



SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH

(A Deemed to be University Declared under Section 3 of UGC Act, 1956)

Comprising Sri Devaraj Urs Medical College

[Constituent Unit of Sri Devaraj Urs Educational Trust for Backward Classes (Regd.)]

TAMAKA, KOLAR-563103, KARNATAKA, INDIA

Ph: 08152-243009, +91 9448395232 Fax: +918152 -243008 E-mail: registrar@sduaher.ac.in/office@sduaher.ac.in Website: www.sduaher.ac.in

7.3.1 INSTITUTIONAL DISTINCTIVENESS

MATERNAL AND CHILD HEALTHCARE SERVICES IN RURAL AREAS OF KOLAR REGION

Sri Devaraj Urs Educational Trust for Backward Classes was established with a focus on providing education and social services for the rural population and obtained Deemed University status in 2007. Its objectives, in consonance with the mission of the Academy were to generate manpower, provide clinical care, conduct research, and educate the public.

In alignment with Sustainable Development Goal (SDG) Target 3.1 – reducing the global maternal mortality ratio – Sri Devaraj Urs Academy of Higher Education and Research has undertaken a distinctive initiative to strengthen maternal healthcare in its surrounding communities. The institution has proactively trained Accredited Social Health Activists (ASHAs) to identify high-risk pregnant mothers in rural and underserved areas. These ASHAs are equipped to recognize early warning signs and promptly refer expectant mothers to R.L. Jalappa Hospital, the teaching hospital of the institution. At the hospital, comprehensive maternal and neonatal care is provided entirely free of cost. This initiative not only promotes institutional responsibility and community engagement but also contributes directly to improving maternal health outcomes and reducing preventable maternal deaths.

Reducing Maternal Mortality:

Sri Devaraj Urs Academy of Higher Education and Research (SDUAHER), committed to community-centric healthcare and education, has implemented a unique and impactful initiative aligned with Sustainable Development Goal (SDG) Target 3.1, which aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births. Recognizing the critical need for early identification and timely medical intervention for pregnant women, especially in rural and underserved regions, the institution has undertaken the training of Accredited Social Health Activists (ASHAs). These frontline health workers are empowered with the knowledge and skills to identify high-risk pregnancies, educate mothers about antenatal care, and ensure early referrals to R.L. Jalappa Hospital, the institution's fully equipped teaching hospital.



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What sets this initiative apart is the provision of completely free institutional delivery services and comprehensive newborn care at R.L. Jalappa Hospital, irrespective of the patient's socio-economic status. This includes free diagnostics, medications, safe delivery (including cesarean if required), and postnatal care for both mother and child.

This integrated model of community engagement, capacity building, and institutional healthcare delivery ensures that no mother is deprived of safe childbirth due to financial constraints or lack of access. The initiative has led to increased institutional deliveries, reduced maternal and neonatal complications, and heightened awareness about maternal health in the community. By bridging the gap between rural communities and tertiary healthcare services, SDUAHER exemplifies institutional distinctiveness through its commitment to public health, social responsibility, and the sustainable development agenda.

MMR for current period is noted to be 137 per 1 lakh live birth. Majority of these cases were referred to RLJH from other health facilities at a later stage of complicated pregnancy. Highest referral to our hospital, RLJH being the tertiary care Centre, which deals with exceptional management of all high risk cases like pre-eclampsia, antepartum eclampsia, abruption placenta, placenta previa, Postpartum hemorrhage etc., with multidisciplinary approach of all specialities (anesthesiology, nephrology, intensivists, surgeons) and we'll equipped ICU facilities which gives a specialised obstetric care. Among those mothers who received complete Antenatal care from RLJH, only one case of maternal death was reported during the period.

Reducing infant mortality and morbidity:

IMR?

SDUAHER's Contribution to SDG 3.2: Reducing Infant Mortality and Morbidity focuses on ending preventable deaths of newborns and children under five, with special attention to neonatal health & Retinopathy of Prematurity (ROP) screening and free quality care.



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Key Interventions at RLJH:

- Free and Quality Neonatal Services
- Free institutional deliveries (normal and LSCS)
- Round-the-clock neonatal care including NICU support
- Free immunization, monitoring, and follow-up care
- Early Screening for Retinopathy of Prematurity (ROP)
- Systematic ROP screening for all preterm and low birth weight babies admitted in the NICU
- Timely diagnosis and referral to prevent irreversible blindness
- Collaborative care involving neonatologists, pediatricians, and ophthalmologists

At Sri Devaraj Urs Medical College, ROP screening has been actively integrated into neonatal care services. All infants born before 34 weeks of gestation or weighing less than 2000 grams at birth are routinely screened in collaboration with Vittalla Interns Institute of Ophthalmology. Additional risk factors such as prolonged oxygen therapy, respiratory distress, and sepsis are also considered for screening eligibility. The examinations are performed using a video indirect ophthalmoscope, which allows detailed visualization of the retina and documentation of findings. These screenings are conducted once a week, routinely on Tuesday's ensuring that no critical window for intervention is missed. This structured and consistent screening schedule helps in the timely diagnosis of any ROP changes and guides follow-up or referral for treatment such as laser photocoagulation or anti-VEGF injections when necessary.

Impact:

Prevention of visual impairment, a major cause of long-term morbidity in preterm infants

Improved survival and quality of life for high-risk neonates

Reduced long-term health and economic burden on families

By ensuring free access to life-saving interventions and early screening, SDUAHER is protecting the most vulnerable newborns and advancing the global commitment to ending preventable infant deaths.



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Reducing Catastrophic Health Expenditure

Sustainable Development Goal (SDG) 3.8.2 aims to ensure financial risk protection as part of achieving universal health coverage. Catastrophic health expenditure occurs when out-of-pocket healthcare costs exceed a household's ability to pay, pushing families into poverty.

SDUAHER actively contributes to reducing such catastrophic spending through its commitment to free maternal healthcare services, specifically by providing:

- Free Normal Vaginal Deliveries: During the period from May 2024 to June 2025, total of 1575 normal deliveries were conducted for which the funds of Rs.1.85 crores were allocated.
- Free Lower Segment Caesarean Sections (LSCS): During the period from May 2024 to June 2025, total of 2200 LSCS deliveries were conducted for which the funds of Rs.4.4 crores were allocated.

By offering these essential maternal services at no cost, SDUAHER ensures:

- Equitable access to quality maternal care, regardless of socio-economic status
- Reduced out-of-pocket expenses for vulnerable and rural populations
- Protection of low-income families from financial hardship due to childbirth-related medical expenses
- Improved maternal and neonatal health outcomes through institutional deliveries

This initiative not only aligns with SDG 3.8.2 but also strengthens India's commitment to universal health coverage and the principle of healthcare as a right, not a privilege.

Free delivery schemes which was introduced for the first time in RLJH in Department of Obstetrics and Gynaecology from May 2024 has made significant impact on Institutional deliveries, providing subsidized Services for pregnant women And newborn which aims to reduce Maternal and Perinatal mortality rate. These schemes have made provisions for free diagnostics, medicines and other necessary Services further incentivizing pregnant women to seek health care from RLJH.