maternity Home



PKR 6,700,000

Base capital cost (7 line items above)

+ Contingency (5%)	**PKR 335,000**

TOTAL ESTABLISHMENT COST

PKR 7,035,000

per 3-bedded maternity home

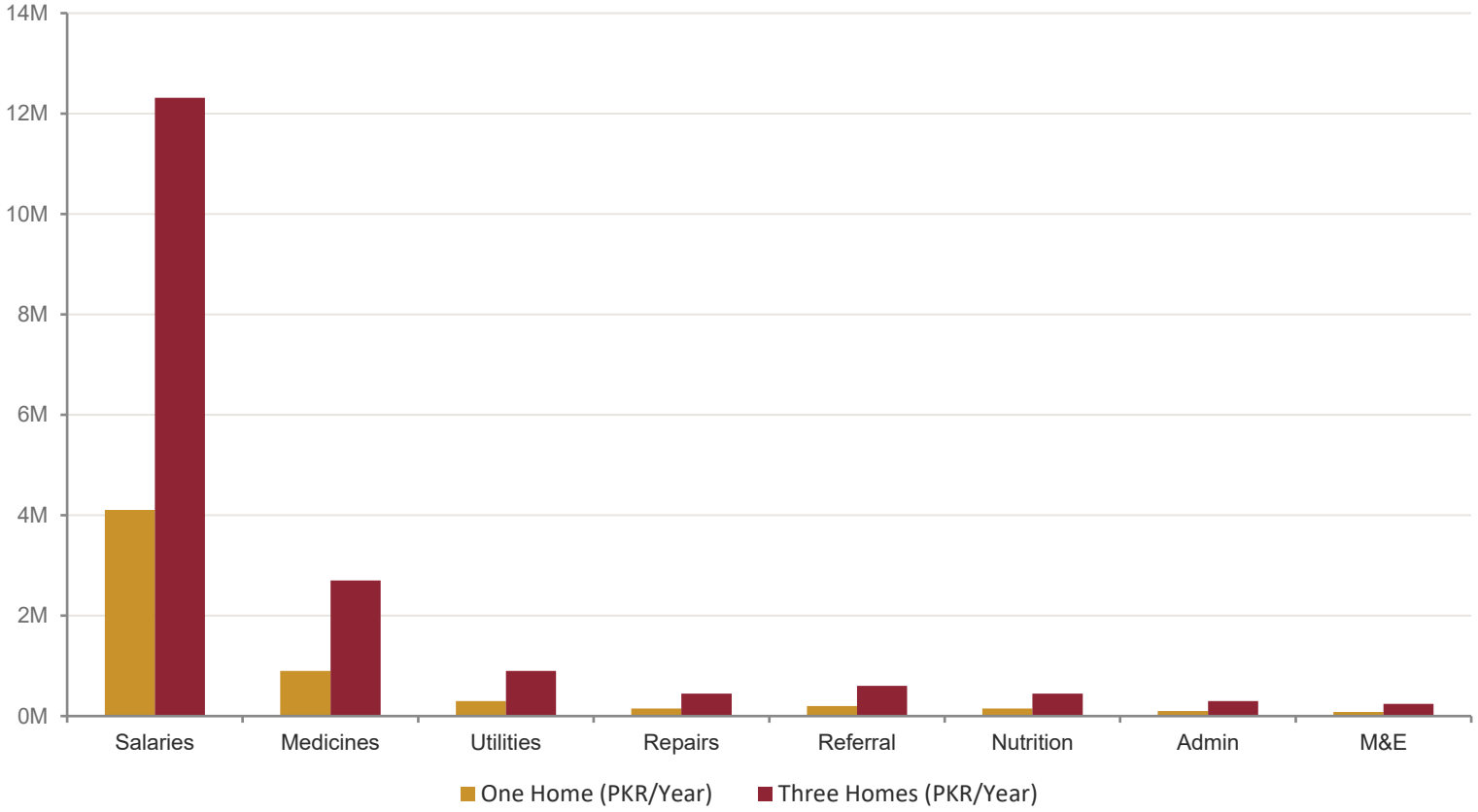
Indicative costing based on prevailing rural Sindh market rates; a site-specific BOQ is recommended before construction begins.

Staffing Plan — One 3-Bedded Maternity Home

Position	No. of Staff	Monthly Salary (PKR)	Monthly Cost (PKR)
Lady Medical Officer (full-time)	1	80,000	80,000
Consultant Gynaecologist (visiting)	1	40,000	40,000
Midwife / LHV (rotating shifts)	2	35,000	70,000
Staff Nurse	1	40,000	40,000
Trained Birth Attendant (Dai)	1	25,000	25,000
Ward Attendant / Ayah	1	22,000	22,000
Security Guard	1	25,000	25,000
Sanitation Worker (part-time)	1	15,000	15,000
Admin / Record Keeper	1	25,000	25,000
TOTAL	**10**	**—**	**342,000**

Staffing is designed for round-the-clock coverage through shift rotation among midwifery/nursing staff, supervised by the Lady Medical Officer and visiting gynaecologist.

Annual Operational Cost — One Home vs. Three Homes



PKR 6.28M

Total annual cost — One home (incl. 5% contingency)

PKR 20.11M

Total annual cost — Three homes (incl. coordinator & 5% contingency)

Three-home figures share one cluster coordinator rather than three separate coordination roles.

Total Investment — Establishing & Operating 3 Homes (Year 1)

PKR 21.11M
Capital / establishment cost — 3 homes @ PKR 7.04M each

+

PKR 20.11M
Year 1 operational cost — 3 homes

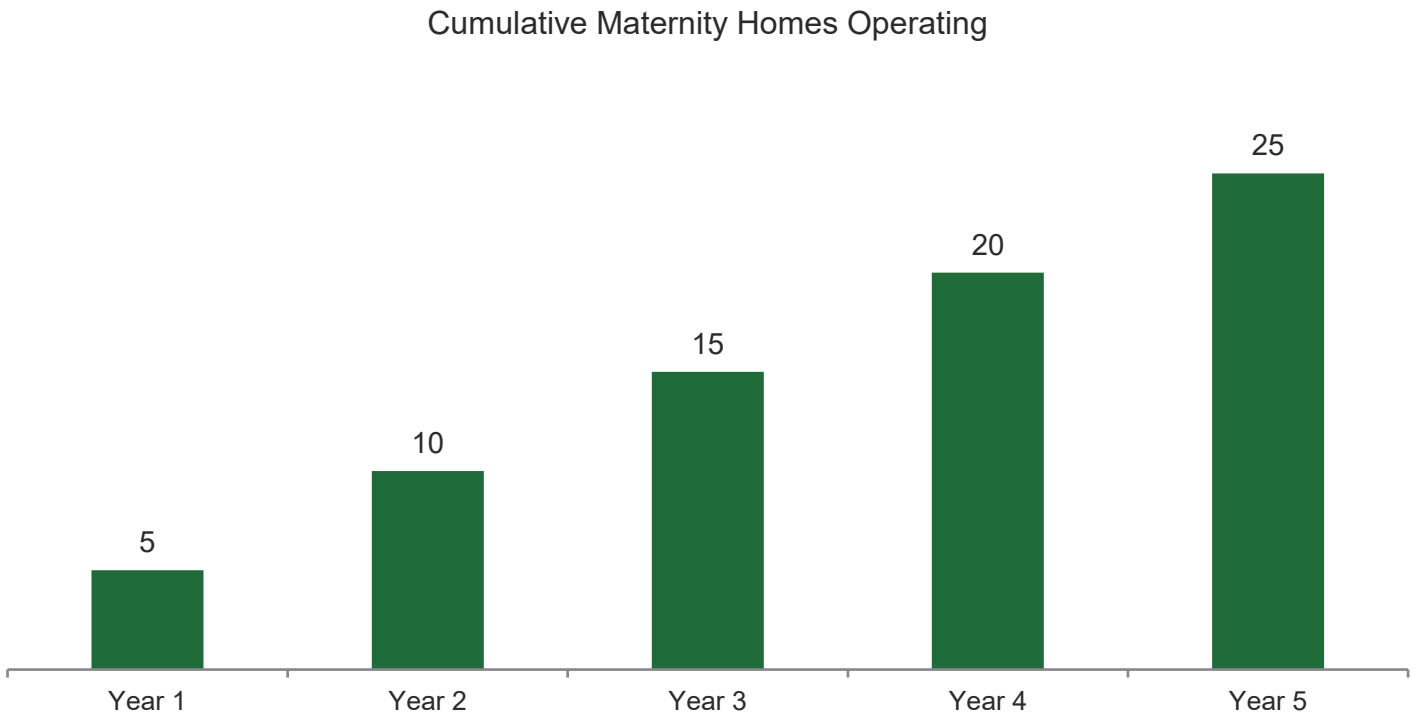
=

PKR 41.21M
TOTAL YEAR 1 INVESTMENT

A pilot cluster of three 3-bedded maternity homes, fully established and operational for their first year, requires an indicative total of PKR 41.2 million.

Scale-Up Plan: 5 Maternity Homes per Year

Once the Year 1 pilot cluster of 3 homes is validated, the Trust's target is 5 new maternity homes per year — prioritised by district-level maternal mortality burden, population density, and distance from existing facilities.



PKR 68.48M

First-year cost of one annual cohort (5 new homes: capital + operations)

25 homes

Cumulative network reach by end of Year 5, at the targeted pace

Indicative projection — excludes inflation adjustment and network-wide coordination overhead beyond the cluster level; both should be re-costed annually.

Project Leadership & Governance

PROJECT LEADER

Ghulam Mujtaba Qadri

President, Sindh Ajrak Welfare Trust

Overall responsibility for strategic direction, resource mobilisation, donor relations, and coordination with government health and charity-regulation bodies.

IMPLEMENTING ORGANISATION

- Sindh Ajrak Welfare Trust – implementing & fund-holding organisation
- Registered with the Sindh Charity Commission, Government of Sindh
- Holder of the Seal of NPO Good Practice, Pakistan Centre for Philanthropy (PCP)

GOVERNANCE STRUCTURE

Trust Board

Overall policy oversight & fiduciary responsibility

Project Coordinator

Oversees the maternity homes network, protocol standardisation, inter-site supply chain

Site Medical-in-Charge

Day-to-day clinical & administrative responsibility at each maternity home

Quarterly financial and programmatic reporting to the Trust Board, in line with regulatory filing requirements to the Sindh Charity Commission and PCP good-practice standards.

CONCLUSION & CALL TO ACTION

Every year, preventable maternal deaths continue in the remote villages of Sindh — not for lack of medical knowledge, but for lack of a safe place to give birth within reach.

Saiban-e-Maa offers a practical, costed, and replicable solution — sized to be fundable, scalable, and sustainable, supporting the Trust's target of 5 new maternity homes every year across remote Sindh.

PKR 7.04M

to establish one maternity home

PKR 6.28M

a year to operate one maternity home

Sindh Ajrak Welfare Trust invites donors, philanthropic partners, and government stakeholders to join this effort.

"If Not You, Then Who?"