



Reg.No.: 2843/2014

BHARTI SEWA SADAN TRUST

Shivpuri, Ward No.-09, Araria-854311 (Bihar) INDIA

Contact No: 7782833655, Email: bsstbihar@gmail.com, Visit Us: www.bsst.org.in

Under Trust Act : 1882, Under Section 26(a) of the B.T.Act

KOKH YOJNA

Maternal and Child Health Care (MCH)

Detailed Project Report



Committed to Improve Maternal Health Benefits the Whole Society

Name of Project : KOKH YOJNA

Implemented By : **Bharti Sewa Sadan Trust**

Project Period : 5 Years

Covering Area Under The Project : Araria, Kishanganj, Purnia,
Katihar Disticts in Bihar



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Executive Summary

BHARTI SEWA SADAN TRUST that aspires to help the underprivileged section of the society to avail quality health guidelines under our burning project "KOKH YOJNA". Project is a philanthropic initiative of BHARTI SEWA SADAN TRUST. Moto of this project to aware the women in the society regarding Maternal Health and Child Care. "Expenditure on health is also substantive for rural households in the district. A fairly high 30 % of the total household expenditure is incurred on the treatment of household members. This expenditure is comparatively much higher among rural households. The burden of expenditure on health can partly be eased for the households, by making better provision of basic health facilities, and thus, reduce dependence of households on private services". This intervention will also be an attempt to serve the marginal people leave in rural area and having no facility. The "KOKH YOJNA" support the maternal health along with child care. This intervention projected to serve roughly about 1000 conceived women in his 9 month cycle in every districts. The project is aimed at serving the need of the community and will be run on a not-for-profit basis. BHARTI SEWA SADAN TRUST existing network of Doctors and Other institute will ensure that the specialist required to support this engagement will be available. They include his time voluntarily as visiting consultants. The organization involves also in which would also cover all nearby villages of district where there are no primary health care centres. The organization will offer rehabilitation centres for malnutrition baby. Organization tie-ups with private hospitals and nursing homes to fulfil the need.

An overview of Basic healthcare facility in Rural India

Rural Health care is one of biggest challenges facing the Health Ministry of India. With more than 70 percent population living in rural areas and low level of health facilities, mortality rates due to diseases are on a high. A majority of 700 million people lives in rural areas where the condition of medical facilities is deplorable. Considering the picture of grim facts there is a dire need of new practices and procedures to ensure that quality and timely healthcare reaches the deprived corners of the Indian villages. Though a lot of policies and programs are being run by the Government but the success and effectiveness of these programs is Questionable due to gaps in the implementation. In rural India, where the number of Primary health care centres (PHCs) is limited, 8% of the centres do not have doctors or medical staff, 39% do not have lab technicians and 18% PHCs do not even have a Pharmacist. India also accounts for the largest number of **maternity deaths**. A majority of these are in rural areas where maternal health care is poor. Even in private sector, health care is often confined to family planning and antenatal care and do not extend to more critical services like labour and delivery, where proper medical care can save life in the case of complications. Due to non-accessibility to public health care and low quality of health care services, a majority of people in India turn to the local private health sector as their first choice of care.





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If we look at the health landscape of India 92 percent of health care visits are to private providers of which 70 percent is urban population. However, private health care is expensive, often unregulated and variable in quality. Besides being unreliable for the illiterate, it is also unaffordable by low income rural folks. So special attention needs to be given to the health care in rural areas. The key challenges in the healthcare sector are low quality of care, poor accountability, lack of awareness, and limited access to facilities. The uneven distribution of health care facility and attainment of health status is a major cause of concern here. We have on the one extreme state like Kerala and Tamil Nadu that can match the most advanced emerging market economies in health indicators and on the other, states like Bihar and Uttar Pradesh where the situation is pathetic. Uttar Pradesh and Bihar which are first and third largest state of India respectively from the viewpoint of population not only fair badly in terms of basic health care facilities, but also show wide inter region and inter district variations. Such a situation on the one hand works against the interest of the poor and deprived section of population living in these areas and on the other result in the states suffering even after having rather rich natural resource base. The economically weaker sections of the society are dependent on the trust hospitals and NGOs. Not-for-Profit Trust hospitals established by various NGOs, Missionaries and religious groups have a significant presence in India and have over the years played a key role in bridging the healthcare gap particularly for the under-privileged.

Objectives

The "KOKH YOJNA" facilities have a very important role in improving the quality of life of pregnant and lactating mother with a greater health awareness and consciousness, there is a rising demand for a better healthcare, awareness and services. This project has following Objectives :

- To start, establish, maintain, run and manage "KOKH YOJNA" for the maternal health and new-borns.
- "KOKH YOJNA" is working to improve maternal health by promoting respectful maternity care for all target women during pregnancy, childbirth, and in the time after birth. " KOKH YOJNA" provides leadership to facilitate joint strategy development and action among a growing multi-sector community that is deeply concerned about disrespect and abuse of women during maternity care. The project focuses on advocacy to set the standard for respectful maternity care, along with community mobilization and action to promote social accountability. Promote the highest level of rehabilitation and independence through restorative nursing care using a team approach and collaborating with therapy disciplines as appropriate.
- Drawing on the convening power of its maternal health partner, the White Ribbon Alliance for Safe Motherhood (WRA), "KOKH YOJNA" has formed a Leadership Action Committee on Respectful Maternity Care. This community consists of members from research, clinical, educational, human rights, and





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civil society advocacy perspectives from around the world to share information and harmonize efforts toward setting the global standard for respectful maternity care and working together to ensure that it is upheld.

- To start, establish, maintain, operate, run and manage an efficient Medical Van service.
- To do all acts, deeds or things as are necessary or expedient for advancement or attainment of aforesaid objects.

Need of "KOKH YOJNA"

- A moment of unimaginable joy is what a mother feels when a new-born is placed on her arms – a joy every mother should have the right to experience. But for many pregnant women in India this memory will never come to be, the moment of birth is often frightening.
- Maternal mortality is considered a key health indicator and the direct causes of maternal deaths are well known and largely preventable and treatable.
- The major complications that account for nearly two-thirds of all maternal deaths are severe bleeding (mostly bleeding after childbirth), infections (usually after childbirth), high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications from delivery and unsafe abortions.
- Pregnancy-related complications are the number one cause of death among girls between 15 and 19 years of age. Because adolescent girls are still growing themselves, they are at greater risk of complications if they become pregnant. Moreover, child brides are less likely to receive proper medical care while pregnant or to deliver in a health facility, compared to women married as adults.
- All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. All births should be assisted by skilled health professionals, as timely management and treatment can make the difference between life and death for both the mother and the baby.
- The Government of India has been focusing on initiatives to improve maternal health indicators. But much progress not seen due miss manage and poor implementations of facilities provided by our Government.
- However, coverage of life-saving health interventions and practices remains low due to gaps in knowledge, policies and availability of resources. In a few areas there is a gap between the rich and the poor and an urban and rural divide. Access to health services is often dependent on a families' or mother's economic status and where they reside.

Beneficiary Covered Area Under Project :

ARARIA and KISHANGANJ (As pilot project)

Demographic structure of ARARIA District :

Araria District of State Bihar formed in Jan 1990. The District is surrounded by Nepal Border, Kishanganj, Purnea, Supaul District of Bihar. The district is under developing stage. All most artisans migrate to big city to search the employment for his livelihood. Here is the big market of cotton, The city of Araria is the administrative headquarters for





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the district. The statistical data of Araria district as per Census 2011 and the growth aspects. According to the 2011 census Araria district has a population of 28,11,569. The district has a population density of 993 inhabitants per square kilometre. Its population growth rate over the decade 2001-2011 was 30 %. Araria has a sex ratio of 921 females for every 1000 males and a literacy rate of 53.53%.



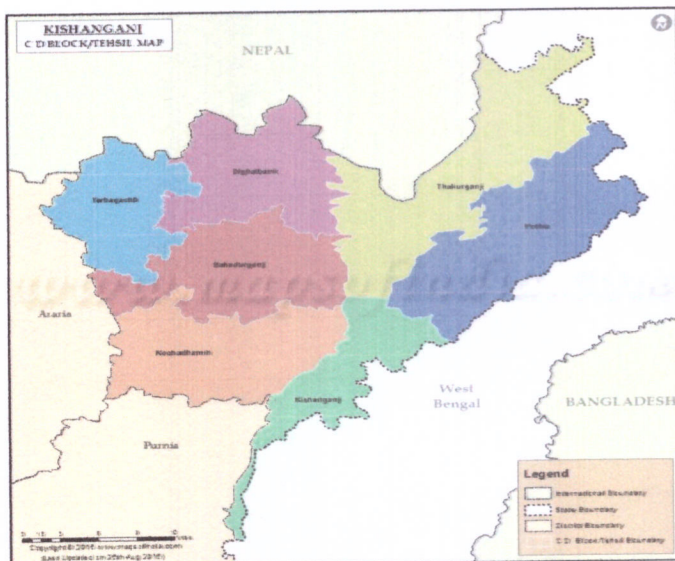
Economy:

Economy of araria district mainly depends on agriculture. Main agricultural produces of this district are paddy, maize and jute. In 2006 the Indian government named Araria one of the country's 250 most backward districts. It is one of the 38 districts in Bihar receiving funds from the Backward Regions Grant Fund Programme (BRGF).

Demographic structure of Kishanganj District:

As of the 2011 Census of India Kishanganj has a population of 105,782 of which male and female are 55,143 and 50,639 respectively. Literacy rate of Kishanganj city is 73.46% higher than state average of 61.80%. In Kishanganj, Male literacy is around 78.37% while female literacy rate is 68.08%. In Kishanganj, Total children (0-6) in Kishanganj city are

16,884 as per figure from Census India report on 2011. There were 8,636 boys while 8,248 are girls. The children form 15.96% of total population of Kishanganj City. It is one of the few districts where the population of Muslims are in majority.



Economy :

In 2006 the Ministry of Panchayati Raj named Kishanganj one of the

country's 250 most backward districts out of a total of 640. It is one of the 36 districts in Bihar

currently receiving funds from the Backward Regions Grant Fund Programme (BRGF). Kishanganj is the only tea producing district in Bihar.





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Benefits of "KOKH YOJNA" :

Underprivileged, Marginal and Economically Harassed child bearing women in the society will access the benefits of this project.

Profile Of The Organization:

Bharti Sewa Sadan Trust is a premier non profit organization founded in March 2014. It's Head Office situated at Araria in district head quarter and it's well settled branch situated in Kishanganj district. Organization has own land piece of 80 decimal surrounded by hill and forest area at Bausi, Banka, Bihar. SFURTI Project is in pipeline and will be start very soon by name and style of "BAUSI BHARTI COTTON AND TEXTILE CLUSTER". The NGO registered under Indian Trust Act 1882. Bharti Sewa Sadan Trust was started in 2014. Bharti Sewa Sadan Trust at present working on arrangement of vocational training on textile and cotton garments making with skill development program for livelihood of marginal people in rural areas under district and also involve in relief camps during disaster as food distribution and free medical camps for effected peoples. During lockdown Organisation arrange dry food and cooked food for effected people and migrants of Araria District continually 28 days self and with the support of members of Organisation.

Well-organized : BSST is an organization that believes in performing or functioning in the best possible manner with the least waste of time and effort. We believe in reducing the hierarchy structure and work with minimum layers as far as the vertical structure of the institutional pyramid goes. It is our aim to use sustainable processes that reduce the paperwork and enhance effectiveness for every project undertaken.

Support for development : Our committed volunteers act as role models and identify change in a unique method with no personal intentions or bias. We promote the cause as their own initiative as they believe in it with full conviction.

Impressive Employment of Human Resources: We strongly believe the participation of locals by including them in every step of the process. Those who are firmly rooted to the cause can provide better and practical solutions as they are ground level people experiencing the issues and may be able to provide insights for solving the problem.

Promote Management and Leadership: People management is as important as the cause. Education combined with technical skills, making it into practice for optimum utilization of resources, public dealing, problem solving and decision making brings out the leadership quality of getting work done by taking maximum people into confidence.

Commitment to Long-term Revolutions: BSST emphasizes quality over quantity. Our aim is not to affect as many people as possible, but to have a lasting effect upon, empowering them and building an enduring relationship with both our benefactors and beneficiaries.





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Legal Status:

I. Institutional Structure / registration Details :		
1	Legal Status :	Registered under Trust Act 1882
2	Date of Incorporation / Registration :	14-03-2014 / 2843/2014
3	NGO Darpan Registration	BR/2017/0161719
4	CSR Registration	CSR00010028
5	PAN	AACTB3060F
6	12 A Certificate	AACTB3060FE20206
7	80 G Certificate	AACTB3060FF20219
8	FCRA	031050011
9	MSME Registration	UDYAM-BR-01-0001719
10	I.S.O Certification No	QMS2018802
11	Registered Address :	AT- SHIVPURI, WARD NO-9, BHUDAN, NEAR CHARCH, DIST-ARARIA, BIHAR
12	Branch Office Address/ Location	At- Darul-Oloom Chowk, Bahadurganj, Kishanganj, Bihar
13	Website/ Email	www.bsst.org.in / bsstbihar@gmail.com





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Governance Structure :							
II.							
1	Composition of the Executive Board / trustees / Governing Body/Managing Committee and Background of Members :	Sl. No	Name of Member	Designation	Background and Profile	Contact No.	E.mail
		1	DR. RAM NARAYAN BHARTI	Chairman Cum Founder	DOCTOR	7782833655	dr.rnk.bharti@gmail.com
		2	ADIL HUSSAIN	General Secretary	Social Worker	8581910022	Adil1966@gmail.com
		3	RUNA BHARTI	Treasurer	SOCIAL WORKER	7033306428	Runabharti00@gmail.com
		4	Sanjay Kumar Jha S/o Lt Prameshwar Jha	Secretary	Social Worker	6206353928	sgmsanjay568@gmail.com

III	Contact Person Details :	
	Name of contact person	DR. RAM NARAYAN BHARTI
	Designation of Contact Person	Chairman Cum President
	Contact No.	7782833655
	E. mail Address.	dr.rnk.bharti@gmail.com





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IV	Financial Position		
	Presently our organization financial status depends on Membership Fee and Public Contribution.	Revenue trend for last 3 yrs.	Rs. 6195429.00
		Profit / Loss For the last 3 yrs.	<u>ATTECHED</u>
		Any other	
V	FCRA Bank Account Details :		
	Name of Bank	State Bank Of India	<u>NDMB</u>
	Branch Name'	New Delhi Main Branch	
	Bank Account No.	40198361814	
	IFSC Code	SBIN0000691	
VI	Bank Account Details :	Utilization Account	
	Name of Bank	Union Bank of India	
	Branch Name'	Araria	
	Bank Account No.	610801010050124	
	IFSC Code	UBIN0561088	

Tie-up Hospitals and Mobile Medical Van:

Bharti Sewa Sadan Trust tie-up with several hospitals for proper delivery of child bearing women. In Araria District Bharti Sewa Sadan Nursing Home, Jokihat, Araria and in Kishanganj District U.J Care Hospital, Bahadurganj, Kishanganj. Our organization will provide Mobile Medical Van for rural area to approach the beneficiary equipped with necessary medical instruments. We will provide well trained ANM and other Medical Staff. This Medical Van will cover entire village of targeted districts.





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Our Dedicated Team:

Particulars	No	Remarks
District Supervisor	2	Regular
Doctor	1	Regular on Camp
ANM	2	Regular
Para Medical	1	Regular
Accountant	1	Regular

Financial Projection for "KOKH YOJNA" five (5) years:**Monthly Budget for 2000 Child Bearing Women (CBW)**

SL	Particulars	Monthly Exp	Total	Yearly	5 Years
	Doctor Salary -1(on Call)	20,000	20,000	2,40,000	
	ANM - 2	12,000	24,000	2,88,000	
	Para Medical-1	12,000	12,000	1,44,000	
	District Supervisor-2	15,000	30,000	3,60,000	
	Accountant-1	12,000	12,000	1,44,000	
	Medicine for 2000 CBW	Rs.437/- Per Head	8,74,000	1,04,88,000	
	TOTAL		9,72,000	1,16,64,000	5,83,20,000

Total Project Cost :

SL	Particulars		Amount
	Total Project Cost		5,94,40,000.00
	CSR Funding	90%	5,34,96,000.00
	Member Contribution	10%	59,44,000.00
	TOTAL		5,94,40,000.00
	Human Resource	7 Employees	58,80,000.00
	Medicine Purchase 50% less on MRP	During Five Year	5,24,40,000.00
	Medical Van	2 Van	9,00,000.00
	Laptop	2 Pcs	70,000.00
	Medical Equipment		50,000.00
	Pre-Operative Expenses		1,00,000.00
	TOTAL		5,94,40,000.00





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Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being. Although important progress has been made in the last two decades, about 295 000 women died during and following pregnancy and childbirth in 2017. This number is unacceptably high. The most common direct causes of maternal injury and death are excessive blood loss, infection, high blood pressure, unsafe abortion, and obstructed labour, as well as indirect causes such as anemia, malaria, and heart disease. Most maternal deaths are preventable with timely management by a skilled health professional working in a supportive environment.

Every pregnancy and birth is unique. Addressing inequalities that affect health outcomes, especially sexual and reproductive health and rights and gender, is fundamental to ensuring all women have access to respectful and high-quality maternity care.

Dr. Ram Narayan Bharti

Dr. RAM NARAYAN BHARTI
Founder-cum-President
BHARTI SEWA SADAN TRUST
Shivpuri, Ward-9, Araria, Bihar-854311
(India)

Thank you!

