Chapter 1 – Introduction

1.1 Background to Consider the Study of Maternal Health Care

Improving the well-being of mothers, infants, and children is an important public health goal. Their well-being figures out the health of the next generation and can help describe a possible future event future public health challenges for families, communities, and the health care system. The goals of the Mother-based, Infant, and Child Health topic area face with a wide range of conditions, health behaviours, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families. Over the last few years, the Government of India has made huge new promises of its own useful things supplies to improving health, especially mother-based and child health. In 2005, the prime minister launched the National Rural Health Mission (NRHM), a $9.5 billion program aimed at reaching poor families with extremely important health services. India has also committed to nationwide act of something getting bigger, wider, etc. of the huge preschool education and child nutrition program delivered through the Having different things working together as one unit Integrated Child Development Services (ICDS). In 2008, the Government of India intends to launch a parallel National Urban Health Mission (NUHM). USAID/ India's MCH success plan(s) of reaching goals focuses on developing event(s) or object(s) that prove something) based program approaches that deliver extremely important actions that help bad situations to mothers and children and using these effective programs to guide India's own huge investments.

1.1.1 Government of Gujarat

Gujarat is among the four states in India which are close to accomplishing or gaining with effort the Millennium Development Goal 5. The Mother-based Death Ratio is guessed number at 122 per 100,000 live births (SRS 2013) which has decreased by 26 points from 148 in 2007-09. However, improvement in the status of women continues to be a challenge with every second teen and more than half of the women (55%) in (related to the process of making children) age group suffering from blood disorder that causes weakness. Pregnancy blood disorder (that causes weakness) is almost universal.
The Government of Gujarat (GoG) launched the Hospital Management Information System (HMIS) in 2006 for (making faster and more efficient) the day to day operations and enabling (happening or viewable immediately, without any delay) supervising of government hospitals across the state. The HMIS has been pictured to help health managers in Gujarat to exercise an improved supervising control over the functioning of government hospitals by using decision support indicators, to help doctors and medical staff to improve health services with easily referenced patient records and a work flow enabled reduced-paper process and to provide (producing a lot with very little waste) and appropriately-timed treatment to patients through automatic alerts during their treatment cycles.

Through the efforts of the Commissionerate of Health & Family Welfare and Medical Education, the Health & Family Welfare and Medical Education Department of GoG and Tata Consultancy Services that helps business Services Ltd., government hospital processes in Gujarat were re-made. This process of re-making included the creation of a system of online registration, simplification of disease-identifying processes through single sample collection, setting up of (done or made to look the same way every time) (related to managing and running a company or organization) formats, setting up online (amount or quantity of items stored now) management, adoption of (done or made to look the same way every time) (the study of how life and medicine work together) waste management and the proper management and setting apart and distributing of (workers in general/hiring, training, and firing department) under the HMIS. HMIS began as a pilot in four hospitals in 2006. By March 2008 the new system became live in all 30 government hospitals across the state.

There are also concerns related to the policy and programme approach which is up-and-down and without an (including everything), wider and complete and thorough frame work. The states' policy for promotion of deliveries in institutions is a single point (action that helps a bad situation) for reducing mother-based and infant death with not enough attention to (something that continues from one extreme to the other) of services from pre pregnancy to post partum phase ; big plan/layout/dishonest plan such as Chiranjeevi which engage (people and businesses that are not part of the government) but as different studies show its limited influence on MMR and reaching out to the most capable of being hurt section; (not very long ago) there is a push for deliveries in (government-run services and their employees) without (thinking
about/when one thinks about) the abilities (to hold or do something). Community participation and voice in public health system is limited and there is often no scope for choice. There are concerns related to quality and responsibility for behavior. While a system of mother-based death review has been institutionalised, information is not available in the (not having copyright; free to use by anyone).

1.1.2 WHO key working areas

Strengthening health systems and promoting interventions focusing on policies and strategies that work, are pro-poor and cost-effective. Monitoring and evaluating the burden of maternal and newborn ill-health and its impact on societies and their socio-economic development. Building effective partnerships in order to make best use of scarce resources and minimize duplication in efforts to improve maternal and newborn health. Advocating for investment in maternal and newborn health by highlighting the social and economic benefits and by emphasizing maternal mortality as human rights and equity issue. Coordinating research, with wide-scale application, that focuses on improving maternal health in pregnancy and during and after childbirth.

1.2 Information of major cities of Gujarat

Gujarat is a home to amazing (many different kinds of people or things) due to its (land-area-based/location) and (related to a plan to reach a goal) location. Its Gujarati pride and rich cultural history is reflected in the arts, music, books, religious traditions, food-related, fairs and special celebrations (with fun events) of every city and place. Gandhinagar is the State Capital of Gujarat. Named after Begandhi', the father of the nation, it is located 32 kms away from Ahmedabad and is proudly the best planned city in India.

Gujarat is the state in India, 6th long/big (196,024 km2) and 9th full of people state of 29 states of India, is bordered to states of Maharashtra and Madhya Pradesh, it shares most coastal line in the Arabian Sea and Pakistan area of control/area of land to the west. Ahmadabad is the largest city of the state covered an area of 471 km2 with density of 13,458 residents per km2, and population of 6.35 million ((official count of everyone who lives in a country, city, etc.) of 2011). Gandhinagar is the capital city, located 23 km north from Ahmadabad. Some major cities of Gujarat are Surat,
Vadodara, Ahmedabad, Rajkot, Bhavnagar, Jamnagar, Jungadh, Anand, Navsari, Surendranagar, Morbi.

Table 1.1 Major Cities of Gujarat (top four cities in population)

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>City Name</th>
<th>Population</th>
<th>Area (km²)</th>
<th>Density (inhabitants/km²)</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Surat</td>
<td>45,91,246</td>
<td>326.5</td>
<td>16506</td>
<td>Surat</td>
</tr>
<tr>
<td>2</td>
<td>Vadodara</td>
<td>18,22,221</td>
<td>225</td>
<td>11842</td>
<td>Vadodara</td>
</tr>
<tr>
<td>3</td>
<td>Ahmedabad</td>
<td>63,57,693</td>
<td>464</td>
<td>13485</td>
<td>Ahmedabad</td>
</tr>
<tr>
<td>4</td>
<td>Rajkot</td>
<td>13,90,640</td>
<td>165.3</td>
<td>8524</td>
<td>Rajkot</td>
</tr>
</tbody>
</table>

Surat, Baroda, Ahmedabad, Rajkot are some major cities of Gujarat which have been located to have the best of tradition, history, architecture, culture and philosophy of Gujarat in an atmosphere of luxury, beauty and comfort. These four cities have been selected according to population in the city.

1.2.1 Surat City

Surat is a city located on the western part of India in the state of Gujarat. It is one of the most energetic/changing city of India with one of the fastest growth rate due to (entering into a country) from different part of Gujarat and other states of India. Surat is one of the cleanest city of India and is also known by (more than two, but not a lot of) other names like "THE SILK CITY", "THE DIAMOND CITY", "THE GREEN CITY", etc. Surat has been selected as one of twenty Indian cities to be developed as a smart city under PM Narendra Modi’s important ship/important thing Smart Cities Mission. Surat is the 3rd "cleanest city of India" according to the Indian Ministry of Municipal Development.

1.2.1.1 Surat Municipal Corporation

The Surat Municipal Corporation is responsible for the maintaining city's (related to the responsibility of being a member of society) (basic equipment needed for a business or society to operate) as well as carrying out connected (related to managing and running a company or organization) duties. Now, BJP is the ruling party with a majority. Under the (legal rules/food and supplies) of Bombay (related to a local area) Municipal Corporations Act, 1949, Section - 4, the powers have been vested in three

Surat Municipal Corporation has always wanted to (accomplish or gain with effort) total customer happiness (from meeting a need or reaching a goal) & has tried the same through different ways of doing things. With the following goals in mind, S.M.C. started an E-authority and control project through 16 city (related to the responsibility of being a member of society) centers right now. This is further (combined different things together so they worked as one unit) with an in-house Management Information Systems (M.I.S.) that given an instant and as-is report on all activities of City (related to the responsibility of being a member of society) Center on Municipal Commissioner desktop. Surat Municipal Corporation (SMC) office ranked 7 out of 21 cities for best (related to managing and running a company or organization) practices in India in 2014. It scored 3.5 on 10 compared to the national average of 3.3. It is the only city in India to tell (people) Municipal budgets on a weekly basis.

1.2.1.2 Economy

Surat ranked 10th in India with a GDP of 2.60 lakh crore in money-related year 2016 ($14 billion in 2010). Surat GDP in 2020 will be around $57 billion guessed (a number) by The City Mayors Foundation, an international think tank on Municipal affairs. Information about combinations of different kinds of people.

1.2.1.3 Demographics

According to the 2011 India (official count of everyone who lives in a country, city, etc.), the population of Surat is 4,462,002. Surat has an average reading and writing ability rate of 89%, higher than the national average of 79.5%: male reading and writing ability is 93%, and female reading and writing ability is 84%. Males make up/be equal to 53% of people/of the group and females 47%. Gujarati, Sindhi, Hindi, Marwari, Marathi, Tamil, Telugu, and Odia are the main languages spoken in Surat. In Surat, 13% of people/of the group is under 6 years of age.
1.2.1.4 Education

Sardar Vallabhbhai National Institute of Technology, Surat one of 30 National Institute of Technology in India that are recognised as Institute of National Importance by Government of India, is located on Athwa-Dumas road. Most of the (related to a large area) colleges are connected to Change direction Narmad South Gujarat University (VNSGU) (named after the Great Kavi Change direction Narmad). Apart from that colleges are also connected to SNDT, GTU-Gujarat (related to computers and science) University and other universities. VNSGU-Change direction Narmad South Gujarat University, Uka Tarsadia University are having Headquarter in Surat Municipal Area. Auro University has also started to provide education in Surat.

1.2.2 Vadodara City

Vadodara, Gujarat's third largest city, is carefully thought about/believed the state's cultural capital. Pavagadh Hill, graced with a combination of Hindu and Jain shrines, towers over Champaner, the 15th c. pre-Mughal Islamic fort. Together they represent the (many different kinds of people or things) of religious influences that have spreaded (or existed) throughout Gujarat. Vadodara is located on the Vishwamitri River and is the (related to managing and running a company or organization) headquarters of Vadodara District. The city is mixture of many huge amounts of time/times in history and its reputation as "Cultural Capital" dates mostly from the late 19th c, when it was the capital of the pricey state of Vadodara.

As of 2011[update], Vadodara had a population of almost 1.8 million+ people. The city is known for the Lakshmi Vilas Palace, the house of Baroda State's Maratha royal family, the Gaekwads. It is also the home of the Maharaja Sayajirao University of Baroda, the largest university in Gujarat. An important industrial, cultural and educational hub of western India, the city houses (more than two, but not a lot of) institutions of national and (related to a large area) importance while its major businesses include (oils and chemicals pumped from the ground), engineering, chemicals, drugs, plastics, IT and foreign exchange services.

1.2.2.1 Vadodara Municipal Corporation

Vadodara is given by the Vadodara Mahanagar Seva Sadan (VMSS). Some of the areas surrounding the city are given by the Vadodara Municipal Development
The VMSS was established in July 1950 under the Bombay Corporation Act, 1949. For purposes, the city is divided into four zones and 26 wards. The two main institutions involved in planning and development in Vadodara are VMSS and the VUDA. The legal control/area of legal control of both these (services/businesses/government units) is bordering/limiting clearly not only physically but also functionally. The controlling/ruling acts for both the institutions differ. The principal responsibility of VUDA is to secure/make sure of an (interested in the whole or the completeness of something) development of the Vadodara collection covering an area of 714.56 km\(^2\) (275.89 sq mi), whereas VMSS is involved in the development of area of 235 km\(^2\) (91 sq mi).

Three corporators are elected from each ward, who in turn elect a mayor. Executive powers are vested in the Municipal (government worker in charge), who is an IAS officer selected/hired by the Gujarat state government. The mayor is responsible for the day-to-day running of the city services, Municipal school board, the city bus service, the Municipal hospital and the city library. The Vadodara City Police is headed by a Police Commissioner, an IPS officer. The City elects 1 member to the Lok Sabha (government) and 5 to the Gujarat Vidhan Sabha (Assembly) All of the 5 (group of people/device made up of smaller parts) seats of Vadodara were won by the BJP during the law-based elections in 2002. In the 2006 VMSS elections, the BJP won 74 seats, 6 seats went to the Congress.

**1.2.2.2 Economy**

In Vadodara different large-scale businesses such as Indian Oil Corporation (IOCL), Gujarat State (material that makes plants grow better) & Chemicals (GSFC), Indian (oils and chemicals pumped from the ground) Corporation Limited (IPCL, now owned by Reliance Businesses Limited) and Gujarat Alkalies and Chemicals Limited (GACL) have come up near Gujarat (big place that makes gasoline, etc., from oil) and all of them are dependent on it for their fuel and (raw, natural substances that are processed by people). Other large-scale (government-run services and their employees) units are Heavy Water Project, Gujarat Businesses Power Company Limited (GIPCL), Oil and Natural Gas Corporation (ONGC) & Gas Authority of India Limited (GAIL). In addition to these (government-run services and their employees) businesses/projects, some other large-scale businesses/projects have come
up in the (people and businesses that are not part of the government) such as (overload and overwhelm with bullets, questions, requests, etc) Transportation.

Located in Vadodara are over 35% India's power transmission and distribution equipment manufacturers and a guessed (number) 800 helpers supporting the big players in Power Part/area equipment manufacturing and engineering industry. In line with the 'Knowledge City' vision of the Confederation of Indian Industry, Vadodara is slowly becoming a hub in Gujarat for IT and other development projects. Vadodara is also home to the Vadodara Stock Exchange (VSE).

1.2.2.3 Demographics

According to the 2011 India (official count of everyone who lives in a country, city, etc.), Vadodara Municipal area had a population of 1,822,221. In Vadodara, 9% of people/of the group is under 6 years of age. Gujarati, Urdu, Marathi, Hindi and English are the languages spoken in the city. Males make up/be equal to 52% of people/of the group and females 48%. People speaking different languages stay in the city. Apart from Gujaratis and Marathis, a significant population of North Indians, Rajasthanis, South Indians and Bengalis have settled in the city. All of them have different associations and community bodies in the city.

1.2.2.4 Education

Vadodara takes pride in housing one of the oldest and Gujarat's only English medium university. Now, this tag of being Gujarat's seat of learning will further strengthen as the city is slowly and steadily making its change (from one thing to another) from a university town (almost completely/basically) reclining on the beautiful past of M S University to a multiversity city like Pune. Vadodara education is being highly improved by the ministry of education of the state of Gujarat. Serious measures are being taken to better the (group of schools/way of teaching) of Vadodara. (school courses) of study is being slowly (made something up on the spot) and steps are being taken to focus more upon the overall development of the student. More and more number of colleges and schools are being established in order to provide education to the greatest possible number of people in Vadodara. Vadodara schools and colleges are also being established in the (away from cities) areas of Vadodara in order to uplift the social condition of the (away from cities) section of the Vadodara (community of people/all good people in the world). Gujarat's knowledge capital will
soon be home to new knowledge centres as land to set up as many as seven new university campuses have been identified on the edges of the city.

1.2.3 Ahmedabad City

Located in the heart of Gujarat, Ahmedabad District is home to the city of Ahmedabad, which has a character like no other, defined by a spirit of business/project. Although Ahmedabad is a hurrying/very busy Municipal with (reported or said to be) starts and a quickly growing (process of people making, selling, and buying things), it is also deeply rooted in tradition. The city is known for its association with Mahatma Gandhi and, in addition to a complex maze of neighbourhoods called politicians, hosts some of the country’s finest (very old time in history) Islamic (related to the beautiful design and construction of buildings, etc.). Ahmedabad has come out as an important money-based and industrial hub in India. It is the second largest producer of cotton in India, and its stock exchange is the country's second oldest. Cricket is a popular sport in Ahmedabad, which houses the 54,000-seat Sardar Patel Stadium. Ahmedabad's increasing population has resulted in an increase in the construction and housing businesses resulting in recent development of skyscrapers. In 2010, Ahmedabad was ranked third in Forbes's list of fastest growing cities of the ten years. In 2012, The Times of India chose Ahmedabad as India's best city to live in. As of 2014, Ahmedabad's guessed (number) gross domestic product was $64 billion. Ahmedabad has been selected as one of the hundred Indian cities to be developed as a smart city under Government of India's important ship/important thing Smart Cities Mission.

1.2.3.1 Ahmedabad Municipal Corporation

Ahmedabad is the (related to managing and running a company or organization) headquarters of Ahmedabad district, given/gave by the Ahmedabad Municipal Corporation (AMC). The AMC was established in July 1950 under the Bombay (related to a local area) Corporation Act of 1949. The AMC (government worker in charge) is an Indian (related to managing and running a company or organization) Service (IAS) officer selected/hired by the state government who reserves the (related to managing and running a company or organization) executive powers, whereas the corporation is headed by the Mayor. The city residents elect the 192 Municipal politicians by popular vote, and the elected politicians select the deputy mayor and
mayor of the city. The (related to managing and running a company or organization) responsibilities of the AMC are: water and sewerage services, first (or most important) education, health services, fire services, public transport and the city's (basic equipment needed for a business or society to operate). AMC was ranked 9th out of 21 cities for "the Best authority and control & (related to managing and running a company or organization) practices in India in 2014. It scored 3.4 out of 10 compared to the national average of 3.3.

The city is divided into six zones making up/equal to 64 wards. Ahmedabad district is divided into some talukas ((related to managing and running a company or organization) divisions) including Ahmedabad taluka Barwala, Dholka, Dhandhuka, Detroj, Sanand, Bavla, Ranpur, Mandal, Viramgam and Daskroi. The city's Municipal and suburban areas are given by the Ahmedabad Municipal Development Authority (AUDA). The city is represented by two elected members of government in the Lok Sabha (lower house of Indian Parliament) and 21 members of the Law-based Assembly at the Gujarat Vidhan Sabha. The Gujarat High Court is located in the Ahmedabad, making the city the (law-related) capital of Gujarat. Police and public safety is maintained by the Ahmedabad City Police, headed by the Police Commissioner, an Indian Police Service (IPS) officer. Health services are mostly gave/given at Ahmedabad civil hospital, the largest civil hospital in Asia. Ahmedabad is one of the few cities in India where the power part/area is (turned over from the government to private companies). Electricity in the city is created and distributed by Huge amount Power Limited, owned and operated by the Ahmedabad Electricity Company, which was (before that/before now) a state-run corporation.

1.2.3.2 Economy

The gross domestic product of Ahmedabad was guessed (number) at US$64 billion in 2014. The RBI ranked Ahmedabad as the seventh largest deposit centre and seventh largest credit centre nationwide as of June 2012. In the 19th century, the fabric and articles of clothing industry received strong (giving money to something to help it grow). On 30 May 1861 Ranchhodlal Chhotalal founded the first Indian fabric mill, the Ahmedabad Spinning and Weaving Company Limited, followed by (the creation of/the beginning of the existence of) a series of fabric mills such as the Calico Mills, Bagicha Mills and Arvind Mills. By 1905 there were about 33 fabric mills in the city.
The fabric industry further expanded quickly during the First World War, and got good things from the influence of Mahatma Gandhi's Swadeshi movement, which (helped increase/showed in a good way) the (instance of buying something for money) of Indian-made products (that are bought and sold). Ahmedabad was known as the "Manchester of the East" for its fabric industry. The city is the largest supplier of denim and one of the largest exporters of gemstones and jewellery in India. The car industry is also important to the city; after Tata's Nano project, Cross and Suzuki are planning to establish plants near Ahmedabad while the new and exciting (formal, special event or series of actions) for Peugeot has already been performed.

The Ahmedabad Stock Exchange, located in the Ambavadi area of the city, is India's second oldest stock exchange. Two of the biggest drug making companies of India - Zydus Cadila and Huge amount Drugs - is based in the city. The Nirma group of businesses, which runs a large number of detergent and chemical industrial units, has its main place of business in the city. The city also houses the main place of business of the Adani Group, a huge company trading and (basic equipment needed for a business or society to operate) Development Company. The Sardar Sarovar Project of dams and narrow, human-made waterways has improved the supply of drinkable water and electricity for the city. The information technology industry has developed significantly in Ahmedabad, with companies such as Tata Company that helps business Services opening offices in the city. A NASSCOM survey in 2002 on the "Super Nine Indian Destinations" for IT-enabled services ranked Ahmedabad fifth among the top nine most competitive cities in the country. The city's educational and industrial institutions have attracted students and young skilled workers from the rest of India. Ahmedabad houses other major Indian (related to big business)s such as: Rasna, Wagh Bakri, Nirma, Cadila Drugs, and Intas Biopharmaceuticals. Ahmedabad is the second largest cotton fabric centre in India after Mumbai and the largest in Gujarat. Many cotton manufacturing units are now running in and around Ahmedabad. Fabrics are one of the major businesses of the city. Gujarat Industrial Development Corporation has bought/has owned/has received land in Sanand taluka of Ahmedabad to set up three new industrial huge houses.
1.2.3.3 Demographics

At the 2011 (official count of everyone who lives in a country, city, etc.) of India Ahmedabad had a population of 5,633,927, making it the fifth most full of people city in India. The Municipal collection centred upon Ahmedabad, then having a population of 6,357,693, now guessed (a number) at 7,650,000, is the seventh most full of people Municipal collection in India. The city had a reading and writing ability rate of 89.62%; 93.96% of the men and 84.81% of the women were able to read and write. Ahmedabad's sex ratio in 2011 was 897 women per 1000 men. According to the (official count of everyone who lives in a country, city, etc.) for the Ninth Plan, there are 30,737 (away from cities) families living in Ahmedabad. Of those, 5.41% (1663 families) live below the poverty line. About 440,000 people live in crowded, dirty neighbourhoods within the city.

1.2.3.4 Education

Ahmedabad had a reading and writing ability rate of 79.89% in 2001 which rose to 89.62% in 2011. As of 2011, reading and writing ability rate among male and female were 93.96 and 84.81% (match up each pair of items in order). Schools in Ahmedabad are run either by the Municipal corporation, or privately by things/businesses, trusts and corporations. Most schools are connected to (or associated with) the Gujarat Secondary and Higher Secondary Education Board, although some are connected to (or associated with) the Central Board for Secondary Education, (group of people who advise or govern) for the Indian School Certificate Examinations, International (4-year college degree) and National Institute of Open School. A large number of colleges in the city are connected to (or associated with) Gujarat University; Gujarat (related to computers and science) University and other thought of/considered universities in Ahmedabad include the CEPT University, Nirma University, Ahmedabad University. Dr. Babasaheb Ambedkar Open University located and managed in the city provides distance learning courses. The Gujarat Vidyapeeth was established in 1920 by Mahatma Gandhi without a charter from the British Raj and became a thought of/considered university in 1963.

Other major educational institutions in Ahmedabad include the Indian Institute of Management Ahmedabad, the Gujarat National Law University, the Adani Institute of
Management, the National Institute of Design, the Darpana College/school of Performing Arts, the Pandit Deendayal Petroleum University, the Gujarat National Law University, the MICA, the Small-business starting Development Institute of India, the B.J. Medical College, the NHL Medical College, the Ahmedabad Management Association, the L.D. College of Engineering and the Vishwakarma Government Engineering College. Many national (related to school and learning) and scientific institutions, such as the Physical Research Laboratory and the Indian Space Research Organisation are also based in the city.

1.2.4 Rajkot City

Rajkot is the fourth-largest city in the state of Gujarat, India, after Ahmedabad, Surat and Vadodara. Rajkot is the centre of the Saurashtra area of Gujarat. Rajkot is the 35th-largest Municipal collection in India, with a population more than 1.2 million as of 2015. Rajkot is the eighteenth-cleanest city of India, and is the 22nd-fastest-growing city in the world. Rajkot was the capital of the Saurashtra State from 15 April 1948 to 31 October 1956, before its merger with Bombay State on 1 November 1956. Rajkot was reincorporated into Gujarat State from 1 May 1960.

The former capital of the princely state of Saurashtra, Rajkot was founded in the 16th c. by the Jadeja Rajputs, who ruled until independence. During the colonial period, the city was the (related to managing and running a company or organization) headquarters of the Saurashtra area, and today it is the district headquarters. The city is located on the Aji River and sprawls with rich and fancy (related to the beautiful design and construction of buildings, etc.). It is also an industrial center and an important hub for the body building of vehicles. The city proudly brags of its association with Gandhiji, who spent his early years in Rajkot while his father was a Diwan to the local ruler. The house where he lived is now a museum. The district is also a (something made by hand) and fabric center known for its fine silverwork, Bandhani, Patola saris and beadwork. It has an average elevation of 128 metres (420 ft). The city is located on the bank of Aji River and Nyari River which remains dry except the bad rainstorm months of July to September. The city is spread in the area of 170.00 km².
1.2.4.1 Rajkot Municipal Corporation

Rajkot Municipal Corporation has started City (related to the responsibility of being a member of society) Center in different areas of city to get maximum advantage of the technology and give clearness/open honesty in the day-to-day management. RMC has five City (related to the responsibility of being a member of society) Centers, operational in different areas of Rajkot Municipal Corporation for benefits of people (who lawfully live in a country, state, etc.) of Rajkot. Now any person (who lawfully lives in a country, state, etc.) can access Municipal corporation's services within 3 km from his/her residence. All city (related to the responsibility of being a member of society) centers are connected with one other by online networking facility. City (related to the responsibility of being a member of society) center provides facilities like: Property Tax Test/evaluation and Collection, Water Charges Test/evaluation and Collection, New water connection, Complaint (correct or make up for things that happened in the past that were mean or unfair), Shop and Establishment, Birth's and Death's certificates, Building plans' permissions and different tax collection.

Administrative purposes the city is divided into 3 zones - Central, East and West. The city is further divided in 23 wards.

The Corporation is headed by a Municipal Commissioner, an IAS officer selected/hired by the government of Gujarat. He holds the executive power of the house. Each ward is represented by 4 corporators. An election is held to elect corporators to power. The mayor heads the party with the largest number of corporators elected. The mayor is responsible for the day-to-day running of the city services.

1.2.4.2 Economy

The city adds/gives to the (process of people making, selling, and buying things) of the state with heavy and small scale businesses under the (the money, and other help, given to a person or organization) of Gujarat Industrial Development Corporation (GIDC) and Gujarat State (related to managing money) Corporation (GSFC). The (process of people making, selling, and buying things) of Rajkot was supported with a 280 million World Bank aid for development of (basic equipment needed for a business or society to operate) of the city. The plans are already in place to beautify and modernise the very old city, including a Rock Garden, ala Chandigarh. Another
250 million project to rebuild the Kaiser-e-Hind, the only major bridge linking to the city, is already nearing completion.

1.2.4.3 Demographics

As of the 2011 India (official count of everyone who lives in a country, city, etc.), Rajkot recorded a total population of 1,390,640. Rajkot city has an average reading and writing ability rate of 82.20%, higher than the national average. The population is 52.43% male and 47.47% female. Most of people/of the group is Hindu with a Muslim minority.

1.2.4.4 Education

Rajkot is famous for providing education to Mahatma Gandhi (Gandhiji), at the Alfred High School. Some schools in the city are run by Rajkot Municipal Corporation. They include 20 schools and learning centres, which consist of 3 elementary schools, 7 middle schools, 4 junior high schools, 4 senior high schools, 1 education centre, and 1 special school. There are also some self-financed public schools. TGES (The (large star system/large group of things) Educational System) is a group of sister schools. The (large star system/large group of things) School (TGS), a part of TGES, is the only international school in the city which offers the International (4-year college degree) Program. Rajkot is home to Rajkumar College, Rajkot, also known as RKC, which is one of the oldest schools of India.

Rajkot also has the Union Government HRD Ministry run Jawahar Navodaya Vidyalaya, now moved/changed to Jamnagar highway (reason for doing or saying something). Earlier it started at the Juni Khadki school (reason for doing or saying something) of Sir Lakhajiraj High School and later moved to its own building on the Jamnagar Road. It is a CBSE Board connected, (where there are lots of homes) school for girls and boys, providing education to those selected at the Class VI level all India entrance test.

The city is home to Saurashtra University, (more than two, but not a lot of) colleges, and other institutions of college, both public and private. Rajkot is also home to the first private university in Saurashtra, RK University (RKU), which offers more than 50 programs at different levels from diploma to (college degree of doctor) degree. The city has 12 engineering colleges. It has a (Singing, dancing, acting, etc., in front of people) Arts College (Vocal, Classical dance, Tabla Vadan etc.) opposite Hemu
Gadhvi Natya Gruh. The Saurashtra University is the city's public university. It is spread across about 410 (areas of land about 200 feet X 220 feet) (1.7 km²) of green land with 28 after-graduation departments. Another university which has come up in Rajkot, Saurashtra Area is Marwadi University, which is another (thing that's given/work that's done) of Marwadi Foundation's Group of Institutions for providing better educational facilities. The campus is widely spread across 35 (areas of land about 200 feet X 220 feet) and offers 54 professional courses in areas such as engineering, management, and law from diplomas to (college degree of doctor) courses and has maintained a growing graph in terms of placements every year.

1.3 Basic Concept of some important terms

1.3.1 Socioeconomics

Socioeconomics (also known as socio-economics or social economics) is the social science that studies how economic activity affects and is shaped by social processes. In general it analyzes how societies progress, stagnate, or regress because of their local or regional economy, or the global economy.

1.3.2 Demographics

Demographics are the quantifiable statistics of a given population. Demographics is also used to identify the study of quantifiable subsets within a given population which characterize that population at a specific point in time.

The study of measurable characteristics of human populations. The characteristics may include population size, growth, density, age, race, sex, or marital status. The information may be used to forecast health needs and the use of health services.

1.4 Maternal Health

Mother-based health refers to the health of women during pregnancy, childbirth and the (after childbirth) period. While motherhood is often a positive and satisfying experience, for too many women it is related to suffering, (bad or poorly)-health and even death.

1.4.1 Maternal Health Care Services

The importance of mother-based health care services in reducing mother-based death and deadliness has received a significant recognition. Most of the mother-based deaths can be prevented if women have access to basic antenatal, (related to the birth
of a baby) and (after the birth of a child) care. However, uptake of mother-based health care services is far from universal even in settings where they are a lot available.

1.4.2 Pregnancy care

Pregnancy care consists of prenatal (before birth) and postnatal (after birth) healthcare for expectant mothers. It involves treatments and trainings to ensure a healthy pre-pregnancy, pregnancy, and birthing process for the mother and for her child.

1.4.3 Prenatal care

Prenatal care helps decrease risks during pregnancy and increase the chance of a safe and healthy delivery for the mother and child. Regular prenatal visits can help your doctor monitor your pregnancy and identify any problems or complications before they become serious.

The main aim of prenatal care is to providing regular check-ups that allow doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child.

1.4.4 Antenatal Care

Antenatal care is the care you receive from healthcare professionals during your pregnancy. You'll be offered a series of appointments with a (person who helps a woman give birth), or sometimes with a doctor who (focuses on doing one thing very well) in pregnancy and birth (a doctor (who cares for people before, during, and after a baby is born)). The main aim of the antenatal care programme is to establish contact with women in order to identify and manage current and possible risk and challenges. The main providers are public and private healthcare facilities as well as traditional birth attendants (TBAs).

Antenatal care is an extremely important part of pregnancy and should start as soon as you find out you're expecting. Having a healthy pregnancy is one of the best ways to (help increase/show in a good way) a healthy birth. Attending antenatal classes will give you and your partner an opportunity to ask questions you don't always remember at your regular pregnancy check-ups, and you'll meet other expecting parents and make new friends. "A good time to start these classes is between 22 and 26 weeks,
when there's still (good) enough time to make important decisions about people (who take care of people), clinics and birth options," writes Sister Lilian in her book Pregnancy and Birth Companion (Human & Rousseau).

1.4.4.1 WHO recommendations on Antenatal care

WHO's new antenatal care model increases the number of contacts a (having a baby developing inside the body) woman has with health providers throughout her pregnancy from four to eight. Recent (event(s) or object(s) that prove something) points to/shows that a higher frequency of antenatal contacts by women and teen girls with the health system is related to a reduced chance of stillbirths. This is because of the increased opportunities to detect and manage possible problems. A minimum of eight contacts for antenatal care can reduce perinatal deaths by up to 8 per 1000 births when compared to a minimum of four visits. The World Health Organization (WHO) reported that in 2015 around 830 women died every day from problems in pregnancy and childbirth. Only 5 lived in high-income countries. The rest lived in poor countries.

The new model increases mother-based and unborn-baby-related tests/evaluations to detect problems, improves communication between health providers and (having a baby developing inside the body) women, and increases the chance of positive pregnancy results. It recommends (having a baby developing inside the body) women to have their first contact in the first 12 weeks' (carrying in the womb/forming and developing), with later contacts happening at 20, 26, 30, 34, 36, 38 and 40 weeks' (carrying in the womb/forming and developing).

"More and better quality contacts between all women and their health providers throughout pregnancy will help the uptake of (serving to stop something bad before it happens) measures, appropriately-timed detection of risks, reduces difficulties and addresses health (states where two things are not the same)," says Dr Anthony Costello, Director of Mother-based, Newborn, Child and Teen Health, WHO. "Antenatal care for first time mothers is key. This will decide/figure out how they use antenatal care in future pregnancies."

A study examined the differences in early and low-weight birth deliveries between local and (related to people who enter a country) women and saw the difference caused by (before a baby's birth) care received. The study, between 1997 and 2008, looked at 21,708 women giving birth in an area of Spain. The results pointed
to showed that very preterm birth (VPTB) and very low birth weight (VLBW) were much more common for people (who enter a country) than locals (Castello et al., 2012). The study showed the importance of (before a baby's birth) care and how universal (before a baby's birth) care would help people of all origins get proper care before pregnancy/birth (Castello et al., 2012). The WHO recommends that (having a baby developing inside the body) women should all receive four antenatal visits to spot and treat problems and give procedures (that protects people from disease). Although antenatal care is important to improve the health of both mother and baby, many women do not receive four visits.

### 1.4.5 Postnatal Care

The (after the birth of a child) period lasts six to eight weeks, beginning right after the baby is born. During this period, the mother goes through many physical and emotional changes while learning to care for her newborn. (after the birth of a child) care involves getting proper rest, nutrition, and vaginal care.

The mix of (after the birth of a child) services include; complete and thorough (examining and testing so a decision can be made) for detection and treatment or referral of difficulties in mother and child, health education and counseling and finally family planning and (desire to do something/reason for doing something). (after the birth of a child) care is seen as one of the most important in the range of mother-based services since most mother-based deaths happen during this period. Putting into use and promising to use of effective motherhood care for women in poor countries is not an easy job. Over the last few years, efforts to eliminate (states where two things are not the same) in the use of mother-based health care services have been (drawn attention to) for the overall improvement of mother-based health in developing countries. As a part of (happening now) efforts to provide basic (serving to stop something bad before it happens) and (helping to fight disease) health services to all, government and non-governmental organizations have been expanding their health services in (away from cities) India. One of the purposes of this (act of something getting bigger, wider, etc.) was to make extremely important services available to all women and children.
1.4.5.1 WHO recommendations on Postnatal care

The guidelines address timing, number and place of (after the birth of a child) contacts, and content of (after the birth of a child) care for all mothers and babies during the six weeks after birth. The first (or most important) audience for these guidelines is health professionals who are responsible for providing (after the birth of a child) care to women and newborns, mostly in areas where useful things/valuable supplies are limited. The guidelines are also expected to be used by policy-makers and managers of mother-based and child health programmes, health facilities, and teaching institutions to set up and maintain motherhood and newborn care services.

1.4.6 Maternal Health Care Services in Gujarat State

The Health and (keeping things clean and disease-free) department of Municipal Corporation carries out a very broad spectrum of activities to improve the overall health of the people (who lawfully live in a country, state, etc.) of all the cities. The statistics of different disease (numbers of times something happens) confirm the claim that the health of the people (who lawfully live in a country, state, etc.) have been improving due to unstoppable efforts of the Health Department of Municipal Corporation.

The prime functions of the health department can be categorised into three broad groups as below:

- Health Preventive
- Health Curative
- Health Promotive

1.5. Key health schemes of Gujarat government

The Gujarat health system is organized on the way of thinking/basic truth/rule of an energetic/changing concentration of medical facilities round about the teaching hospitals having all the medical specialties and facilities for treating serious patients referred from lower level hospitals and the (involving surgery that removes a lot of diseased tissue, bone, etc.) downward flow of active services from the teaching hospitals to (off to the side) levels through mobile teams of specialists, are the (basic, built-in, important qualities/scent) of a well organised (related to a large area). Delivering effective and safe (disease-preventing treatments) through a (producing a
lot with very little waste) delivery system is one of the most cost effective public health (actions that help bad situations).

Key health schemes of Gujarat government are as follows

**Chiranjeevi Scheme**

✓ Introduced to reduce motherhood-related deaths and infant death; involves group efforts between government and (people and businesses that are not part of the government) specialists to help safe deliveries for the (money-based)/cheaply weaker sections.

**Janani Surakha Yojana (JSY)**

✓ Janani Suraksha Yojana (JSY) is a safe motherhood (action that helps a bad situation) under the National (away from cities) Health Mission (NRHM) being put into use with the goal of reducing mother-based and new-(related to the birth of a baby) death by (helping increase/showing in a good way) institutional delivery among the poor (having a baby developing inside the body) women.

✓ The Big plan/layout/dishonest plan has added/has given very in increasing the Institutional deliveries among the BPL, ST and SC population. The progress of Big plan/layout/dishonest plan has been amazing and interesting since beginning and is expected to (accomplish or gain with effort) good results in the years to come.

**Bal Sakha Yojna**

✓ An effort to begin (doing something) under the Chiranjeevi Big plan/layout/dishonest plan. Provides facilities for proper check up of newborns and infants by paediatricians. The main aim of the big plan/layout/dishonest plan is to bring down the Infant Death Rate (IMR) and the Mother-based Death Rate (MMR).

**Pradhan Mantri Surakshit Matrutava Abhiyan (PMSMA)**

✓ In the 31st July 2016 episode of "Man ki Baat" Honable Prime Minister has appealed to (people and businesses that are not part of the government)
doctors (who care for people before, during, and after a baby is born)/ doctors to volunteer their services for this programme.

✓ Pradhan Mantri Surakshit Matrutava Abhiyan clinic is been organized at all Community Health centre, Sub district Hospital, District Hospital & Medical College Hospitals.

✓ All extremely important Antenatal examinations, check up, (a part of the blood that carries oxygen), Urine, (something commonly done) Blood Sugar, (dangerous disease), HIV, Blood grouping etc extremely important laboratory services is also secured/made sure of, even if needed/demanded USG services also been given to all (having a baby developing inside the body) women.

Mukhyamantri Amrutam Yojana (MA Yojana)

✓ The yojana serves/is controlled by the medical needs of Below Poorness Line (BPL) people. Government provides medical cover of up to US$$_0.003 million including expense on hospitalisation and surgical procedures.

Mamta Ghar

✓ One of the major (things that decide other things) in some areas of the State is the ability to bring the necessary (abilities to do particular job-related tasks well) - money-based, (related to where mountains, rivers, cities, etc., are located), and operational - to the women in need of help.

✓ Access to a (something that continues from one extreme to the other) of care, including appropriate management of pregnancy, delivery, post partum care and access to life-saving obstetric care when difficulties arise are extremely important to Safe Motherhood.

Mamta Sakhi (Birth Companion Scheme)

✓ Under this big plan/layout/dishonest plan a female family member allow to be at the side of (having a baby developing inside the body) woman at the time of delivery in government institutions. The presence of birth companion during childbirth meant that a woman was never left alone during this intensely stressful and scary time of her life.
Mamta Doli

- Reduction in delay due to transportation to the health facility for Institutional Delivery is of extreme importance for bringing down the MMR. In view of the above, the State Govt. has decided to put into use the Mamta Doli effort to begin in certain areas of Gujarat.

- The purpose of the effort is to bring the women to the nearest motorable point from where she can be picked up from (emergency vehicle that takes people to hospitals) receiving point for further transportation by EMRI 108 vehicle for Institutional Delivery or transportation of the women directly by the Mamta Doli service providers.

Maternal Death Review (MDR)

- Maternal Death Situation: Gujarat is marching towards accomplishment of Millennium Development Goals. The latest guess of MMR 122 per 1 lakh live births for Gujarat is available from 2010-12 report of SRS, Office of Registrar General, India.

- The report states, "It is worth noting that the number of States that have understood/made real/achieved MDG target in 2007-2009 has gone up to 3 against 1, Kerala which was the only State with this honor/difference in 2004-2006.

- Tamil Nadu and Maharashtra are the new. Andhra Pradesh, West Bengal, Gujarat and Haryana are in closer closeness to the MDG target."

Mamta Abhiyan

- Outreach (serving to stop something bad before it happens) and promotive services for ANC and PNC are designed under MAMTA Abhiyan. MAMTA Abhiyan has four parts/pieces including MAMTA Respected female singers (Health & Nutrition Day), MAMTA Mulakat (PNC Home visit), MAMTA Sandarbh (Referral services) and MAMTA Nondh.
Mamta Card (Mother & Child Protection Card)

✓ In the Gujarat Mother and Child Protection card is known as Mamta Card. The Mamta Card has been developed as a tool for families to learn, understand and follow positive practices for (accomplishing or gaining with effort) good health of (having a baby developing inside the body) women, young mothers and children.

Skills Lab

✓ Skills lab is an important (action that helps a bad situation) to improve Mother-based and Child Health. Skills lab are designed with the aim of up step of the skills of healthcare providers to improve their ability to provide quality RMNCH+A services leading to improved health comes.

Centre-aided Health Insurance Scheme

✓ The big plan/layout/dishonest plan has been launched in Gujarat to cover the families under the BPL category. Total insured amount is about US$$_650 per family.

Rogi Kalyan Samiti

✓ The scheme has been launched in Gujarat so that BPL patients can easily avail medical care.

Rs. 6000 Pregnancy Aid Scheme

✓ Narendra Modi On 31st December 2016 announced new big plans/layouts/dishonest plans for poor, older people and women including the Rs. 6000 pregnancy aid big plan/layout/dishonest plan. The big plan/layout/dishonest plan was announced by the Prime Minister as an effort to bring down the mother-based (rate at which people die).

✓ Under the big plan/layout/dishonest plan, a (related to managing money) Aid of Rs. 6000 would be given to (having a baby developing inside the body) women who go through institutional delivery for hospital (act of letting someone enter/speaking the truth about something bad).

Government was implemented further two scheme “Janani Suraksha Yojana” and “Chiranjivi Yojana” countrywide to reduce overall maternal mortality ratio and infant mortality rate by promoting institutional deliveries from all the sections of society.
However, uptake of maternal health care services is far from universal even in settings where they are extensively available.

Table 1.2 Janani Surakshha Yojana & Chiranjeevi Yojana

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of the scheme</th>
<th>Janani Surakshha Yojana</th>
<th>Chiranjeevi Yojana</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Date of its introduction</td>
<td>18-10-06 Resolution No.JSY 102005 -1898-gh</td>
<td>08-09-2006</td>
</tr>
<tr>
<td>2</td>
<td>Object of the scheme</td>
<td>To reduce infant and mother mortality rate. Enhancement in the institutional delivery for the families below poverty line.</td>
<td>It aims to reduce the child and mother’s mortality rate for which it has been entered into an agreement with the private gynaecologist and with the mean of this agreement, the doctors are entitled to get amount of Rs.1795 per delivery. In this scheme, 200 beneficiaries will be pored Rs.- for transport and Rs.50 to the motivator.</td>
</tr>
<tr>
<td>3</td>
<td>Who may be the beneficiary of this scheme and whom to contact</td>
<td>(1) maternal woman below poverty line (2) the beneficiary above of or above 16 years. (3) this benefit is quail able up to two live maternity.</td>
<td>The benefit of this scheme is provided to the BPL families and APL St not covered under income tax. The nearest primary Health centre of other govt. hospitals may be contacted.</td>
</tr>
</tbody>
</table>

Source: SMC Website